

1 Article

## 2 Dentine Laser Welding: A New Help for Fractured 3 Teeth? A Preliminary Ex Vivo Study

4 Carlo Fornaini <sup>1,2\*</sup>, Elisabetta Merigo <sup>2</sup>, Federica Poli <sup>1</sup>, Jean-Paul Rocca <sup>2</sup>, Stefano Selleri <sup>1</sup>,  
5 Giuseppe Lagori <sup>2</sup>, and Annamaria Cucinotta <sup>1</sup>

6 <sup>1</sup> Information Engineering Department, University of Parma, Parco Area delle Scienze 181/A, 43124 Parma,  
7 Italy

8 <sup>2</sup> Micoralis Laboratory EA 7354, Faculty of Dentistry, University Cote d'Azur, 24 Avenue des Diabes Bleus,  
9 06357 Nice, France

10 \* Correspondence: Carlo Fornaini email: carlo@fornainident.com

11 **Abstract:** An important surgical goal is to provide a first intention wound healing without trauma  
12 produced by sutures and for this aim in the past several methods have been tested.

13 The aim of this preliminary *ex vivo* study is to demonstrate the capacity of a 1070 nm pulsed fiber  
14 laser to treat the dental fractures by dentine melting with the apposition of hydroxyapatite  
15 nanoparticles as filler.

16 Only the specimens of the group b showed a real process of welding of the two parts, while  
17 specimens of groups a and c did not reach a complete welding process.

18 Out of thirty freshly-extracted human third molars, decay-free, twenty-four cylinders of 5 mm  
19 thickness were obtained to perform the test.

20 The device used was a 1070 nm Yb-doped pulsed fiber laser: this source has a maximum average  
21 output power of 20 W and a fixed pulse duration of 100 ns, while the repetition rate ranges from 20  
22 kHz to 100 kHz.

23 The samples were divided in three groups (a, b, c) of eight teeth and each specimen, with the two  
24 portions strictly placed side by side, was put inside the box and irradiated three times, the first and  
25 the second at 30 kW and the last at 10 kW power. The frequency was maintained at 20 kHz for all  
26 the tests as well as the speed of the beam at 10 mm/sec.

27 The samples of the group a were irradiated without apposition, in the group b nanoparticles (<200  
28 nm) of hydroxyapatite were put in the gap between the two portions while in the group c, a  
29 powder of hydroxyapatite was employed.

30 Only the specimens of the group b showed a real process of welding of the two parts, while  
31 specimens of groups a and c did not reach a complete welding process.

32 **Keywords:** Dentine; welding; fiber laser.

33

### 34 1. Introduction

35 An important goal of the experimental and clinic surgery is the reaching of a real tissue welding to  
36 provide a first intention wound healing without having the trauma produced by using sutures.

37 In the last years several methods were proposed, based on high-frequency electric charge [1, 2],  
38 chemical adjuvants [3], plasma application [4] and laser irradiation also with filler nanoparticles [5,  
39 6].

40 The most important applications of laser tissue welding regard up today the fields of ophthalmology  
41 [7, 8], general [9] and vascular surgery [10], ENT [11], dermatology [12] and dentistry [13] but all the  
42 studies are limited to the soft tissues irradiation.

43 One of the unsolved problems in daily dental practice concerns the treatment of the longitudinal  
44 fractures of the teeth causing, in the most part of the cases, as final result, the extraction of the  
45 involved tooth: for this reason, the possibility of enamel and dentine laser welding seems to open  
46 interesting perspectives.

47 The aim of this preliminary *ex vivo* study is to demonstrate the capacity of a 1070 nm pulsed fiber  
48 laser to treat the dental fractures by dentine melting with the apposition of hydroxyapatite  
49 nanoparticles as filler.

## 50 2. Results

51 All the observed samples showed large zones of carbonization associated to areas of dentine  
52 melting.

53 Only the specimens of the group b showed a real process of welding of the two parts (Figures 1-3),  
54 while specimens of groups a and c (Figure 4) did not reach a complete welding process.

