

# CENTRO DE PÓS-GRADUAÇÃO E PESQUISA CURSO DE MESTRADO EM ODONTOLOGIA ÁREA DE CONCENTRAÇÃO EM IMPLANTODONTIA

PÉRSIO VASCONCELOS MIRANDA

# ESTUDO DAS ALTERAÇÕES SUPERFICIAIS DE UM SUBSTRATO CERÂMICO E TITÂNIO RUGOSO IRRADIADO COM LASER DE Er,Cr:YSGG

Guarulhos 2012



# PÉRSIO VASCONCELOS MIRANDA

# ESTUDO DAS ALTERAÇÕES SUPERFICIAIS DE UM SUBSTRATO CERÂMICO E TITÂNIO RUGOSO IRRADIADO COM LASER DE Er,Cr:YSGG

Dissertação apresentada à Universidade Guarulhos para a obtenção do título de Mestre em Odontologia Área de Concentração: Implantodontia Orientadora : Profa. Dra. Alessandra Cassoni Ferreira Co-Orientador : Prof. Dr. José Augusto Rodrigues

> Guarulhos 2012

# MIRANDA, Pérsio Vasconcelos M672e Estudo das alterações superficiais de um substrato cerâmico e titânio rugoso irradiado com laser de Er, Cr: YSGG / Pérsio Vasconcelos Miranda. Guarulhos, 2012. 42 f. : il. ; 31 cm Dissertação (Mestrado em Odontologia) - Centro de pós-graduação e Pesquisa, Universidade Guarulhos, 2012. Orientador: Prof<sup>a</sup>. Dra. Alessandra Cassoni Ferreira Bibliografia: 42 f. 1. zircônia; 2. discos de titânio; 3. microscopia confocal; 4. implante dentário; I. Título. II. Universidade Guarulhos. CDD 22<sup>st</sup> 617.6

Ficha catalográfica elaborada pela Coordenação da Biblioteca Fernando Gay da Fonseca



-- !

A Comissão Julgadora dos trabalhos de Defesa de Dissertação de MESTRADO, intitulada "ESTUDO DAS ALTERAÇÕES SUPERFICIAIS DE UM SUBSTRATO CERÂMICO E TITÂNIO RUGOSO IRRADIADO COM LASER DE Er,Cr: YSGG" em sessão pública realizada em 28 de Fevereiro de 2012, considerou o candidato PÉRSIO VASCONCELOS MIRANDA aprovado.

#### COMISSÃO EXAMINADORA:

1. Profa. Dra. Alessandra Cassoni Ferreira (UnG)\_ 2. Prof. Dr. Paulo Francisco Cesar (USP) 3. Prof. Dr. Jamil Awad Shibli (UnG)

Guarulhos, 28 de Eevereiro de 2012.

Dedico esta dissertação ao meu Pai, Pérsio Miranda.

# Agradecimentos

Agradeço a minha esposa **Renata** pela companheira que é, pela dedicação que presta a mim e por tudo que dividiu e dividirá comigo, aguentando minhas ausências causadas pela vida acadêmica e me ajudando a seguir em frente. Sempre apostando na minha capacidade e me incentivando a não desistir e seguir meus sonhos.

Agradeço aos meus queridos filhos **João Vitor** e **Beatriz**, por, assim como minha esposa, terem que conviver com minhas ausências, mas entendendo minhas necessidades e segurando a saudade. O papai ama vocês

Agradeço aos meus pais **Pérsio** e **Sandra**, grandes alicerces da minha vida, meu pai como exemplo de caráter e de profissional e minha mãe com sua dedicação total aos filhos, ambos sempre me incentivando e me estimulando a seguir em frente, apoiando minhas apostas sempre de forma encorajadora. Espero conseguir retribuir o que fazem por mim e que sintam orgulho desse importante passo que estou dando concluindo meu mestrado.

Agradeço ao meu avô **Marcondes Miranda** (in memorian), incentivador de minhas conquistas e uma referência na minha vida.

Agradeço ao meu amigo e mentor **Luiz Carlos Campos Braga**, pessoa especial que cruzou meu caminho e me abriu as portas da vida acadêmica, dando a mim um voto de confiança que espero estar retribuindo em parte com a conclusão deste trabalho.

Agradeço a minha orientadora, professora **Alessandra Cassoni**, por me ajudar a conduzir este trabalho de forma organizada apesar dos deslizes que cometi pelo caminho, e por ser uma orientadora pacienciosa. Sua contribuição para o meu trabalho foi extremamente valiosa, traduzindo a complexa linguagem dos trabalhos científicos para uma forma mais compreensível ao seu orientado.

Agradeço ao professor **Jamil** por dividir seu conhecimento extenso da implantodontia comigo e meus colegas, permitindo um contato mais profundo com a área que escolhi para atuar, sempre de maneira descontraída mas se fazendo entender.

Aos **professores do mestrado da UNG** que contribuíram dividindo seus conhecimentos, cada qual no seu momento, para meu desenvolvimento profissional culminando na conclusão deste trabalho.

Agradeço ao professor **Alberto Blay** por auxiliar no experimento realizando a irradiação de todas as amostras.

Agradeço também aos amigos Renan Dalla, Ricardo Vecchiatti, Karen Bechara, Alexandre Dottore, Fabiano Zanardo e José Della Paschoa Neto, companheiros nessa caminhada, partilhando as mesmas dificuldades, e me apoiando quando precisei.

Agradeço a **todas as pessoas**, que, direta ou indiretamente contribuíram na elaboração desse trabalho.

"Você pode ficar desapontado se falhar, mas já estará derrotado se não tentar."

**Beverly Sills** 

"A confiança em si mesmo é o primeiro segredo do êxito."

**Ives Vaiet** 

#### RESUMO

Objetivos: O objetivo deste estudo foi investigar os efeitos do laser de érbio cromo dopado com ítrio, escândio, gálio e granada (Er,Cr:YSGG) com parâmetro de descontaminação, na rugosidade superficial (Sa) em zircônia tetragonal policristalina estabilizada com ítrio (Y-TZP) e titânio com jateamento de partículas grandes e ataque ácido (SLA) (TI). Métodos: Quinze discos de Y-TZP (AS Technology Titanium FIX, São José dos Campos, Brasil) com 5 mm de diâmetro e 3 mm altura padronizados com CAD-CAM (computer-aided design е computer-aided manufacturing) foram usados. Dez discos de 5 mm de diâmetro e 4 mm de espessura de titânio (SLA) (AS Technology Titanium FIX, São José dos Campos, Brasil) foram usados. Os discos de Y-TZP foram distribuídos em três grupos para irradiação com o laser (n=5): Y-TZP G1= controle (sem irradiação); Y-TZP G2= Y-TZP irradiado com laser Er, Cr: YSGG (1,5 W; proporção resfriamento ar-água 80%/25%); Y-TZP G3= Y-TZP irradiado com laser Er,Cr:YSGG (1,5 W; proporção resfriamento ar-água 80%/0%). Os discos de titânio SLA foram distribuídos em dois grupos para irradiação com laser (n=5): TI\_G1= titânio SLA controle (sem laser); TI\_G2= titânio SLA irradiado com laser Er,Cr:YSGG (1,5 W; proporção resfriamento ar-água 80%/25%). A superfície do material foi analisada por um microscópio confocal de luz branca. A média dos valores de Sa (µm<sup>2</sup>) e o desvio padrão foram calculados por meio de 5 perfis de cada grupo. Os valores foram analisados estatisticamente por one-way ANOVA com 95% de nível de confiança e comparados pelo teste de Tukey (α=0,05) para cada material. **Resultados:** ANOVA mostrou diferença estatisticamente significativa para o fator "laser" (p=0,00179) para Y-TZP. Os resultados (µm<sup>2</sup>) foram: Y-TZP G1: 2,589 (1,098)A; Y-TZP G2: 0,815 (0,171)B; Y-TZP\_G3: 0,746 (0,391)B. ANOVA mostrou diferença estatisticamente significativo para o fator "laser" (p= 0,00949) para o titânio SLA. Os resultados ( $\mu$ m<sup>2</sup>) foram: TI\_G1: 1,990 (0,507)B; TI\_G2: 3,367 (0,754)A. Conclusões: Er,Cr:YSGG utilizado no parâmetro de descontaminação alterou a rugosidade da superfície da Y-TZP e do titânio SLA.

