In the name of GOD Most Gracious, Most Merciful

- . Praise be to God, the Cherisher and Sustainer of the worlds;
- . Most Gracious, Most Merciful;
- . The only owner of the Day of Recompense.
- . You (Alone) do us worship, and You (Alone) we ask for help.
- . Show us the straight way,
- . The way of those on whom you have bestowed, you're Grace, neither of those who earned Your Anger nor of those who went astray.

V187./

Shiraz University of Medical Sciences School of Dental Medicine

Thesis for Doctor of Dental Medicine (**DMD**) Degree

Title

Comparison of the amount of debris extruded apically, in two rotary techniques: Flexmaster and M2

Consultant Professor Dr F.Moazami DDS, MSD

Assistant Professor Dr S.Sahebi DDS, MSD

> By Mahnaz Niknam

February 2007





«ارزیابی پایان نامه»

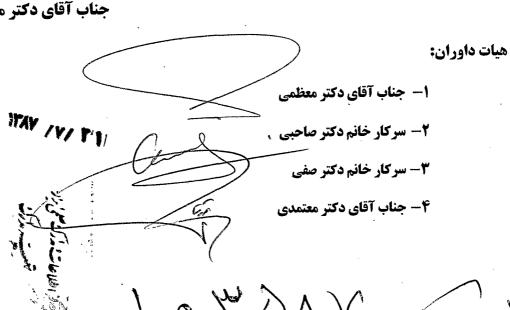
تحت عنوان:

Comparison of the amount of debris extruded apically, in two rotary techniques: Flexmaster and M2

توسط:

دکتر مهناز نیک نام در تاریخدر کمیته بررسی پایان نامه مطرح و	رح و
با نمره به تصویب رسید.	
نظر استاد محترم راهنما:	

جناب آقاي دكتر معظمي



My Parents

Whose indefinite devotion can not be appreciated by anything in the world.

My Beloved Brothers and Sisters,

Eng. Maryam Niknam

Eng. Mehrnaz Niknam

Abdosaheb

Hadieh

Dariush

To whom my deep sense of gratitude is devoted, Whose overall guidance was very beneficial.

Dr J. Moazami and Dr S. Sahebi

These two scholars enrich the lives of their students, their colleagues and their patients. They are respected teachers, gifted authors, and superb clinicians. I remain grateful for their example and their generous friendship.

All my Professors and Teachers, who
were my great guidance and without
them I would not be able to have any success in my life

I would like to express out sincere gratitude to

Dr Azar,

Director of Shiraz Dental School, for the valuable hours he spends for his students's spiritual growth and help them for building of a healthy and better community

I would like to thank the staffs of Endodontics department of Shiraz Dental School.

My thanks also go to Miss Jahani and Mrs Madadi, for their good morals, patience and aides during my dental education.

Finally my thanks and gratitude to kind and painstaking staffs of library of Shiraz dental university,

Mrs. Karimim,

Mrs. Hajari

and all

Staffs of Shiraz dental School

Content	-	
Introduction		1
Chapter 1		3
Endodonic Instruments	*	
Introduction		4
Endodonic Instruments		6
ISO Classification of instruments used for pulp space preparation		6
Manually operated instruments (Group I)		7
Barbed Broaches and Rasps		7
K-Type Instrument		8
H-Type Instrument		10
Unifile		11
Nickel-Titanium instruments		12
The different generation of NiTi instruments		15
U-File		15
Profiles and Profile GT		16
Lightspeed		18
Quantec		20
Protaper		21
K3		23
Hero 642		24
RaCe		25
Flexmaster		26
M two		28
Design characteristics		28
Two blades and a non-cutting tip		28
Material		30
Taper		31
Sequence		32
EZ-Fill Safesider		32
Oscillationg/Reciprocating file		33
GG Drill		33
Gates-Glidden Modification		34
ISO Groups II and III		35
Chapter 2		36
Canal Preparation Techniques		-
Techniques of Radicular Cavity Preparation		37

Standardized preparation	40
Objectives	. 41
Method	41
Step-Back Preparation	44
Modified Step-Back Technique	47
Efficacy of the Step-Back Technique	47
Step-Down Technique-Hand Instrumentation	48
Step-Down, Step-by-Step	49
K-file Series Step-Down Technique	50
Modified Technique	51
Profile GT (Greater Taper) Technique	53
Quantec Instrument Technique	54
Quantec apical preparation	55
Efficacy of the Step-Down Technique	56
Balanced force concept using Flex-R Files	58
Efficacy of Balanced force Preparation	61
Chapter 3	62
Nickel-Titanium Rotary Instrumentation	
Principles of Nickel-Titanium Rotary Instrument Movement	63
Principles of Nickel-Titanium Rotary Instrumentation	64
Engine driven instrument	65
Rotary instrument for canal preparation	66
ProFile Rotary Instruments	67
Preparation sequence	68
The Light Speed (LS) instrument	70
The K3 rotary nickel titanium instrument system	75
Guidelines for instrumentation with the procedure pack (Concept 1)	75
Guidelines for instrumentation with K3 G-pack	76
(Graduating taper) (Concept 2)	
The ProTaper Files	77
The ProTaper technique	77
Scout the coronal two-thirds	78
Shape the coronal two-thirds	78
Scout the apical one-third	79
Shape the apical one-third	80
FlexMaster: a universal system	82
Torque-controlled rotary motion	. 84
Recent findings with FM	85