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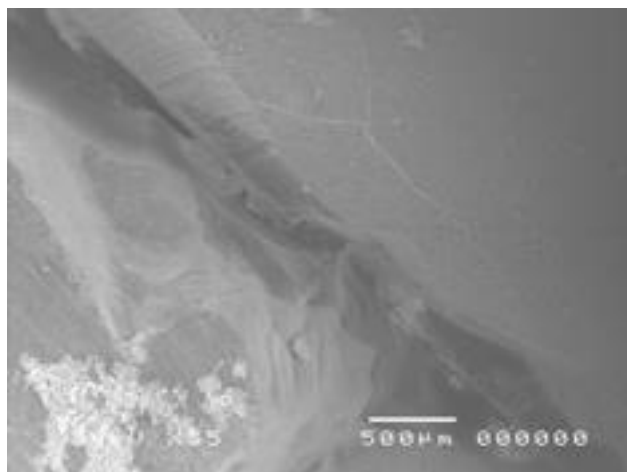
### 56 2.2. Figures, Tables and Schemes

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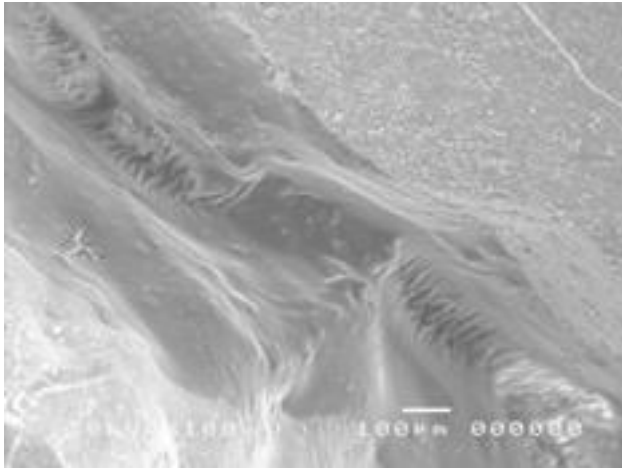
58

59 **Figure 1.** We-LAB observations of a sample of group b: it maybe appreciated the melting process of  
60 dentine with a bridge between the 2 parts (magnification x40).



61

62 **Figure 2:** SEM observation at magnification of 35x of a sample of group b with dentine welding.



63

64 Figure 3: SEM observation at magnification of 100x of a sample of group b with dentine welding  
65 bridge within the 2 dental parts.



66

67 Figure 4: Optical view of a not complete welded sample of group c.



68

69 Figure 5: setup of the study with cilinders before cutting (left), after cutting (middle) and ready for  
70 being processed (right).



71

72 Figure 6: 1070 nm Yb-doped pulsed fiber laser (AREX 20, Datalogic, Italy).

73 **3. Discussion**74 The field of the biological tissues laser welding is full of publications related to the soft tissues only,  
75 particularly on vessels, where different laser wavelengths were used.76 Nakadate et al [14], by adding the preloaded longitudinal compression on the coapted vessel edges  
77 to a 970-nm diode laser irradiation, obtained a significant increasing of their strength, so avoiding  
78 the use of suture.79 Jain and Gorisch [15] obtained interesting results in the treatment of small vessels (0.3/1 mm  
80 diameter) by using Nd:YAG laser while Lèclere et al described, in a total of 40 clinical procedures,  
81 great successes reached by the utilisation of 1950nm diode laser [16].82 The laser welding process, as described by Wolf-de Jonge [17], is provoked by the laser energy  
83 which causes an alteration in protein structure of tissues, resulting in repair through cross bonding  
84 of proteins; in the same study it was underlined the importance, for the welding success, of the  
85 correct choice of laser wavelength, as well as, of the proper parameters (power, power density  
86 and/or spot size, and time of exposure) and also of the utilisation of solders which consist of a  
87 protein or protein-like substance applied to the weld to enhance bonding.88 Gerasimenko [18] proposed, for the welding of biological tissues using laser device the utilisation of  
89 nanocomposite solders, while Strassman [8] demonstrated the employment of the CO<sub>2</sub> laser coupled  
90 to albumin solder in the reparative surgery of the cornea.91 Semenov [19] described the tissue welding for the ossiculoplasty by associating the laser irradiation  
92 to the application of platelet-rich plasma (PRP) as a solder alloy.93 In 1984, Almquist et al [20] first reported the use of an argon laser in peripheral nerve repair in both  
94 rats and monkeys. The following year, Fischer et al [21] published similarly positive reports with the  
95 use of the carbon dioxide laser for nerve repair in rats.96 Bloom, by an "in vivo" study performed in rabbits where a facial nerve injury was followed by  
97 either standard suture neurorrhaphy or laser tissue welding [22], demonstrated that laser tissue  
98 welding repair trended toward superior outcomes compared with suture neurorrhaphy at all 4 time  
99 points and the result was reached by the utilization of a combination of the 810-nm diode laser and a  
100 42% albumin solder doped with an indocyanine green chromophore.



101 In this study we tested the possibility of obtaining a real dentine welding by the melting of the hard  
102 dental tissues provoked by the laser irradiation associated to the hydroxyapatite nanoparticles  
103 apposition.

104 It is important to underline that a pilot study performed on the same kinds of samples here used  
105 demonstrated that different wavelengths and different parameters provoke only large zones of  
106 vaporization and carbonization and very small areas of melting, this being not sufficient for reaching  
107 the result of welding.

108 A great role in the dentin welding process may be played by the pulse duration of 100ns: in fact, this  
109 very short parameter may be responsible of the avoiding the possibility of carbonization.

110 Even if in this study the evaluation was only based on the microscopic observation, and for this  
111 reason it must be considered as preliminary, nevertheless it opens a new perspective for the  
112 treatment of fractured teeth which, at the moment is not easy by a clinical point of view.

113 This approach will have to be confirmed by further works based on the strength of the joint (traction  
114 tests), the chemical composition of the joint (X-ray Electro-dispersive Analysis) and the thermal  
115 elevation during the irradiation (Fiber Bragg Grating) to verify if it may be transferred to the clinic  
116 for the treatment of the traumatic injured teeth.

#### 117 **4. Materials and Methods**

118 Thirty freshly-extracted human third molars, decay-free, were used for this study.

119 They were stored in 0.5% chloramines solution before the experiment to inhibit microbial growth for  
120 1 h until being ready for use. They were maintained for a maximum of 10 days before the tests in  
121 those conditions and then placed in distilled water according to ISO standards 11405. Only dental  
122 caries free teeth were selected and, before the experiment, the teeth were cleaned with ultrasonic  
123 scaling. Teeth labial surfaces of the crowns were polished using pumice and water slurry in a rubber  
124 cup. Then the teeth were rinsed with water for 15 seconds and blown dry with oil-free compressed  
125 air (Cattani Compressor, Parma, Italy). The teeth with defects were removed and, at the end,  
126 twenty-four cylinders of 5 mm thickness were obtained they were polished and stored in distilled  
127 water at room temperature until the performing of the test.

128 All the samples were grinded on their vestibular and buccal sides for obtaining a smooth surface  
129 and, subsequently, cut, by a steel disc, perpendicularly to the plane face to obtain, by each specimen,  
130 two parts which, subsequently, were perfectly put near each other (Figure 5).

131 The device used was a 1070 nm Yb-doped pulsed fiber laser (AREX 20, Datalogic, Italy): this source  
132 has a maximum average output power of 20 W and a fixed pulse duration of 100 ns, while the  
133 repetition rate ranges from 20 kHz to 100 kHz. By a dedicated software, it is possible to determine in  
134 advance the shape and the dimension of the irradiation area (line, square, etc), as well as the number  
135 of passages. The device is contained in a safety box to assure an effective protection to the operator  
136 (Figure 6).

137 By means of a pilot study it was noticed that the output power able to produce a great melting of the  
138 dental tissue with the minimal carbonization was around 30 kW at a Repetition Rate of 20kHz and  
139 with a speed of the beam of 10mm/sec. in focused mode.

140 Each sample was processed in a rectangular zone, between the two parts using a meshed filling  
141 pattern with a distance between lines of 0.03 mm.

142 The samples were divided in three groups (a, b, c) of eight teeth and each specimen, with the two  
143 portions strictly placed side by side, was put inside the box and irradiated three times, the first and  
144 the second at 30 kW and the last at 10 kW power. The frequency was maintained at 20 kHz for all the  
145 tests as well as the speed of the beam at 10 mm/sec.

146 The samples of the group a were irradiated without apposition, in the group b nanoparticles (<200  
147 nm) of hydroxyapatite (Sigma Aldrich, USA) were put in the gap between the two portions while in  
148 the group c, a powder of hydroxyapatite (Sigma Aldrich, USA) was employed.

149 The teeth were observed at two different magnifications (40× and 100×) under low and high-power  
150 light microscopy (Nikon Lab Phot, Japan) and by a new device running through a smartphone  
151 (We-LAB, DNophone®, Italy); after metallization, it was also observed by Scanning Electron  
152 Microscope (Ion sputter Jeol JFC 1100E, USA).

153

154 **5. Conclusions**

155 This *ex vivo* preliminary study, based on the dentin welding obtained by a 1070nm pulsed fiber laser  
156 associated to the hydroxyapatite nanoparticles, may represent a new and original approach for the  
157 treatment of the fractured teeth, even if further studies will be necessary to confirm these results.

158 **6. Patents**

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160 providing the fiber laser source.

161 **References**

162

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