#### PALAVRAS-CHAVES

zircônia; discos de titânio; microscopia confocal; implante dentário

#### ABSTRACT

**Objectives:** The aim of the present study was investigate the effects of erbium chromium-doped: yttrium, scandium, gallium, and garnet (Er,Cr:YSGG) laser irradiation with decontamination parameter on surface roughness (Sa) for yttriumstabilized tetragonal zirconia polycrystal (Y-TZP) and sandblasted large grit acidetched (SLA) titanium (TI) material. Methods: Fifteen disks of Y-TZP (AS Technology Titanium FIX, São José dos Campos, Brazil) with 5 mm diameter and 3 mm high standardized with CAD-CAM (computer-aided design and computer-aided manufacturing) were used. Ten disks of 5 mm in diameter and 4 mm in thickness of titanium (SLA) surface (AS Technology Titanium FIX, São José dos Campos, Brazil) were used. The Y-TZP disks were randomized in three groups to laser irradiation (n=5): Y-TZP\_G1= control (no laser treatment); Y-TZP\_G2= Y-TZP irradiated with Er, Cr: YSGG laser (1.5 W; air-water cooling proportion 80%/25%); Y-TZP G3= Y-TZP irradiated with Er,Cr:YSGG laser (1.5 W; air-water cooling proportion 80%/0%). The titanium disks were randomized in two groups to laser irradiation (n=5): TI\_G1= Titanium SLA control (no laser treatment); TI\_G2= titanium SLA irradiated with Er, Cr: YSGG laser (1.5 W; air-water cooling proportion 80%/25%). The material surface was analyzed by confocal white light microscopy. The mean of Sa values  $(\mu m^2)$  and standard deviation were calculated from five profiles of each group. Values were statistically analyzed by one-way ANOVA at the 95% confidence level and compared by Tukey Hoc post-test ( $\alpha$ =0.05) for each material. **Results:** ANOVA showed statistical significant differences for the factor "laser" (p=0.00179) for Y-TZP material. The results (μm<sup>2</sup>) were: Y-TZP\_G1: 2.589 (1.098)A; Y-TZP\_G2: 0.815 (0.171)B; Y-TZP\_G3: 0.746 (0.391)B. ANOVA showed statistical significant differences for the factor "laser" (p= 0.00949) for titanium SLA material. The results  $(\mu m^2)$  were: TI\_G1: 1.990 (0.507)B; TI\_G2: 3.367 (0.754)A. Conclusions: Er, Cr: YSGG used on parameter of decontamination alters the roughness surface of zirconia Y-TZP and titanium SLA.

#### **KEY WORDS**

zirconia; titanium disks; confocal microscopy confocal; dental implants

# SUMÁRIO

1. INTRODUÇÃO E JUSTIFICATIVA	11
2. PROPOSIÇÃO	15
3. METODOLOGIA E RESULTADOS	16
3.1 Artigo: Surface alterations of zirconia and titanium substrate after	
Er,Cr:YSGG irradiation	15
4. CONCLUSÕES	34
REFERÊNCIAS BIBLIOGRÁFICAS	35
ANEXOS	40

#### 1. INTRODUÇÃO E JUSTIFICATIVA

A reabilitação com implantes de titânio para pacientes parcial ou totalmente desdentados tem altos índices de sucesso (BUSER et al., 1997; AL-NAWAS et al., 2012). Muitos estudos mostram a influência das características da superfície de implantes de titânio como um fator relevante para o sucesso da osseointegração (SHIBLI et al., 2007; SCHWARZ et al., 2009). Em contraste com superfícies usinadas e lisas, as superfícies micro ou nano estruturadas mostram um aumento da interface osso-implante (BIC) favorecendo a osseointegração (ROMANOS et al., 2006; D'ÁVILA et al., 2010).

Recentes avanços no desenvolvimento de materiais com alta resistência mecânica tornaram a zircônia uma alternativa para a confecção de implantes odontológicos (DELGADO-RUIZ et al., 2011). O arranjo espacial dos átomos da zircônia apresenta uma propriedade conhecida como polimorfismo, que ocorre em três formas distintas a sua estrutura cristalográfica: monoclínica, cúbica e tetragonal (DIAS JR, 2011; KOHAL et al., 2008; DENRY & KELLY, 2008). As zircônias podem ser classificadas em três tipos de acordo com a sua microestrutura: FSZ (fully stabilized zirconia), PSZ (partially stabilized) e TZP (tetragonal zirconia policristals) (CHEVALIER et al., 2009). A adição de uma pequena concentração de estabilizadores à zircônia pura mantém a sua estrutura na fase tetragonal em temperaturas superiores a 1.000°C e a uma mistura de fases cúbica e monoclínica ou fase tetragonal em temperaturas menores. A zircônia estabilizada é também conhecida como zircônia tetragonal policristalina (DIAS JR, 2011; DENRY & KELLY, 2008) e óxido de zircônia estabilizado com ítrio (Y-TZP, zircônia policristalina tetragonal estabilizada com ítrio) é biocompatível (DELGADO-RUÍZ et al., 2011; STUBINGER et al., 2008; SUBASI & INAN, 2011).

Pilares transmucosos em zircônia (van BRAKEL et al., 2011; BRESSAN et al., 2011) assim como implantes totalmente em zircônia são atualmente disponíveis no mercado (GAHLERT et al., 2010; STUBINGER et al., 2008). As suas características estéticas e mecânicas superiores a outras cerâmicas (SUBASI & INAN, 2011; HOFFMAN et al., 2008; ZEMBIC et al., 2009; SAILER et al.; 2009) assim como uma baixa adesão bacteriana (BREMER et al., 2011) são relatadas como fatores favoráveis para esse material. Recentes trabalhos apresentam dados com relação ao aumento da rugosidade superficial de superfícies de zircônia (ABOUSHELIB et al., 2011) para favorecer a aposição óssea na interface implante - tecido ósseo. A

proliferação de osteoblastos em superfície de titânio tratado com zircônia e cálcio foi relatada com sendo superior (WANG et al., 2011).

A utilização dos lasers em implantodontia pode ser relacionada com diversas finalidades (ROMANOS et al., 2009). A superfície de titânio pode ser irradiada para favorecer a adesão de osteoblastos (ROMANOS et al., 2006). O laser de dióxido de carbono (CO<sub>2</sub>) e o laser de érbio cromo dopado com ítrio, escândio, gálio e granada (Er,Cr:YSGG) apresentou resultados positivos para adesão de osteoblastos em superfícies de titânio tratadas (ROMANOS et al. 2006).

A peri-implantite é uma doença caracterizada pela inflamação, inchaço e sangramento de tecido mole (FROUM et al., 2011) com mudanças no nível da crista óssea em conjunto com sangramento a sondagem e/ou bolsas periimplantares (LANG et al., 2011) que podem causar a perda de implantes odontológicos particularmente devido a dificuldade em eliminar o biofilme (GONÇALVES et al., 2010). O objetivo do tratamento da peri-implantite é reduzir a adesão bacteriana enquanto deixa a superfície do implante intacta para a adsorção das células óssea regeneradoras (HAUSER-GERSPACH et al., 2011). Assim como em tratamento de periodontites, a remoção supra e sub mucosa dos depósitos bacterianos é essencial no tratamento de infecções peri-implantares (MOMBELLI et al., 1992).

A descontaminação da superfície dos implantes pode ser realizada por diversos métodos como o ultrassom, curetas manuais e o tratamento com laser (MENDONÇA et al., 2008; SCHWARZ et al. 2005; TAKASAKI et al., 2007; HAUSER-GERSPACH et al., 2010). São relatados na literatura os comprimentos de onda que proporcionam efeitos benéficos para o tratamento da peri-implantite: arsenido de gálio alumínio (laser de diodo, com comprimento de onda de 980 nm) (GEMINIANI et al., 2011b; GONÇALVES et al., 2010; KREISLER et al., 2002; HAUSER-GERSPACH et al., 2010; ROMANOS et al., 2006; STUBINGER et al., 2010) neodímio dopado com ítrio alumínio (Nd:YAG, com comprimento de onda de 1064 nm) (GONÇALVES et al., 2010; ROMANOS et al., 2000); érbio ítrio, alumínio e granada (Er:YAG) (comprimento de onda de 2940 nm) (GEMINIANI et al., 2011a, QUARANTA et al., 2009; SCHWARZ et al., 2005; STUBINGER et al., 2010; SUBASI & INAN, 2011; TAKASAKI et al., 2007); laser de dióxido de carbono (CO<sub>2</sub>) (com comprimento de onda de 10.600 nm) (GEMINIANI et al., 2011a; HAUSER-GERSPACH et al., 2010; KREISLER et al., 2002; STUBINGER et al., 2010; STUBINGER et al., 2003; o érbio

cromo dopado com ítrio, escandio, gálio e granada (Er,Cr:YSGG) com comprimento de onda de 2780 nm (AZZEH et al., 2008, MILLER, 2004; ROMANOS et al., 2006).

Danos térmicos severos são relatados em estrutura dental e tecidos circunvizinhos, como por exemplo, fendas, rachaduras e fusão que podem ser evitados com a refrigeração a água (DE MOOR & DELMÉ, 2009). Stubinger et al. (2008) relataram ausência de alteração superficial em zircônia após irradiação com o laser de Er:YAG porém, demonstraram alteração 2 mm abaixo da área irradiada. O laser de CO<sub>2</sub>, quando usado com 2 e 4 W, afetou negativamente a superfície de implantes de zircônia com danos superficiais expressivos e alteração de composição observadas através da análise de energia dispersiva por raio-X (EDX) (STUBINGER et al., 2008). Também foi relatado áreas de "melt" ou fusão após a irradiação de Y-TZP com laser de Nd:YAG (3 e 4 W) devido a dano térmico (AKYIL et al., 2010). A irradiação com laser de Er:YAG causou alterações térmicas como "cracks" e perda de material em zircônia com 3 e 4 W porém, nenhuma alteração foi observada com parâmetros inferiores (1 e 2 W) (AKYIL et al., 2010).

As curetas periodontais utilizadas para o debridamento produzem uma superfície mais rugosa do que o tratamento com laser de Er:YAG (MENDONÇA et al., 2008). Porém, resultados histológicos favoráveis após irradiação com laser de Er:YAG promovendo uma maior re-osseointegração comparado ao grupo cureta foram relatados por Takasaki et al. (2007). A descontaminação com laser de Er:YAG é efetiva em diferentes superfícies de titânio (QUARANTA et al., 2009) sem alteração superficial observada por microscopia eletrônica de varredura. O laser de diodo é relatado como efetivo para a redução da viabilidade bacteriana (HAUSER-GERSPACH et al., 2010; GONÇALVES et al., 2010). Para o tratamento da periimplantite a aplicação de sistemas laser não-contato é uma alternativa para evitar-se as alterações superficiais (STUBINGER et al., 2010; GONÇALVES et al., 2010).

A irradiação com laser de Er,Cr:YSGG favorece a regeneração óssea ao redor de implantes de titânio (AZZEH et al., 2008) e é altamente capaz de remover biofilme, porém ocorre uma diminuição da biocompatibilidade superficial (SCHWARZ et al. 2006). O parâmetro de 1,5 W foi descrito como suficiente para remoção de biofilme com adesão de osteoblastos (SCHWARZ et al., 2006). Sua utilização foi eficiente para remover contaminantes em superfícies rugosas de implantes de titânio sem alterações superficiais (MILLER, 2004).

O objetivo do presente estudo foi investigar os efeitos do laser Er,Cr:YSGG com parâmetro de descontaminação em diferentes condições em parâmetros de rugosidade (Sa) zircônia (Y-TZP) e titânio (TI) com jateamento de partículas grandes e ataque ácido (SLA).

# 2. PROPOSIÇÃO

O objetivo desse estudo foi avaliar a influência da irradiação com laser de érbio-cromo-ítrio-escândio-granada (Er,Cr:YSGG) em diferentes condições sobre a rugosidade superficial de uma zircônia odontológica e do titânio SLA por meio da análise da rugosidade (Sa,  $\mu$ m<sup>2</sup>) e microscopia confocal e da caracterização da topografia de superfície.

#### **METODOLOGIA E RESULTADOS**

#### 3.1 Artigo

Surface alterations of a ceramic and titanium substrate after Er,Cr:YSGG irradiation

#### AUTHORS INFORMATION

PERSIO VASCONCELOS MIRANDA, DDS Guarulhos University, São Paulo, Brazil Department Implantodontogy, School of Dentistry

JOSÉ AUGUSTO RODRIGUES, DDS, MS, Ph.D Guarulhos University, São Paulo, Brazil Department of Restorative Dentistry, School of Dentistry

ALBERTO BLAY, DDS, MS Santo Amaro University, São Paulo, Brazil Department of Oral Implantodontology, School of Dentistry

JAMIL AWAD SHIBLI, DDS, MS, Ph.D Guarulhos University, São Paulo, Brazil Department of Periodontology and Oral Implantodontology, School of Dentistry

ALESSANDRA CASSONI, DDS, MS, Ph.D

Guarulhos University, São Paulo, Brazil Department of Restorative Dentistry, School of Dentistry

Dr. Miranda is a master student, Department of Oral Implantodontology, School of Dentistry, Guarulhos University

Dr. Blay is an assistant professor, Department of Oral Implantodontology, School of Dentistry, Santo Amaro University

Dr. Shibli is an assistant professor, Department of Periodontology and Oral Implantodontology, School of Dentistry, Guarulhos University, Brazil

Dr. Cassoni and Dr. Rodrigues are assistant professors of the Dental Research and Graduate Studies Division, Department of Restorative Dentistry, School of Dentistry, Guarulhos University, Brazil

Address reprint requests to:

Alessandra Cassoni Universidade Guarulhos Pós Graduação em Odontologia Praça Teresa Cristina, 229 Centro - Guarulhos - SP, Brazil - CEP 07023-070 Phone (Fax): 55(11) 2464-1758 Email:acassoni@prof.ung.br

#### ABSTRACT

Objectives: The study investigated the effects of erbium chromiumdoped: yttrium, scandium, gallium, and garnet (Er,Cr:YSGG) laser irradiation with decontamination parameter on roughness parameters (Sa,  $\mu m^2$ ) for yttrium-stabilized tetragonal zirconia polycrystal (Y-TZP) and titanium sandblasted large grit acidetched (SLA) titanium (TI) material. Methods: Fifteen disks of yttrium-stabilized tetragonal zirconia polycrystal (Y-TZP) (AS Technology Titanium FIX, São José dos Campos, Brazil) with 5 mm diameter and 3 mm high standardized with CAD-CAM were used. Ten disks of 5 mm in diameter and 4 mm in thickness of titanium (SLA) surface (AS Technology Titanium FIX, São José dos Campos, Brazil) were used. The Y-TZP zirconia disks were randomized in three groups to laser irradiation (n=5): Y-TZP\_G1= control (no laser treatment); Y-TZP\_G2= Y-TZP irradiated with Er, Cr: YSGG laser (1.5 W; air-water cooling proportion 80%/25%); Y-TZP\_G3= Y-TZP irradiated with Er,Cr:YSGG laser (1.5 W; air-water cooling proportion 80%/0%). The titanium disks were randomized in two groups to laser irradiation (n=5): TI G1= Titanium SLA control (no laser treatment); TI\_G2= titanium SLA irradiated with Er, Cr: YSGG laser (1.5 W; air-water cooling proportion 80%/25%). The material surface were analysed by confocal white light microscopy. The mean of Sa values  $(\mu m^2)$  and standard deviation were calculated from five profiles of each group. Values were statistically analyzed by one-way ANOVA at the 95% confidence level and compared by Tukey Hoc post-test (a=0.05) for each material. Results: ANOVA showed statistical significant differences for the factor "laser" (p=0.00179) for Y-TZP zirconia material. The results ( $\mu$ m<sup>2</sup>) were: Y-TZP\_G1: 2.589 (1.098)A; Y-TZP\_G2: 0.815 (0.171)B; Y-TZP G3: 0.746 (0.391)B. ANOVA showed statistical significant differences for the factor "laser" (p= 0.00949) for titanium SLA material. The results  $(\mu m^2)$  were: TI\_G1: 1.990 (0.507)B; TI\_G2: 3.367 (0.754)A. Conclusions:

Er,Cr:YSGG used on parameter of decontamination alters the roughness surface of zirconia Y-TZP and sandblasted large grit acid-etched titanium.

KEY WORDS: zirconia; titanium disks; confocal microscope; implant

#### INTRODUCTION

The rehabilitation of partially or totally edentulous with titanium implants reachs high values of sucess (BUSER et al., 1997; AL-NAWAS et al., 2012). It has been demonstrated the influence of implants surface characteristics as a relevent factor to obtain osseointegration (SCHWARZ et al., 2009). The machined surfaces are relatively less rough compared to the nano-micro structured that shows an increase of bone implant contact (BIC) which favours the osseointegration (D'AVILA et al., 2010; ROMANOS et al., 2006). Surface sandblasted with large grit and acid-etched (SLA) is an implant surface modification that is related to improve the osteointegration (SCHWARZ et al., 2009).

Pure zirconia can assume three crystallographic forms: monoclinic, tetragonal and cubic (DENRY & KELLY, 2008). Zirconia is the common name for zirconium dioxide (ZrO<sub>2</sub>) (AKYIL et al., 2010) and stabilizing oxides such as  $Y_2O_3$ allows the retention of the tetragonal structure at room temperature (DENRY & KELLY. 2008). Zirconia ceramics (yttrium-stabilized tetragonal zirconia polycrystal)(Y-TZP) has biocompatibility, and tooth-like color, inherent strength (DELGADO-RUÍZ et al., 2011; STUBINGER et al., 2008; SUBASI & INAN, 2011). Abutments of Y-TZP have become an alternative to titanium and also as dental implant material (GAHLERT et al., 2010; ZEMBIC et al., 2009; SAILER et al., 2009). It has been claimed that the zirconia surface has also decreased bacterial adhesion (BREMER et al., 2011).

