A NEW DIMENSION TO CONSERVATIVE DENTISTRY : AIR ABRASION

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ABSTRACT:

Air Abrasion is a drill-less technique used by dentists in order to remove tooth decay or dental enamel from teeth. Air Abrasion Dentistry has evolved over a period of time as an alternative means of conservative cavity protection and provide conservative preparation for tooth structure. This article reviews the development of Dental Air Abrasion, its uses, how it works, its safety uses and the advantages as well as disadvantages of this techniques.

Keywords: Air Abrasion, Conservative Cavity Protection, less traumatic alternative, Minimal Invasive Technique



INTRODUCTION:

This kind of Dentistry is the need of the hour as the already existing techniques are being challenged and new conservative techniques need to be recommended. Air Abrasion Dentistry was introduced in the 1950s as an alternative to the needle and dry cavity protection by Dr. Robert Black.

Air Abrasion System is a conservative and a less traumatic alternative to the highspeed drill techniques. It allows the doctor to selectively remove decay, leaving healthier tooth structure. It can help the dentist to find hidden decay. The very fine and narrow abrasive stream removes stains and also helps in repairing the cracks and the discolored teeth. Once the areas are cleaned, a special cavitydetecting dye can show where the decay is actively destroying tooth structure. Air Abrasion has proved to be the most convenient way than the already existing techniques. It works in a very efficient manner as it removes the tooth decay in a very gentle way. This technique has proved to be a pleasant experience for the ones who fear dentistry since their birth. Such efficient techniques have now changed the entire procedure of Dentistry.



HOW DOES IT WORK?

During Air Abrasion, an instrument is used that works like a mini sandblaster to spray away the decay. Also, some fine particles are used to stain away the decayed portion of the teeth. These particles are made up of silica, aluminum oxide or baking soda which are impelled inside the tooth through a compressed gas by a dental

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handpiece. With the removal of tooth decay, these particles are removed from the teeth.

A number of parameters such as air pressure, particle size, the quantity of particles passing through a nozzle, nozzle diameter of the handpiece, angulation of nozzle of the handpiece, distance from the object, and time of exposure to the object vary the quantity of tooth removal and depth of penetration.

In addition to the different types of particles and the various tip diameter sizes and tip angulations for the air abrasion handpiece, there are various other accessories required for the abrasion:

• Air abrasion resistant intraoral mirror

- Sand Trap
- Power plus booster
- Disposable air abrasion handpiece

IS AIR ABRASION SAFE?

Yes, Air Abrasion is safe. But there are a few precautions that we need take while any medical method is being done. The important precaution to be taken here is the use of a protective eyewear, to prevent eye irritation from the spray and use of a rubber dam, to fit around the teeth and protect the other parts of the mouth that aren't being treated. The suctioning of particles also prevents them from being breathed into the lungs.







Cavities were cleaned using Air Abrasion, then restored with flowable resin.

ADVANTAGES OF AIR ABRASION

As compared to the traditional drilling method, there are various advantages of air abrasion dentistry. The advantages of Air Abrasion Dentistry include:

- It produces no heat, pressure or vibration.
- It sometimes reduces the need for anaesthesia.
- It leaves more healthy teeth tissues behind.

- It also reduces the risk of fracturing the tooth and thereby affecting the lifespan of the filling done.
- This technique is much simpler than the traditional drilling techniques.

DISADVANTAGES OF AIR ABRASION

Every medical technique does carry some disadvantages with it and same is with Air

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Abrasion technique. Its disadvantages include:

- The particles used during air abrasion are sensitive and can't necessarily be free of pain.
- Air Abrasion is best suited for small cavities but not for those which are close to the tooth's pulp.
- It cannot be used to remove hard enamels.
- It cannot be used in conjunction with magnification devices such as loupes or dental operating microscopes as the particles used can cause damage to the lenses.
- Crowns, onlays, and inlays cannot be prepared using air abrasion.

APPLICATIONS OF AIR ABRASION

So, knowing of air abrasion as only for removing cavities and tooth decay is not enough. It is also used in various other teeth related problems such as:Removal of old composite restorations

- Preparation of tooth surface for bonding or sealants
- Removal of stains and tooth discolorations

- Recovering the cracks in the tooth
- Removal of pit and fissure surface stain on enamel



CONCLUSION:

Dental Air Abrasion is, therefore, a revival to the new restorative technology and has given a new dimension to the "Minimal Invasive Technology". This new bonding with the tooth structure through effective techniques has helped to provide the patients with conservative dentistry. Apart from providing preventive measures to the patient, the dentist can now make them familiar with the benefits of preventive dental care by educating them to such effective and gentle techniques.

REFERENCES:

- Laurell K, Lord W, Beck M. Kinetic cavity preparation effects on bonding to enamel and dentin (abstract 1437) J Dent Res. 1993;72:283.
- Keen DS, von Frauhofer JA, Parkins FM. Air-abrasive "etching": Composite bond strengths (abstract 238). J Dent Res 1994;73:131.
- 3. Berry EA, Ward M. Bond strength of resin composite to air-abraded enamel. Quintessence Int. 1995;26:559–62.
- 4. Christensen G. Cavity preparation: Cutting or abrasion? J Am Dent Assoc 1996;127:1651-4.
- 5. McComb D. Systematic review of conservative operative caries

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- management strategies. J Dent Educ. 2001;65:1154–61.
- Walmsley AD. Transfer technology in dentistry. Br Dent J 2003;194:226-7.
- 7. Christensen G. Cavity Preparation: Cutting or abrasion? J Am Assoc. 1996;127:1651-4.
- 8. Keen DS, von Frauhofer JA, Parkins FM. Air-abrasive "etching": Composite bond strengths (abstract 238) J Dent Res. 1994;73: 131.
- 9. Roeder LB, Berry EA, You I, Powers JM. Bond strength of composite to air-abraded enamel and dentin. Oper Dent. 1995;20: 186-90.
- 10. White JM, Eakle SW. Rationale and treatment approach in minimally invasive dentistry. J Am Dent. Assoc. 2000;131:18S.
- U.S. Department of Labor,
 Occupational Safety and Health
 Administration. OSHA
 regulations(Standards-29 CFR) 2007.
 Apr 18.
- 12. Rainey J. Air abrasion: An emerging standard of care in conservative operative dentistry. Dent Clin North Am. 2002;46: 185-209.
- 13. Eakle WS, Wong J, Huang H. Microleakage with microabrasion versus acid etched enamel and dentin (abstract 160) J Dent Res. 1995;74:31.
- 14. Adachi JA, von Fraunhofer JA, Barnes DM. Effect of cavity preparation of composite restoration microleakage behaviour (abstract 3042) J Dent Res. 1999;78:486.

- 15. Gray GB, Carey GPD, Jagger DC. An *in vitro* investigation of a comparison of bond strengths of composite to etched and airabraded human enamel surfaces. J Prosthod. 2006:15:2-8.
- 16. Borsatto MC, Catirse AB, Palma Dibb RG, Nascimento TN, Rocha RA, Corona SA. Shear bond strength of enamel surface treated with airabrsaive system. Braz Dent J. 2002;13:175-8.
- 17. International Journal of Biomaterials Volume 2017(2017), Article ID 2078526, 6 pages (Influence of Teeth Preparation Finishing on the Adaptation of Lithium Discilste Crowns)

FIGURES:

