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TiO₂ nanotubes improve physico-mechanical properties of glass ionomer cement

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ABSTRACT

Objectives. The aim of this study was to determine the physico-mechanical properties of a high viscosity glass ionomer cement (GIC) reinforced with TiO₂ nanotubes (TiO₂-nt).

Methods. TiO₂-nt was incorporated into the GIC powder components (Ketac Molar EasyMixTM) in concentrations of 0% (control group), 3%, 5%, 7% by weight. Compressive strength ($n = 10/\text{group}$), three point bending for flexural strength ($n = 18/\text{group}$), microshear bond strength

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to dentin and failure mode ($n = 20/\text{group}$), and surface roughness and weight loss before and after brushing simulation (30,000 cycles) ($n = 8/\text{group}$) were evaluated. Data were submitted to Shapiro-Wilk, ANOVA, Tukey and Chi-square tests ($\alpha \leq 0.05$).

Results. Addition of 5% of $\text{TiO}_2\text{-nt}$ into GIC presented the highest values for compressive strength and differed from the control, 3% and 7% groups ($p = 0.023$). There were no significant differences in flexural strength ($p = 0.107$) and surface roughness before and after the dental brushing ($p = 0.287$) among the groups. GIC added with 5% $\text{TiO}_2\text{-nt}$ showed the lowest weight loss values ($p = 0.01$), whereas the control, 3% or 5% $\text{TiO}_2\text{-nt}$ groups presented similar microshear bond strength values ($p \geq 0.05$). The 5% $\text{TiO}_2\text{-nt}$ group featured higher microshear bond strength than the 7% $\text{TiO}_2\text{-nt}$ group ($p = 0.034$). Cohesive in material was the most representative failure mode for all groups.

Significance. The incorporation of $\text{TiO}_2\text{-nt}$ did not affect GIC's adhesiveness to dentin, but improved its compressive strength at 5%. Furthermore, $\text{TiO}_2\text{-nt}$ decreased the percentage of weight loss after GIC's surface wear.

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1. Introduction

Glass ionomer cements (GIC) were first introduced into the market at the end of the 70 s, and since then their composition has been modified to become more appropriate for different clinical situations [1]. The powder of conventional GIC is mainly composed by silica (SiO_4), alumina (Al_2O_3) and calcium fluoride (CaF_2), with an alkaline composition, while the liquid contains polycarboxylic acid as a co-polymer with itaconic acid, tricarboxylic, maleic or tartaric, which increases the strength of the set cement and decrease its viscosity [1,2]. When mixing the powder and the liquid, the set reaction begins to form a hydrated salt, which acts as a bonding matrix for the glass particles [1,3]. Among the reported GIC properties, adhesion to dental structure, linear expansion coefficient similar to that of the tooth, biocompatibility and anticariogenic action due to the release of fluoride are highlighted [1,4,5]. On the other hand, GIC has been reported to feature limitations, including high initial syneresis and imbibition that can result in dimensional changes, decrease of surface wear resistance and the formation of cracks and gaps [6]. Such limitations may contribute to restoration failure with the possibility of bacterial proliferation and secondary caries lesions and/or restoration fractures, especially restorations performed as atraumatic restorative treatment (ART) in areas of great masticatory effort and involving multiple surfaces [7,8].

In order to overcome the above-mentioned limitations, the incorporation of different nanoparticles to GIC has been proposed, including metallic powders, montmorillonite clay, cellulose, zinc, silica, ceramics, ytterbium fluoride and barium sulfate, hydroxyapatite and fluoroapatite, aluminosilicate glass, casein phosphopeptide-amorphous calcium phosphate, bioactive glass and titanium dioxide [9,10,12–20]. In general, it has been found that not all modifications have resulted in the desirable strengthening of GICs. For instance, metallic oxides and salts such as SrO and BaSO_4 did not affect GICs'

mechanical properties as they lacked the ability to increase the number of polysalt bridges and cross-linking within the glass matrix [10]. Moreover, although bioactive glass alone led to an increased bioactivity, it decreased the material's strength [10,19].

Titanium stands out because it is an inorganic additive, chemically stable, non-toxic and may present antimicrobial effects [11]. Although some progress has been made with respect to the benefits of adding TiO_2 nanostructures to conventional GICs [10,12–14,16,18], there is a lack of evidence on the specific impact of $\text{TiO}_2\text{-nt}$ on the physico-mechanical properties of GICs. Main limitation of previous studies included the fact that they used spherical-shaped nanostructures, which tended to form clusters rather than permeate the GIC's matrix [9,12–14,18]. Tubular materials, such as $\text{TiO}_2\text{-nt}$, are hollow nanostructures that feature a high surface-to-volume ratio [21], which may contribute to improved surface energy, as well as better particle distribution, improving GIC's overall properties. In a previous study, it has been demonstrated that GICs added with $\text{TiO}_2\text{-nt}$ presented improved surface microhardness and fluoride release at concentrations of 3% and 5%, while EDS analysis detected the presence of $\text{TiO}_2\text{-nt}$ into the material at 5% and 7% [16]. However, additional studies are needed to determine the effect of TiO_2 at nano-tubular shape on GIC's adhesion properties to dentin, compressive and flexural strength; providing the basis to establish restoration longevity [18,22,23], as well as for the use of GICs in areas of high masticatory loads.

Therefore, the aim of this present study was to analyze the impact of the incorporation of the $\text{TiO}_2\text{-nt}$ to the conventional GIC on its physico-mechanical properties. The hypothesis of the current *in vitro* study were that the incorporation of $\text{TiO}_2\text{-nt}$ to the conventional high viscosity GIC would affect its: (a) compressive strength; (b) flexural strength; (c) microshear bond strength to dentin; (d) failure mode to dentin; (e) surface roughness before and after brushing simulation; and (f) weight loss before and after brushing simulation.

2. Materials and methods

2.1. Grouping of specimens

The factor under study was the incorporation of different concentrations of TiO₂-nt (3%, 5% and 7% by weight) into a high viscosity GIC (Ketac Molar EasyMix™- 3 M/ESPE, Maplewood, Minnesota, USA). Four different experimental groups were obtained: Ketac Molar (KM) = control; KM + 3% TiO₂-nt; KM + 5% TiO₂-nt and KM + 7% TiO₂-nt. Evaluated parameters included: compressive strength ($n = 10/\text{group}$); flexural strength ($n = 18/\text{group}$); microshear bond strength to dentin and failure mode ($n = 20/\text{group}$); roughness surface and weight loss before and after brushing simulation ($n = 8/\text{group}$). This study was conducted after approval of the research ethics committee (CAAE #64,262,617.3.0000.5374).

2.2. Specimens preparation

TiO₂-nt at three different concentrations (3%, 5% and 7% in weight) were added to the powder of the GIC [aluminum-calcium fluorosilicate-lanthanum glass, 5% polycarbonate acid; shade A3], and then mixed to the liquid [polycarboxylic acid and tartaric acid] (Batch # 635,287; 638,396). Nanotubes (size ~20 nm and diameter ~10 nm), were formed by a single TiO₂ leaf spirally rolled and synthesized by the alkaline method [24]. A precision scale accurate to 0.0001 g (Adventurer Oshaus, Parsippany, NJ, USA) was used to determine KM's powder and TiO₂-nt weights. After weighing the materials, nanotubes were manually added to the GIC powder at different concentrations (3%, 5%, 7% by weight) as previously proposed [16]. Material agglutination was performed following the manufacturer's instructions for powder/liquid ratio (1:1) using a metallic spatula and a block of waterproof paper. Specimens were prepared at room temperature ($23 \pm 1^\circ\text{C}$ and $50 \pm 5\%$ relative humidity in accordance with ISO 7489) following the recommendation by the manufacturer. In brief, GIC with or without TiO₂-nt was placed in bipartite molds, inserted in a single increment with help from a Centrix syringe (Centrix Inc., Shelton, Connecticut, USA), and pressed between polyester strips (Proben, Catanduva, SP, Brazil) under a glass slide with a static load of approximately 200 g for 6 min. Next, specimens were covered with a thin layer of petroleum jelly (Rioquímica, São José do Rio Preto, SP, Brazil, batch#1,702,146) and stored for 24 h at 37°C in relative humidity. After 24 h, the excess of petroleum jelly was gently removed with a soft paper from the specimen before conducting the tests [16].

2.3. Compressive strength (CS)

Cylindrical specimens ($6 \times 4 \text{ mm}$) were prepared ($n = 10/\text{group}$, ISO 9917-1) and analyzed as previously described (ISO 9917-1) [25]. CS was calculated (MPa) using the equation $C_s = \frac{4P_f}{\pi D^2}$, where P_f represented the fracture load (Newtons), and D represented the diameter of the specimen (mm).

2.4. Flexural strength (FS)

Specimens ($25 \times 2 \times 2 \text{ mm}$) were prepared ($n = 18/\text{group}$) and the FS test was performed based on the ISO 9917-2 [25], subjected to three bending points on a 20 mm device in a universal testing machine. FS was determined (MPa) using the formula $\sigma = \frac{3P_l}{2bd^2}$, where P (Newtons) represented the breaking load, L the distance between the two supports of 10 mm, b the sample width (mm) and d represented thickness (mm).

2.5. Microshear bond strength to dentin substrate (MSBS)

Human third molars ($n = 20/\text{group}$), extracted for orthodontic reasons and free from apparent caries, macroscopic cracks, abrasions and staining on the occlusal surface were selected (assessed by visual examination of radiographs with the assistance of magnifying lenses). Teeth were cleaned and frozen until processing time. Their roots were sectioned off 1 mm beyond the cement-enamel junction using a double-faced diamond saw (KG Sørensen, São Paulo, SP, Brazil). Crowns were longitudinally sectioned by a water-cooled diamond blade (Isomet 1000, Buehler Ltda., Lake Bluff, IL, USA), and each half was included in rigid PVC rings (Tigre, Joinville, SC, Brazil) with self-curing acrylic resin (JET-Classic, São Paulo, SP, Brazil). The inner surfaces were planned with 340 grit sandpaper (Buehler, Lake Bluff, IL, USA), polished with 600 grit sandpaper (Buehler) (ISO 6344-1:2014) [26], rinsed with water spray, gently dried, and randomly assigned to one of the experimental groups. Next, dentin was actively conditioned with polyacrylic acid for 10 s, air-dried, and three siliconized polyvinyl cylinders ($2 \times 0.8 \text{ mm}$) were filled with the control and experimental materials on the medium dentin surface. MSBS values were obtained following the formula $\tau = \frac{F}{A}$, where F represented the force obtained during the test (Newtons), and A represented the area subjected to the micro-shear test (mm^2). The average value of the three cylinders for each group was used for statistical analysis [27,28].

2.6. Failure mode analyses

Failure mode produced after the MSBS tests was defined under a stereoscope (40 \times magnification, Eikonak EK3ST, São Paulo, SP, Brazil) and validated by SEM analysis (100 \times magnification, 15 kV, WD = 16 mm, spotsize = 25) ($n = 20/\text{group}$) as cohesive in dentin, cohesive in material or mixed. Failure modes were determined twice in a one-week interval by a calibrated examiner (Spearman correlation test with 95% intra-examiner coincidence).

2.7. Surface roughness and weight loss

Specimens were prepared ($n = 8/\text{group}$), polished with medium, fine and ultrafine aluminum oxide polishing discs (15 s/disc) (Sof-Lex Pop On, 3 M Dental Products, MN, USA), cleaned by ultrasound for 10 min (T1440D, Odontobrás, Ribeirão Preto, SP, Brazil), and submitted to brushing abrasion in an abrasion-testing machine (Biopdi, São Carlos, SP, Brazil) as previously reported [29,30,36]. Briefly, thirty thousand cycles were performed at the speed of 250 strokes/min

(complete forward and reverse movements), with a load of 200 g, with soft bristles tips (Palmolive, São Bernardo do Campo, SP, Brazil), corresponding to three years of brushing. Baseline and final data were collected in triplicate prior and after tooth brushing abrasion simulation. In the current study, CS, FS, MSBS tests were performed in a universal testing machine at a crosshead speed of 1 mm/min, and a load of 50 N (EMIC DL200, Campinas, SP, Brazil).

2.8. Surface characterization by scanning electron microscopy (SEM)

In order to determine the impact of TiO₂-nt on the GIC's structure, samples were submitted to SEM analysis (JEOL- JSM 5600 L V, Tokyo, Japan) ($n = 3$ /group). Briefly, GIC samples were prepared as described above, with or without TiO₂-nt, left to dry for 24 h, sputtered with a thin gold layer (Sputter Coater S150A, Japan), and analyzed at 1000 \times magnification in a working distance of 10 mm at 15 kV [13,16].

2.9. Statistical analysis

Data were analyzed using the Shapiro-Wilk normality test and Levene's homoscedasticity ($p \leq 0.05$). Analysis of variance (ANOVA) followed by the Tukey test was used to compare more than two groups, whereas the Dunnett's test was used to access statistical differences between the control group (without TiO₂-nt treatment) and TiO₂-nt groups at different concentrations. The relative frequency (in %) followed by the chi-square test was used for failure mode. Analyses were performed using a software (SPSS 21, Chicago, IL, USA), and the level of significance was 5% ($\alpha \leq 0.05$).

3. Results

Data analysis showed that the 5% TiO₂-nt group presented the highest CS mean values as compared to the other experimental groups ($p = 0.023$), whereas the one-way ANOVA test demonstrated that there were no significant differences among the groups regarding FS ($p = 0.107$) (Table 1). In addition, intergroup analysis revealed that the 5%TiO₂-nt group featured higher MSBS values than the 7% TiO₂-nt one ($p = 0.034$), and presented non-significant differences as compared to the 3% TiO₂-nt and KM (control) groups. In the present study, intergroup analysis further revealed an overall prevalence rate of 12.92% of premature failures, defined as failures occurring before the failure mode analyses were performed. Cohesive in material was the only failure mode found across the experimental groups, with no significant differences among the experimental groups ($p = 0.678$). Fig. 1 illustrates the pattern of failure mode for the experimental groups. Intra and intergroup analysis did not detect significant differences for surface roughness ($p = 0.287$ $p = 0.106$, respectively), whereas intergroup analysis showed that TiO₂-nt significantly decreased GIC's matrix weight loss regardless of its concentration ($p = 0.001$) (Table 2). The lowest percentage of weight loss was observed for the 5% TiO₂-nt group. As far as a potential impact of TiO₂-nt on GIC's structure, data analysis demonstrated that the addition of TiO₂-nt to GIC did not

resulted in relevant changes. Fig. 2 illustrates representative findings for SEM characterization of the impact of TiO₂-nt on GIC's structure.

4. Discussion

In the present study, all groups were found to reach the recommended minimum compressive strength values of 65 MPa [31]. However, the incorporation of 5% TiO₂-nt promoted a significant compressive strength improvement as compared to the remaining groups ($p = 0.023$), and we speculate that an improved GIC's matrix interaction acting as a reinforcement between the glass particles of the GIC powder, may have accounted for these findings. Importantly, the presence of TiO₂-nt into the GIC has been confirmed by EDS analysis [16]. Similarly to previous studies [13,16,32], in the current work, GIC incorporated with 3% or 7% of TiO₂-nt revealed respectively excessive and insufficient amount of polyacrylic acid to interact with the glass powder. Therefore, these findings suggest that TiO₂-nt concentration is a critical aspect controlling GIC's resistance outcomes, and are in agreement with previous reports on TiO₂-nt with similar size (20 nm) and a different format (spherical) [10,13–15,18,31].

In the present investigation a trend towards an increased flexural strength was noted for the TiO₂-nt groups, demonstrating a potential impact of nanotechnology on GIC's resistance. Flexural strength has been reported to be affected by nanoparticles at 3% and 5% as compared to the GIC alone [13–15,17,18], with a strong correlation between flexural strength and amount of material's wear, *e.g.* the higher the material's resistance the lower its wear [32]. In the current study, the impact of TiO₂-nt on GIC's weight loss after 30,000 cycle abrasion test was assessed and data analysis showed that the 5% TiO₂-nt group featured the lowest abrasion levels (%), confirming an improvement in wear resistance in the presence of TiO₂-nt. It has been shown that the rate of weight loss depends on several factors including type of dentifrice, water/dentifrice ratio, type of brush, and speed and pressure employed during brushing [33]. In the current investigation, potential factors affecting material's weight loss were similar across the experimental groups, and therefore, abrasion resistance was found to depend on the concentration of TiO₂-nt. These findings are in agreement with previous studies on conventional or resin-modified GIC [34–36]. As previously suggested [16], in the current study we speculate that an increased surface hardness may have accounted for a lower weight loss rate in the 5% group. Moreover, addition of TiO₂-nt to GIC may have reduced the interparticle spacing, effectively protecting the softer matrix, reducing incidence of exfoliation, and increasing the overall abrasion resistance of the material [37].

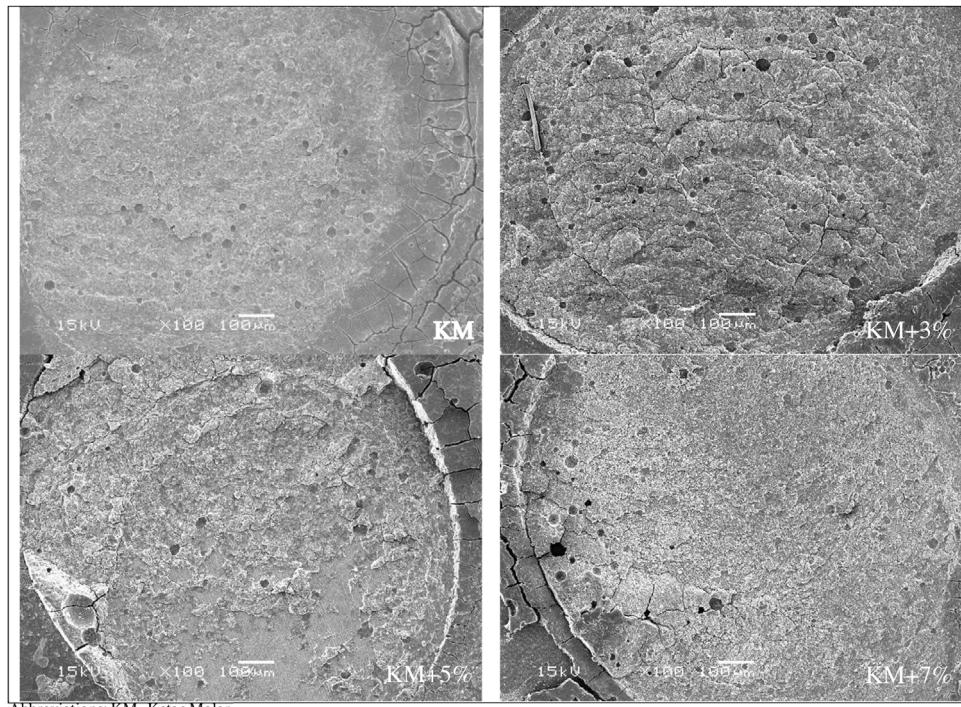
In the present study, regardless of the concentration used, TiO₂-nt did not affect GIC's surface roughness, suggesting that the tubular format of TiO₂-nt allowed appropriate particle distribution. Likewise, Cibim et al. [16] have reported that the incorporation of TiO₂-nt did not influence surface roughness of GICs. It has been proposed that nanostructure dimension (between 1 to 100 nm) in combination with larger glass particles may lead to an appropriate matrix wrapping resulting

Table 1 – Means and standard deviations for the performed mechanical tests in MegaPascal (MPa) for the experimental groups.

Experimental Groups	Mechanical Tests		
	Compressive Strength (n = 10/group)	Flexural Strength (n = 18/group)	Microshear Bond Strength to Human Dentin (n = 20/group)
KM (Control)	89.46 (14.05) B	6.41 (1.33) A	4.76 (2.88) AB
KM+ 3% TiO ₂ -nt	93.13 (17.90) B	6.87 (1.72) A	5.11 (1.65) AB
KM+ 5% TiO ₂ -nt	105.23 (11.19) A	7.41(1.23) A	5.30 (2.20) A
KM+ 7% TiO ₂ -nt	90.00 (15.46) B	7.63(1.60) A	3.46 (1.46) B

Different capital letters, in column, differ by ANOVA and Dunnett. Compressive strength, p = 0.023; Flexural strength, p = 0.1636; Microshear bond strength, p = 0.034.

Abbreviations: KM = Ketac Molar; TiO₂-nt = Titanium dioxide nanotubes.



Abbreviations: KM=Ketac Molar

Fig. 1 – Representative SEM images illustrating the failure mode patterns. Note that for all the experimental groups the failure pattern was cohesive in material.

Abbreviations: KM = Ketac Molar.

Table 2 – Mean and Standard Deviation of the surface roughness values (μm) and the amount of weight loss (mg) at baseline and after tooth-brushing simulation in the experimental groups.