Periimplantitis is a disease that causes crestal bone resorption with bleeding on probing with or without concomitant deepening of periimplant pocket (LANG et al., 2011). The decontamination of implants surface can be performed by several methods like ultrasonic system, manual curette and laser treatment (MENDONÇA et al., 2008; SCHWARZ et al., 2005; TAKASAKI et al., 2007; HAUSER-GERSPACH et al., 2010).

Several laser wavelengths have been studied to this purpose (ROMANOS et al., 2009) such as Gallium-Aluminium-Arsenide (GaAlAs, diode laser, 980 nm

wavelength) (GONÇALVES et al., 2010; KREISLER et al., 2002; HAUSER-GERSPACH et al., 2010; ROMANOS et al., 2009; STUBINGER et al., 2010) Neodymium-doped Yttrium Aluminium Garnet (Nd:YAG, 1064 nm wavelength) (GONÇALVES et al., 2010; ROMANOS et al., 2000); Erbium: yttrium aluminium garnet (Er:YAG) (wavelength 2940 nm) (GEMINIANI et al., 2011, QUARANTA et al., 2009; SCHWARZ et al., 2005; STUBINGER et al., 2010; SUBASI & INAN, 2011; TAKASAKI et al., 2007); carbon dioxide laser (CO<sub>2</sub>) (GEMINIANI et al., 2011; HAUSER-GERSPACH et al., 2010; KREISLER et al., 2002; STUBINGER et al., 2010; STUBINGER et al., 2008); erbium chromium-doped: yttrium, scandium, gallium, and garnet (Er,Cr:YSGG) wavelength 2780 nm (AZZEH et al., 2008; MILLER, 2004; ROMANOS et al., 2006).

The Er,Cr:YSGG laser irradiation has been studied as an alternative tool to decontamination of titanium implants surface (SCHWARZ et al., 2006; ROMANOS et al., 2006; AZZEH et al., 2008) with 1.5 W and water irrigation and presented osteoblast attachment. The heat conduction is minimized with a water spray used for cooling to avoid thermal effects such as cracks and melted areas (DE MOOR & DELMÉ, 2009).

The aim of the study was to investigate the effects of erbium chromiumdoped: yttrium, scandium, gallium, and garnet (Er,Cr:YSGG) laser irradiation with different conditions on roughness parameters (Sa - arithmetic mean deviation of the profile and the surface) for yttrium-stabilized tetragonal zirconia polycrystal (Y-TZP) and titanium sandblasted large grit and acid etched SLA (TI) material.

#### 2. MATERIALS AND METHODS

#### **Experimental design**

The experimental units consisted of 25 disks (n=5 per group). Fifteen disks of yttrium-stabilized tetragonal zirconia polycrystal (Y-TZP) (AS Technology Titanium FIX, São José dos Campos, Brazil) with 5 mm diameter and 3 mm high were standartized from CAD-CAM blocks. Ten disks of 5 mm in diameter and 4 mm in thickness of titanium sandblasted acid-etched surface (AS Technology Titanium FIX, São José dos Campos, Brazil) with 100  $\mu$ m Al<sub>3</sub>O<sub>2</sub> particles (SLA) were used. After the sandblast, the specimens were ultrasonically cleaned with an alkaline solution, washed in distilled water, pickled with HNO<sub>3</sub>.

#### Specimen preparation/ Laser system

The Y-TZP zirconia disks were randomized in three groups to laser irradiation: Y-TZP\_G1= control (no laser treatment); Y-TZP\_G2= Y-TZP irradiated with Er,Cr:YSGG laser (1.5 W; air-water cooling proportion 80%/25%); Y-TZP\_G3= Y-TZP irradiated with Er,Cr:YSGG laser (1.5 W; air-water cooling proportion 80%/0%) according to Table 1.

Table 1. Experimental groups of Y-TZP

	Groups	Air/water (a/w) cooling	n=
		settings in percentages	Samples
Y-TZP_G1	Y-TZP Control	-	5
Y-TZP_G2	Y-TZP irradiated with Er,Cr:YSGG laser (1.5 W)	(a/w) 80%/25%	5
Y-TZP_G3	Y-TZP irradiated with Er,Cr:YSGG laser (1.5 W)	(a/w) 80%/0%	5

The titanium SLA disks were randomized in two groups to laser irradiation: TI\_G1= Titanium SLA control (no laser treatment); TI\_G2= titanium SLA irradiated with Er,Cr:YSGG laser (1.5 W; air-water cooling proportion 80%/25%) according to Table 2.

Table 2. Titanium experimental groups

Groups		Air/water (a/w) cooling	n=
		settings in percentages	Samples
TI_G1	Titanium Control	-	5
TI_G2	Titanium irradiated with Er,Cr:YSGG laser (1.5 W)	(a/w) 80%/25%	5

Control groups did not receive any laser treatment (Y-TZP\_G1 and TI\_G1). Er,Cr:YSGG laser ( $\lambda$ =2780nm; Waterlase, Biolase Technologies Inc, Irvine, CA, USA) was used on each Y-TZP zirconia disk (Y-TZP\_G2 and Y-TZP\_G3) and titanium disk (TI\_G2) in focused mode with a 600 µm quartz core (G4). Repetition rate was fixed on 20 Hz. The air-water cooling proportion was fixed on 80%/25% to Y-TZP\_G2 and TI\_G2. The air-water cooling proportion was fixed on 80%/0% to Y-TZP\_G3. One single trained operator uniformily irradiated by hand in a grid pattern for 30 s the disk surface.

#### **Confocal White Light Microscope:**

The surface topography of disks was investigated using confocal microscope Leica Scan DCM 3D (Leica Microsystems Ltd, Switzerland) with objective magnification 50X, numeral aperture 0.9, optical resolution (X/Y) 0.16  $\mu$ m, FOV ( $\mu$ m) is 254.64 X 190.90. The vertical resolution is < 3 nm and has sub-micron lateral resolution in confocal mode according to manufacturer. The control groups (TI\_G1 and Y-TZP\_G1) were used as references. Leica DCM 3D Dual Core profiler software (Leica Microsystems Ltd, Switzerland) calculated the surface roughness. Sa and Ra were recorded. Sa measure was performed in 254.64 X 190.90  $\mu$ m<sup>2</sup> and Ra length of 254.64  $\mu$ m (768 X 576 pixels).

#### Statistical analysis:

The mean of roughness values (Sa,  $(\mu m^2)$  and standard deviation were calculated from five profiles of each group. The factors under study for Y-TZP zirconia material were laser (at three levels): no laser treatment, laser treatment (air/water - 80%/25%) and laser treatment (air/water - 80%/0%). Values were statistically analyzed by one-way ANOVA at the 95% confidence level and compared by a Tukey Hoc post-test ( $\alpha$ =0.05). The software employed was SANEST (EPAMIG, MG, Brazil).

The factor under study for titanium material was laser (at two levels): no laser treatment and laser treatment. Values were statistically analyzed by one-way ANOVA at the 95% confidence level and compared by a Tukey Hoc post-test ( $\alpha$ =0.05). The software employed was SANEST (EPAMIG, MG, Brazil).

#### RESULTS

Table 3 shows the exploratory values for roughness parameters (Sa and Ra) for Y-TZP zirconia material.

Parameter/ treatment Y-TPZ	n	Mean [standard deviation]	Maximum value	Minimum value
<b>Sa</b> (μm²)				
Control (Y-TZP_G1)	5	<b>2.589</b> [1.098]	5.988	35.826
1.5W/20 Hz/30s - (air/water) 80%/25% (Y-TZP_G2)	5	0.815	3.009	3.197
1.5W/20 Hz/30s - (air/water) 80%/0% (Y-TZP_G3)	5	[0.171] <b>0.746</b> [0.391]	3.896	3.885
<b>Ra</b> (μm)				
Control (Y-TZP_G1)	5	<b>2.014</b> [0 709]	4.946	30.818
1.5W/20 Hz/30s- (air/water) 80%/25% (Y-TZP_G2)	5	0.183	0.472	1.236
1.5W/20 Hz/30s - (air/water) 80%/0% (Y-TZP_G3)	5	[0.146] <b>0.070</b> [0.015]	0.348	0.3238

**Table 3.** Effects of Er,Cr:YSGG laser irradiation for Y-TPZ material on roughness parameters (Sa and Ra).

n=sample number

ANOVA showed statistical significant differences for the factor "laser" (p=0.00179) for Y-TZP zirconia material (ANEXO 1).

Table 4 shows the exploratory values for Sa roughness parameters ( $\mu$ m<sup>2</sup>) and the results of Tukey test for Y-TZP zirconia material.

**Table 4.** Means [standard deviations] of Sa roughness parameters ( $\mu$ m<sup>2</sup>) and the results of Tukey test for factor laser for Y-TZP material.

Laser Treatment Y-TZP_G1		Y-TZP_G2	Y-TZP_G3
(n=5)		(n=5)	(n=5)
Y-TZP	<b>2.589</b>	<b>0.815</b>	<b>0.746</b>
	[1.098] <b>A</b>	[0.171] <b>B</b>	[0.391] <b>B</b>

Means followed by different upper case letter at row indicate statistical differences (p< 0.05) n=sample number

Control group had higher Sa values than the lasers groups. The Er,Cr:YSGG laser influenced on the roughness parameter.

Table 5 shows the exploratory values for roughness parameters (Sa and Ra) for titanium SLA material.

**Table 5.** Effects of Er,Cr:YSGG laser irradiation for titanium SLA material on roughness parameters (Sa and Ra).

Parameter/ treatment Titanium SLA	n	Mean [standard deviation]	Maximum value	Minimum value
<b>Sa</b> (μm <sup>2</sup> )				
Control (TI_G1)	5	<b>1.990</b>	4.148	32.047
1.5W/20 Hz/30s - (air/water) 80%/25% (TI_G2)	5	<b>3.367</b> [0.754]	11.468	12.584
<b>Ra</b> (μm)		[0		
Control (TI_G1)	5	<b>1.777</b>	3.379	26.911
1.5W/20 Hz/30s- (air/water) 80%/25% (TI_G2)	5	<b>3.840</b> [0.623]	12.505	7.308

ANOVA showed statistical significant differences for the factor "laser" (p= 0.00949) for titanium material (ANEXO 2).

Table 6 shows the exploratory values for Sa roughness parameters ( $\mu m^2$ ) and the results of Tukey test for factor laser for titanium material.

**Table 6.** Means [standard deviations] of Sa roughness parameters ( $\mu$ m<sup>2</sup>) and the results of Tukey test for factor laser for titanium material.

Laser Treatment	TI_G1 (n=5)	TI_G2 (n=5)
Titanium	<b>1.990</b> [0.507] <b>B</b>	<b>3.367</b> [0.754] <b>A</b>

Means followed by different upper case letter at row indicate statistical differences (p< 0.05) n=sample number

Titanium SLA material had higher Sa values after laser treatment. The Er,Cr:YSGG laser influenced on the roughness parameter.

Figure 1 shows one representative 2D and 3D image obtained for Y-TZP zirconia material (Y-TZP\_G1: control group).



**Figure 1.** Representative 2D image obtained for Y-TZP zirconia material (Y-TZP\_G1: control group) (A). Representative 3D image obtained for Y-TZP zirconia material (Y-TZP\_G1: control group) (B) (Bar: 20 µm) (50X)

It was observed that the mean Sa roughness value for Y-TZP\_G1 group was 2.589  $\mu$ m<sup>2</sup> (Table 3 and 4).

Figure 2 shows one representative 2D and 3D image obtained for titanium SLA material (TI\_G1: control group).



**Figure 2.** Representative 2D image obtained for titanium SLA material (TI\_G1: control group) (A). Representative 3D image obtained for titanium SLA material (TI\_G1: control group) (B) (Bar: 20 µm) (50X)

It was observed that the mean Sa roughness value for TI\_G1 group was 1.990  $\mu m^2$  (Table 5 and 6).

Figure 3 shows one representative 2D and 3D image obtained for irradiated Y-TZP material (Y-TZP\_G2: Er,Cr:YSGG, air/water 80%/25%).



**Figure 3.** Representative 2D image obtained for irradiated Y-TZP zirconia material (Y-TZP\_G2: Er,Cr:YSGG, air/water 80%/25%)(A). Representative 3D image obtained for irradiated Y-TZP zirconia material (Y-TZP\_G2: Er,Cr:YSGG, air/water 80%/25%)(B). (Bar: 20 µm) (50X)

It was observed that the mean Sa roughness value for Y-TZP\_G2 group was 0.815  $\mu m^2$  (Table 3 and 4).

Figure 4 shows one representative 2D and 3D image obtained for irradiated Y-TZP material (Y-TZP\_G3: Er,Cr:YSGG, air/water 80%/0%).



**Figure 4.** Representative 2D image obtained for irradiated Y-TZP zirconia material (Y-TZP\_G3: Er,Cr:YSGG, air/water 80%/0%)(A). Representative 3D image obtained for irradiated Y-TZP zirconia material (Y-TZP\_G3: Er,Cr:YSGG, air/water 80%/0%)(B). (Bar: 20 µm) (50X)

It was observed that the mean Sa roughness value for Y-TZP\_G3 group was 0.746  $\mu m^2$  (Table 3 and 4).

Figure 5 shows one representative 2D and 3D image obtained for irradiated titanium material (TI\_G2: Er,Cr:YSGG).



**Figure 5.** Representative 2D image obtained for irradiated titanium material (TI\_G2: Er,Cr:YSGG)(A).There is evidence of thermal damage with a projection and cracks on surface (arrows). Representative 3D image obtained for irradiated titanium material (TI\_G2: Er,Cr:YSGG)(B). (Bar: 20 µm) (50X)

It was observed that the mean Sa roughness value for TI\_G2 group was 3.367  $\mu m^2$  (Table 5 and 6). There were cracks on surface and projections with 8  $\mu m$  high on titanium surface were evident.

#### DISCUSSION

Peri-implant infection is a concern because its progression can cause implant lost (LANG et al., 2011). The plaque biofilm may alter the titanium implant surface characteristics. It has been suggested that the bacterial contamination of the surface may affects the dioxide layer (SCHWARZ et al., 2006). Biofilms increase the amount of carbon at the dioxide layer (SCHWARZ et al., 2009).

It has been described thermal alterations on titanium SLA such as melting after Nd:YAG (ROMANOS et al., 2000) laser irradiation. STUBINGER et al. (2010) analyzed at scanning electron microscopy the Er: YAG irradiated with titanium SLA surface and reported that the surface presented melted areas.

AKYIL et al. (2010) on a study aiming the increase Y-TZP roughness to improve resin cement adhesion reported surface thermal alterations. They described melted areas on Y-TZP surface after Nd:YAG (3 and 4 W) due to thermal damage.

Er:YAG laser irradiation also caused thermal alterations such as craks and loss of zirconia despite no surface alterations was observed in lower parameters of the same wavelength.

The association of microorganisms know from chronic periodontitis (SCHWARZ et al., 2006) are present at peri-implantitis sites and must be removed. At this point, the Er,Cr:YSGG laser irradiation can be used to decontaminate the titanium implants surface (SCHWARZ et al., 2006; ROMANOS et al., 2006) and the 1.5 W parameter was selected in the present study based upon the osteoblast attachment like described by ROMANOS et al. (2006) and SCHWARZ et al. (2006). On the other hand, a recent study indicated that Er:YAG laser can alter the titanium implants surface with a negative effect on the viability and activity of osteoblastic cells (GALLI et al., 2011) at 200 mJ/10 Hz.

The titanium material has been demonstrated to interact with laser treatment in different ways depending of the surface. The interaction of Er,Cr:YSGG to titanium plasma-sprayed showed no superficial alteration (MILLER, 2004) at the highest power setting (6 W), however the present study showed superficial alterations with lower power setting (1.5 W) and statistical differences compared to the control group showing an increase in roughness and topographic changes such as cracks. The titanium surface presented visual alteration and the confocal microscopy images confirmed these changes. The irradiated area presented projections with aproximately 8  $\mu$ m high with concomitant cracks at material surface besides titanium surface received water cooling.

A study from SCHWARZ et al. (2006) evaluated the decontamination of titanium SLA surface with Er,Cr:YSGG at 1.5 W/20 Hz with air/water proportion of 50%/50%. Besides the very close methodology with the present study, the authors related no thermal effect such as melting or lost of porosity. The laser was applied contact-mode and the present study used focused mode. This fact can explain the morphological alterations and increased roughness. ROMANOS et al. (2006) also related no changes on titanium surface with1.25 W/ 20Hz with air/water proportion of 42%/41% but they did not describe the aplication mode. The factors related to the operative procedure are important: irradiation time, water cooling and irradiation distance (DE MOOR & DELMÉ, 2009).

The clinical application of the Er,Cr:YSGG laser to decontaminate implant surface is different of the *in vitro* situation because in oral cavity there is the presence of water of the gingival fluid, saliva and blood. The wavelength of Er,Cr: YSGG laser is highly specific to water and the behavior of the laser treatment to decontaminate superficial implants can be different on clinical situation. The good clinical results presented by AZZEH et al. (2008) corroborate with these but the authors did not specify the titanium surface irradiated.

The zirconia material is widely used in biomedical area (HISBERGUES et al., 2009). It presents lower bacterial adhesion and bacterial biofilm formation compared to other current dental material (BREMER et al., 2011). STUBINGER et al. (2008) analyzed at scanning electron microscopy the Er: YAG irradiated zirconia surface with several settings parameters and found no superficial alteration including the energy-dispersive X-ray (EDX). They found no differences after confocal 3D white light microscopy on roughness parameters. The present study did not agree with those findings because the Y-TZP showed decreased on roughness and concomitant 3D alteration that can be visualized at Figure 3B and 4B (with or without cooling). The thermal effect probably affected the zirconia and induced to reverse fase transformation monoclinic to tetragonal (DENRY & KELLY, 2008) but this assumption could be only validated after X-ray diffraction (XRD) analysis.

The cooling is crucial to the laser safety (DE MOOR & DELMÉ, 2009) but the present study selected a critical clinical situation without cooling to compare the superficial changes to Y-TZP surface. The cooling was not the effect that changed the superficial because there were not significant differences on roughness parameters or on 3D image.

To the best of our knowledge there are no comparable studies and it is necessary further analysis especially of the osteoblastic behavior at laser modified surfaces and its clinical use.

#### CONCLUSION

- The Y-TZP surface were altered by the Er,Cr:YSGG laser with decontamination parameter.
- After Er,Cr:YSGG laser irradiation the zirconia showed lower surface roughness.

- Compared to the refrigerated group no difference was observed on laser Er,Cr:YSGG non-refrigerated Y-TZP group.
- Titanium SLA irradiated with Er,Cr:YSGG laser showed an increase on surface roughness compared to the non-irradiated group and with presence of superficial cracks.

## DISCLOSURE

The authors have no interest in any of the companies or products mentioned in this article.

# ACKNOWLEDGMENTS

The authors would like to thank TitaniumFIX, São Paulo, Brazil, for supplying the Y-TZP and titanium diks. The authors thank Ms. Sheila Schuindt do Carmo (LCT POLI-USP-Technology Characterization Laboratory, University of São Paulo, Brazil) for technical support with confocal microscopy.

## REFERENCES

- Al-Nawas B, Kämmerer PW, Morbach T, Ladwein C, Wegener J, Wagner W. Ten-Year Retrospective Follow-Up Study of the TiOblast<sup>™</sup> Dental Implant. Clin Implant Dent Relat Res. 2012 Mar;14(1):127-134.
- Akyil MS, Uzun IH, Bayindir F. Bond strength of resin cement to yttriumstabilized tetragonal zirconia ceramic treated with air abrasion, silica coating, and laser irradiation. Photomed Laser Surg. 2010 Dec;28(6):801-8. Epub 2010 Oct 22.
- Azzeh MM. Er,Cr:YSGG laser-assisted surgical treatment of peri-implantitis with 1-year reentry and 18-month follow-up. J Periodontol. 2008 Oct;79(10):2000-5.
- 4. Bremer F, Grade S, Kohorst P, Stiesch M. In vivo biofilm formation on different dental ceramics. Quintessence Int. 2011 Jul-Aug;42(7):565-74.

- Buser D, Mericske-Stern R, Bernard JP, Behneke A, Behneke N, Hirt HP, Belser UC, Lang NP. Long-term evaluation of non-submerged ITI implants. Part 1: 8-year life table analysis of a prospective multi-center study with 2359 implants. Clin Oral Implants Res. 1997 Jun;8(3):161-72.
- D'Avila S, dos Reis LD, Piattelli A, Aguiar KC, de Faveri M, Borges FL, Iezzi G, Oliveira NT, de G Cardoso LA, Shibli JA. Impact of smoking on human bone apposition at different dental implant surfaces: a histologic study in type IV bone. J Oral Implantol. 2010;36(2):85-90.
- Delgado-Ruíz RA, Calvo-Guirado JL, Moreno P, Guardia J, Gomez-Moreno G, Mate-Sánchez JE, Ramirez-Fernández P, Chiva F. Femtosecond laser microstructuring of zirconia dental implants. J Biomed Mater Res B Appl Biomater. 2011 Jan;96(1):91-100.
- De Moor RJ, Delmé KI. Laser-assisted cavity preparation and adhesion to erbium-lased tooth structure: part 1. Laser-assisted cavity preparation. J Adhes Dent. 2009 Dec;11(6):427-38.
- Denry I, Kelly JR. State of the art of zirconia for dental applications. Dent Mater. 2008 Mar;24(3):299-307. Epub 2007 Jul 19. Review.
- 10.Gahlert M, Röhling S, Wieland M, Eichhorn S, Küchenhoff H, Kniha H. A comparison study of the osseointegration of zirconia and titanium dental implants. A biomechanical evaluation in the maxilla of pigs. Clin Implant Dent Relat Res. 2010 Dec;12(4):297-305.
- 11.Galli C, Macaluso GM, Elezi E, Ravanetti F, Cacchioli A, Gualini G, Passeri G. The effects of Er:YAG laser treatment on titanium surface profile and osteoblastic cell activity: an in vitro study. J Periodontol. 2011 Aug;82(8):1169-77.
- Geminiani A, Caton JG, Romanos GE. Temperature increase during CO(2) and Er:YAG irradiation on implant surfaces. Implant Dent. 2011 Oct;20(5):379-82.
- 13.Gonçalves F, Zanetti AL, Zanetti RV, Martelli FS, Avila-Campos MJ, Tomazinho LF, Granjeiro JM. Effectiveness of 980-mm diode and 1064-nm extra-long-pulse neodymium-doped yttrium aluminum garnet lasers in implant disinfection. Photomed Laser Surg. 2010 Apr;28(2):273-80.

- Hauser-Gerspach I, Stübinger S, Meyer J. Bactericidal effects of different laser systems on bacteria adhered to dental implant surfaces: an in vitro study comparing zirconia with titanium. Clin Oral Implants Res. 2010 Mar;21(3):277-83. Epub 2010 Jan 13.
- 15. Hisbergues M, Vendeville S, Vendeville P. Zirconia: Established facts and perspectives for a biomaterial in dental implantology. J Biomed Mater Res B Appl Biomater. 2009 Feb;88(2):519-29.
- 16.Kreisler M, Al Haj H, Götz H, Duschner H, d'Hoedt B. Effect of simulated CO2 and GaAlAs laser surface decontamination on temperature changes in Tiplasma sprayed dental implants. Laser Surg Med. 2002;30(3):233-9.
- 17.Lang NP, Berglundh T. Periimplant diseases: where are we now? Consensus of the Seventh European Workshop on Periodontology. J Clin Periodontol. 2011 Mar;38 Suppl 11:178-81.
- 18.de Mendonça AC, Máximo MB, Rodrigues JA, Arrais CA, de Freitas PM, Duarte PM. Er:YAG Laser, ultrasonic system, and curette produce different profiles on dentine root surfaces: an in vitro study. Photomed Laser Surg. 2008 Apr;26(2):91-7.
- 19.Miller RJ. Treatment of the contaminated implant surface using the Er,Cr:YSGG laser. Implant Dent. 2004 Jun;13(2):165-70.
- 20.Quaranta A, Maida C, Scrascia A, Campus G, Quaranta M. Er:Yag Laser application on titanium implant surfaces contaminated by Porphyromonas gingivalis: an histomorphometric evaluation. Minerva Stomatol. 2009 Jul-Aug;58(7-8):317-30.
- 21.Romanos GE, Everts H, Nentwig GH. Effects of diode and Nd:YAG laser irradiation on titanium discs: a scanning electron microscope examination. J Periodontol 2000 May;71(5):810-5
- 22.Romanos G, Crespi R, Barone A, Covani U. Osteoblast attachment on titanium disks after laser irradiation. Int J Oral Maxillofac Implants. 2006 Mar-Apr;21(2):232-6.

- 23.Romanos GE, Gutknecht N, Dieter S, Schwarz F, Crespi R, Sculean A. Laser wavelengths and oral implantology. Lasers Med Sci. 2009 Nov;24(6):961-70. Epub 2009 May 9.
- 24.Sailer I, Zembic A, Jung RE, Siegenthaler D, Holderegger C, Hämmerle CH. Randomized controlled clinical trial of customized zirconia and titanium implant abutments for canine and posterior single-tooth implant reconstructions: preliminary results at 1 year of function. Clin Oral Implants Res. 2009 Mar;20(3):219-25.
- 25.Schwarz F, Sculean A, Rothamel D, Schwenzer K, Gerog T, Becker J. Clinical evaluation of an Er:YAG laser for nonsurgical treatment of peri-implantitis: a pilot study. Clin Oral Impl Res. 2005 Feb;16(1):44-52.
- 26.Schwarz F, Nuesry E, Bieling K, Herten M, Becker J. Influence of an erbium, chromium-doped yttrium, scandium, gallium, and garnet (Er,Cr:YSGG) laser on the reestablishment of the biocompatibility of contaminated titanium implant surfaces. J Periodontol. 2006 Nov;77(11):1820-7.
- 27.Schwarz F, Wieland M, Schwartz Z, Zhao G, Rupp F, Geis-Gerstorfer J, Schedle A, Broggini N, Bornstein MM, Buser D, Ferguson SJ, Becker J, Boyan BD, Cochran DL. Potential of chemically modified hydrophilic surface characteristics to support tissue integration of titanium dental implants. J Biomed Mater Res B Appl Biomater. 2009 Feb;88(2):544-57.
- 28.Stübinger S, Homann F, Etter C, Miskiewicz M, Wieland M, Sader R. Effect of Er:YAG, CO(2) and diode laser irradiation on surface properties of zirconia endosseous dental implants. Lasers Surg Med. 2008 Mar;40(3):223-8.
- 29. Stübinger S, Etter C, Miskiewicz M, Homann F, Saldamli B, Wieland M, Sader R. Surface alterations of polished and sandblasted and acid-etched titanium implants after Er:YAG, carbon dioxide, and diode laser irradiation. Int J Oral Maxillofac Implants. 2010 Jan-Feb;25(1):104-11.
- 30.Subasi MG, Inan O. Evaluation of the topographical surface changes and roughness of zirconia after different surface treatments. Lasers Med Sci. 2011 Jul 24. [Epub ahead of print].