M two Instruments	. 87
Simultaneous shaping	87
Basic sequence	87
Further shaping	88
Chapter 4	93
Debris extrusion during the canal preparation	
Introduction and goal	., 94
Review of literature for apically extrusion of debris	95
Chapter 5	98
Material and Methods	
Canal Instrumentation	100
Debris collection	102
Results	107
Discussion	. 113
Conclusion	116
Bibilography of References	118
Bibilography of Photos	126
Persian and English Abstracts	130

Introduction

There are different types of instruments and techniques for canal preparation. The extrusion of debris from the apex during this procedure is problematic. Several studies have been conducted to eliminate this problem that may cause flare-ups which is originated by the introduction of bacteria, pulpal tissue and irrigating solutions into the periapical tissues. One proposed solution to ¹prevent infective flare-ups is the appropriate selection of instrumentation technique to extrude lesser amounts of debris apically. Crown down technique for debris extrusion

has been the most effective one.

In Crown down technique, since larger files first enlarge the coronal two-thirds of the canals, the reduction of the amount of debris extrusion occurs. Nowadays rotary instruments, which are base on crown down technique have been used extensively by Endodontists and they have been recommended for the extrusion of lesser debris. The rotary instruments reduce debris extrusion in comparison with manual ones which maybe due to the use of Crown down technique.

Recently, M2 rotary system has been introduced. The manufacturers have proposed to use single length technique, in which every file from the first file to the last should reach the apex. It is certain that in conventional technique (step back) more

debris extrusion occurs which maybe true to M2 (single length technique) due to the similarity between both techniques.

The purpose of this study is to compare of the amount of debris extruded apically, using the Flex Master rotary files through crown down technique, and the M2 rotary files through single length technique.

Chapter 1
Endodontic Instruments

Introduction

²Historically, very little was done to improve the quality or standardization of instruments until the 1950s, when two research groups started reporting on the sizing, strength, and materials that into hand instruments. After the introduction standardized instruments,³ about the only changes made were the universal use of stainless rather than carbon steel and the addition of smaller (Nos. 6 and 8) and larger (No. 110 to 140) sizes as well as color coding and the reemergence of power-driven instruments. By 1962, a working committee on standardization had been formed including manufacturers, the American Association of Endodontists (AAE), and the American Dental Association (ADA). This group evolved into the present day International Standards Organization (ISO). It was not until 1976, however, that the first approved specification for root canal instruments was published (ADA Specification No. 28), 18 years after Ingle and Levine first proposed standardization in 1958.4

After initial resistance by many manufacturers, who felt that the change would entail a "considerable investment in new dies and machinery to produce them," all manufacturers, worldwide, eventually accepted the new sizing. This numbering system, last revised in 2002,⁵ using numbers from 6 to 140, was not just arbitrary but was based on the diameter of the instruments in hundredths of a millimeter at the beginning of the tip of the blades, a point called D0 (diameter 1), and extending up the

blades to the most coronal part of the cutting edge at D16 (diameter 2)—16 mm in length. Additional revisions are under way to cover instruments constructed with new materials, designs, and tapers greater than 0.02 mm/mm. At the present time, instruments with a taper greater than the ISO 0.02 mm/mm have become popular: 0.04, 0.06, and 0.08.

Endodontic Instruments⁶

Many different types of instruments have been designed for procedures performed inside the pulp space. These include manually operated instruments for root canal preparation, enginedriven and energized instruments for root canal preparation, instruments for root canal obturation, and rotary instruments for post space preparation.

ISO Classification of instruments used for pulp space preparation

Endodontic instruments for root canal preparation can be divided into tree group:

Group I: Hand and finger-operated instruments, such as barbed broaches and K- type and H- type instrument. **Group II:** Low speed instruments on which the latch type of attachment is part of the working section. Typical instruments in this group are Gates-Glidden (GG) burs and Peesoreamers.

Group III: Engine-driven instruments similar to the handand finger-operated instruments. In recent years, the use of nickel-titanium rotary instruments has become popular, and although not standardized, these instruments are included in this category.