- 31.Takasaki AA, Aoki A, Mizutani K, Kikuchi S, Oda S, Ishikawa I. Er:YAG laser therapy for peri-implant infection: a histological study. Lasers Med Sci. 2007 Sep;22(3):143-57.
- 32.Zembic A, Sailer I, Jung RE, Hämmerle CH. Randomized-controlled clinical trial of customized zirconia and titanium implant abutments for single-tooth implants in canine and posterior regions: 3-year results. Clin Oral Implants Res. 2009 Aug;20(8):802-8. Epub 2009 May 26.

# 4. CONCLUSÕES

Através dos resultados obtidos e, considerando-se as condições experimentais deste estudo, pode-se concluir que:

- A rugosidade superficial das amostras de Y-TZP foi alterada após o tratamento com laser de Er,Cr:YSGG.
- Após irradiação com laser de Er,Cr:YSGG a superfície da zircônia apresentou menor rugosidade superficial.
- A remoção da irrigação do laser de Er,Cr:YSGG não causou diferenças quando comparadas ao grupo com refrigeração no material Y-TZP.
- Após irradiação com laser de Er,Cr:YSGG a superfície de titânio jateado e condicionado com ácido apresentou rugosidade superficial maior do que a rugosidade do grupo não irradiado com a presença de fraturas superficiais.

## **REFERÊNCIAS BIBLIOGRÁFICAS**

Aboushelib M, Salem N, Abotaleb A, Abd El Moniem N. Influence of surface nanoroughness on osseointegration of zirconia implants in rabbit femur heads using selective infiltration etching technique. J Oral Implantol. 2011 Sep 9.

Al-Nawas B, Kämmerer PW, Morbach T, Ladwein C, Wegener J, Wagner W. Ten-Year Retrospective Follow-Up Study of the TiOblast<sup>™</sup> Dental Implant. Clin Implant Dent Relat Res. 2012 Mar;14(1):127-134.

Akyil MS, Uzun IH, Bayindir F. Bond strength of resin cement to yttrium-stabilized tetragonal zirconia ceramic treated with air abrasion, silica coating, and laser irradiation. Photomed Laser Surg. 2010 Dec;28(6):801-8. Epub 2010 Oct 22.

Azzeh MM. Er, Cr: YSGG laser-assisted surgical treatment of peri-implantitis with 1year reentry and 18-month follow-up. J Periodontol. 2008 Oct; 79(10): 2000-5.

van Brakel R, Cune MS, van Wilkelhoff AJ, de Putter C, Verhoeven JW, van der Reijden W. Early bacterial colonization and soft tissue health around zirconia and titanium abutments: an in vivo study in man. Clin Oral Implants Res. 2011 Jun;22(6):571-7.

Bremer F, Grade S, Kohorst P, Stiesch M. In vivo biofilm formation on different dental ceramics. Quintessence Int. 2011 Jul-Aug;42(7):565-74.

Bressan E, Paniz G, Lops D, Corazza B, Romeo E, Favero G. Influence of abutment material on the gingival color of implant-supported all-ceramic restorations: a prospective multicenter study. Clin Oral Implants Res. 2011 Jun;22(6):631-7.

Buser D, Mericske-Stern R, Bernard JP, Behneke A, Behneke N, Hirt HP, Belser UC, Lang NP. Long-term evaluation of non-submerged ITI implants. Part 1: 8-year life table analysis of a prospective multi-center study with 2359 implants. Clin Oral Implants Res. 1997 Jun;8(3):161-72.

Chevalier J, Gremillard L, Virkar AV, Clarke DR. The tetragonal-monoclinic transformation in zirconia: lessons learned and future trends. J Am Ceram Soc. 2009 92(9):1901–1920.

D'Avila S, dos Reis LD, Piattelli A, Aguiar KC, de Faveri M, Borges FL, Iezzi G, Oliveira NT, de G Cardoso LA, Shibli JA. Impact of smoking on human bone apposition at different dental implant surfaces: a histologic study in type IV bone. J Oral Implantol. 2010;36(2):85-90.

Delgado-Ruíz RA, Calvo-Guirado JL, Moreno P, Guardia J, Gomez-Moreno G, Mate-Sánchez JE, Ramirez-Fernández P, Chiva F. Femtosecond laser microstructuring of zirconia dental implants. J Biomed Mater Res B Appl Biomater. 2011 Jan;96(1):91-100.

De Moor RJ, Delmé KI. Laser-assisted cavity preparation and adhesion to erbiumlased tooth structure: part 1. Laser-assisted cavity preparation. J Adhes Dent. 2009 Dec;11(6):427-38.

Denry I, Kelly JR. State of the art of zirconia for dental applications. Dent Mater. 2008 Mar;24(3):299-307. Epub 2007 Jul 19. Review.

Dias Júnior, Sidival. Avaliação de titânio puro metálico e zircônia estabilizada com ítria para a aplicação em implantes dentários. 2011. 99 f. Dissertação (Mestrado em Engenharia Aeronáutica e Mecânica, Física e Química dos Materiais Aeroespaciais) – Instituto Tecnológico de Aeronáutica

Froum S, Yamanaka T, Cho SC, Kelly R, St James S, Elian N. Techniques to remove a failed integrated implant. Compend Contin Educ Dent. 2011 Sep;32(7):22-6, 28-30; quiz 31-2.

Gahlert M, Röhling S, Wieland M, Eichhorn S, Küchenhoff H, Kniha H. A comparison study of the osseointegration of zirconia and titanium dental implants. A biomechanical evaluation in the maxilla of pigs. Clin Implant Dent Relat Res. 2010 Dec;12(4):297-305.

Geminiani A, Caton JG, Romanos GE. Temperature increase during CO(2) and Er:YAG irradiation on implant surfaces. Implant Dent. 2011a Oct;20(5):379-82.

Geminiani A, Caton JG, Romanos GE. Temperature change during non-contact diode laser irradiation of implant surfaces. Lasers Med Sci. 2011b Jan 28. [Epub ahead of print].

Gonçalves F, Zanetti AL, Zanetti RV, Martelli FS, Avila-Campos MJ, Tomazinho LF, Granjeiro JM. Effectiveness of 980-mm diode and 1064-nm extra-long-pulse

neodymium-doped yttrium aluminum garnet lasers in implant disinfection. Photomed Laser Surg. 2010 Apr;28(2):273-80.

Hauser-Gerspach I, Stübinger S, Meyer J. Bactericidal effects of different laser systems on bacteria adhered to dental implant surfaces: an in vitro study comparing zirconia with titanium. Clin Oral Implants Res. 2010 Mar;21(3):277-83. Epub 2010 Jan 13.

Hauser-Gerspach I, Vadaszan J, Deronjic I, Gass C, Meyer J, Dard M, Waltimo T, Stübinger S, Mauth C. Influence of gaseous ozone in peri-implantitis: bactericidal efficacy and cellular response. An in vitro study using titanium and zirconia. Clin Oral Investig. 2011 Aug 13. [Epub ahead of print].

Hoffmann O, Angelov N, Gallez F, Jung RE, Weber FE. The zirconia implant-bone interface: a preliminary histologic evaluation in rabbits. Int J Oral Maxillofac Implants. 2008 Jul-Aug;23(4):691-5.

Kohal RJ, Att W, Bächle M, Butz F. Ceramic abutments and ceramic oral implants. An update. Periodontol 2000. 2008;47:224-43.

Kreisler M, Al Haj H, Götz H, Duschner H, d'Hoedt B. Effect of simulated CO2 and GaAlAs laser surface decontamination on temperature changes in Ti-plasma sprayed dental implants. Laser Surg Med. 2002;30(3):233-9.

Lang NP, Berglundh T. Periimplant diseases: where are we now? – Consensus of the Seventh European Workshop on Periodontology. J Clin Periodontol. 2011 Mar;38 Suppl 11:178-81.

de Mendonça AC, Máximo MB, Rodrigues JA, Arrais CA, de Freitas PM, Duarte PM.

Er:YAG Laser, ultrasonic system, and curette produce different profiles on dentine root surfaces: an in vitro study. Photomed Laser Surg. 2008 Apr;26(2):91-7.

Miller RJ. Treatment of the contaminated implant surface using the Er,Cr:YSGG laser. Implant Dent. 2004 Jun;13(2):165-70.

Mombelli A, Lang NP. Antimicrobial treatment of peri-implant infections. Clin Oral Implants Res. 1992 Dec;3(4):162-8.

Quaranta A, Maida C, Scrascia A, Campus G, Quaranta M. Er:Yag Laser application on titanium implant surfaces contaminated by Porphyromonas gingivalis: an histomorphometric evaluation. Minerva Stomatol. 2009 Jul-Aug;58(7-8):317-30.

Romanos GE, Everts H, Nentwig GH. Effects of diode and Nd:YAG laser irradiation on titanium discs: a scanning electron microscope examination. J Periodontol. 2000 May;71(5):810-5

Romanos G, Crespi R, Barone A, Covani U. Osteoblast attachment on titanium disks after laser irradiation. Int J Oral Maxillofac Implants. 2006 Mar-Apr;21(2):232-6.

Romanos GE, Gutknecht N, Dieter S, Schwarz F, Crespi R, Sculean A. Laser wavelengths and oral implantology. Lasers Med Sci. 2009 Nov;24(6):961-70. Epub 2009 May 9.

Sailer I, Zembic A, Jung RE, Siegenthaler D, Holderegger C, Hämmerle CH. Randomized controlled clinical trial of customized zirconia and titanium implant abutments for canine and posterior single-tooth implant reconstructions: preliminary results at 1 year of function. Clin Oral Implants Res. 2009 Mar;20(3):219-25

Schwarz F, Sculean A, Rothamel D, Schwenzer K, Gerog T, Becker J. Clinical evaluation of an Er:YAG laser for nonsurgical treatment of peri-implantitis: a pilot study. Clin Oral Impl Res. 2005 Feb;16(1):44-52.

Schwarz F, Nuesry E, Bieling K, Herten M, Becker J. Influence of an erbium, chromium-doped yttrium, scandium, gallium, and garnet (Er,Cr:YSGG) laser on the reestablishment of the biocompatibility of contaminated titanium implant surfaces. J Periodontol. 2006 Nov;77(11):1820-7.

Schwarz F, Wieland M, Schwartz Z, Zhao G, Rupp F, Geis-Gerstorfer J, Schedle A, Broggini N, Bornstein MM, Buser D, Ferguson SJ,Becker J, Boyan BD, Cochran DL. Potential of chemically modified hydrophilic surface characteristics to support tissue integration of titanium dental implants. J Biomed Mater Res B Appl Biomater. 2009 Feb;88(2):544-57.

Shibli JA, Grassi S, de Figueiredo LC, Feres M, Iezzi G, Piattelli A. Human periimplant bone response to turned and oxidized titanium implants inserted and retrieved after 2 months. Implant Dent. 2007 Sep;16(3):252-9. Stübinger S, Homann F, Etter C, Miskiewicz M, Wieland M, Sader R. Effect of Er:YAG, CO(2) and diode laser irradiation on surface properties of zirconia endosseous dental implants. Lasers Surg Med. 2008 Mar;40(3):223-8.

Stübinger S, Etter C, Miskiewicz M, Homann F, Saldamli B, Wieland M, Sader R. Surface alterations of polished and sandblasted and acid-etched titanium implants after Er:YAG, carbon dioxide, and diode laser irradiation. Int J Oral Maxillofac Implants. 2010 Jan-Feb;25(1):104-11.

Subasi MG, Inan O. Evaluation of the topographical surface changes and roughness of zirconia after different surface treatments. Lasers Med Sci. 2011 Jul 24. [Epub ahead of print].

Takasaki AA, Aoki A, Mizutani K, Kikuchi S, Oda S, Ishikawa I. Er:YAG laser therapy for peri-implant infection: a histological study. Lasers Med Sci. 2007 Sep;22(3):143-57.

Wang G, Liu X, Zreiqat H, Ding C. Enhanced effects of nano-scale topography on the bioactivity and osteoblast behaviors of micron rough ZrO2 coatings. Colloids and Surf B Biointerfaces. 2011 Sep 1;86(2):267-74. Epub 2011 Apr 17.

Zembic A, Sailer I, Jung RE, Hämmerle CH. Randomized-controlled clinical trial of customized zirconia and titanium implant abutments for single-tooth implants in canine and posterior regions: 3-year results. Clin Oral Implants Res. 2009 Aug;20(8):802-8. Epub 2009 May 26

# ANEXO 1- Análise estatística para os resultados rugosidade para Y-TZP

#### 

CODIGO DO PROJETO:

RESPONSAVEL: ALE

DELINEAMENTO EXPERIMENTAL:

OBSERVACOES NAO TRANSFORMADAS

NOME DOS FATORES FATOR NOME A LASER

\_\_\_\_\_

QUADRO DA ANALISE DE VARIANCIA

CAUSAS DA VARIACAO	G.L.	S.Q.	Q.M.	VALOR F	PROB.>F
LASER RESIDUO	2 12	10.9090573 5.5528395	5.4545287 0.4627366	11.7875	0.00179
TOTAL	14	16.4618969			

MEDIA GERAL = 1.383407

COEFICIENTE DE VARIACAO = 49.172 %

TESTE DE TUKEY PARA MEDIAS DE LASER

NUM.ORDEM	NUM.TRAT.	NOME	NUM.REPET.	MEDIAS	MEDIAS ORIGINAIS	 5%	1%
1	1		5	2.588800	2.588800	а	A
2	2	LASER	5	0.815000	0.815000	b	В
3	3	LASEZERO	5	0.746420	0.746420	b	В

MEDIAS SEGUIDAS POR LETRAS DISTINTAS DIFEREM ENTRE SI AO NIVEL DE SIGNIFICANCIA INDICADO

# ANEXO 2- Análise estatística para os resultados de rugosidade para titânio SLA

* * *	***************************************	:**
*	SANEST - SISTEMA DE ANALISE ESTATISTICA	*
*	Autores: Elio Paulo Zonta – Amauri Almeida Machado	*
*	Instituto Agronomico de Campinas - I A C	*
*	ANALISE DA VARIAVEL RUGOSIDA - ARQUIVO: TITANI	*
***	* * * * * * * * * * * * * * * * * * * *	**

CODIGO DO PROJETO:

#### RESPONSAVEL:

DELINEAMENTO EXPERIMENTAL:

OBSERVACOES NAO TRANSFORMADAS

NOME	DOS	FATORES
FATOR	 ۲	NOME
A	 I	LASER

QUADRO DA ANALISE DE VARIANCIA

CAUSAS DA VARIACAO	G.L.	S.Q.	Q.M.	VALOR F	PROB.>F
LASER RESIDUO	1 8	4.7423919 3.3045063	4.7423919 0.4130633	11.4810	0.00949
TOTAL	9	8.0468982			

MEDIA GERAL = 2.678550

COEFICIENTE DE VARIACAO = 23.994 %

TESTE DE TUKEY PARA MEDIAS DE LASER

NUM	.ORDEM N	IUM.TF	AT. 1	iome nui	M.REPET.		EDI <i>i</i>	AS	MEI	DIAS	ORIGIN	AIS 59	5 18	- <b></b>
	1 2	2 1	LAS CO1	Ser Ntrol	5 5	3. 1.	3672 9899	200 900		3. 1.	367200 989900	a ł	A D E	3
MEDIAS	SEGUIDAS	B POR	LETRAS	DISTINTAS	DIFEREM	ENTRE	SI	AO	NIVEL	DE	SIGNIFI	CANCIA	INDI	CADO

\_\_\_\_\_

#### ANEXOS

**Anexo 3:** Discos de zircônia (Y-TZP) antes da irradiação com Er,Cr:YSGG.



**Anexo 4:** Disco de titânio (SLA) antes da irradiação Er,Cr:YSGG



**Anexo 5:** Irradiação da zircônia (Y-TZP) com laser Er,Cr:YSGG com refrigeração ar/água 80%/20%.



**Anexo 6:** Irradiação do titânio (SLA) com laser Er,Cr:YSGG com refrigeração ar/água 80%/20%.



**Anexo 7:** Disco de titânio (SLA) após irradiação com laser Er,Cr:YSGG .



**Anexo 8:** Disco de zircônia (Y-TZP) após irradiação com laser Er,Cr:YSGG.