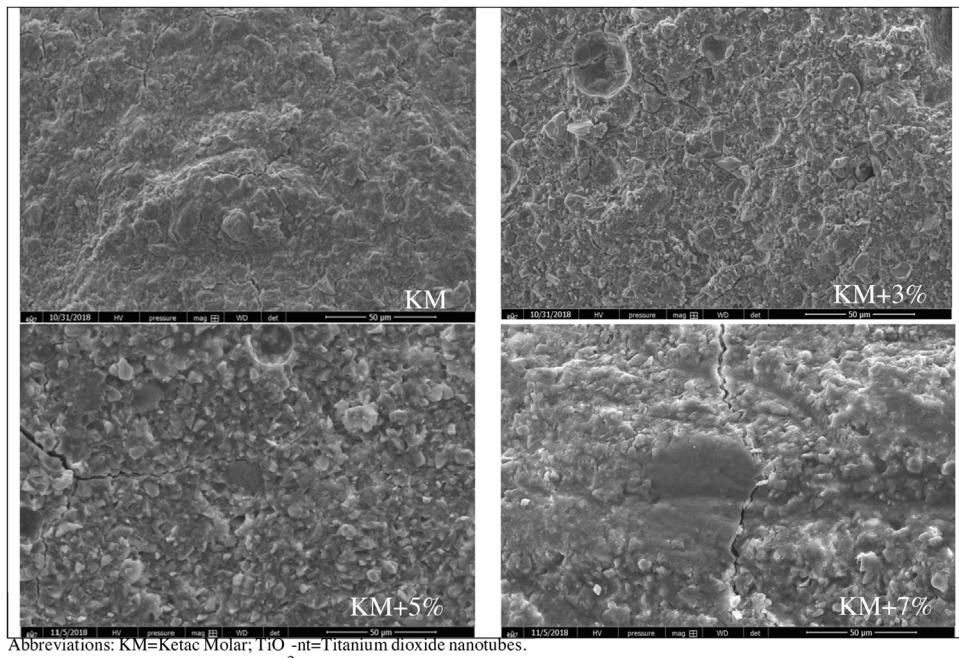
Experimental Groups (n = 8/group)	Surface Roughness		Weight Loss		Mass loss variation (%)
	Baseline (μm)	After (μm)	Baseline (mg)	After (mg)	
KM (Control)	0.3127 (0.24899) Aa	0.4213 (0.16156) Aa	0.0893 (0.01613) ^a Aa	0.0859 (0.01337) ^a Ab	3.8
KM+ 3% TiO ₂ -nt	0.4365 (0.09671) Aa	0.3916 (0.15252) Aa	0.1013 (0.01426) Aa	0.0980 (0.01412) Ab	3.3
KM+ 5% TiO ₂ -nt	0.3851 (0.17488) Aa	0.3997 (0.17892) Aa	0.0962 (0.01546) Aa	0.0948 (0.01511) Ab	1.4
KM+ 7% TiO ₂ -nt	0.3871 (0.12821) Aa	0.4133 (0.15179) Aa	0.1070 (0.01202) ^a Aa	0.1041 (0.01033) ^a Ab	2.7

Different upper case letters in columns demonstrate that there is significant difference among experimental groups for ANOVA Two-way repeated measures ($p < 0.05$).

Different lower case letters in rows demonstrate that there was significant statistical difference for surface roughness and weight loss, separately, when compared over time (baseline and after brushing) ($p < 0.05$).

Abbreviations: KM = Ketac Molar; TiO₂-nt = Titanium dioxide nanotubes.

^a It shows there is significant difference between experimental groups for Dunnett.



Abbreviations: KM=Ketac Molar; $\text{TiO}_2\text{-nt}$ =Titanium dioxide nanotubes.

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Fig. 2 – Representative SEM images (1000 \times magnification) illustrating the effect of $\text{TiO}_2\text{-nt}$ incorporation (at 3%, 5% and 7%) on the structure of a conventional GIC (KM).

Abbreviations: KM = Ketac Molar; $\text{TiO}_2\text{-nt}$ = Titanium dioxide nanotubes.

in a favorable surface roughness as compared to other dental materials in general [15,16,35]. In line with this hypothesis, in the current investigation SEM analysis showed that addition of $\text{TiO}_2\text{-nt}$ did not alter GIC's structure as illustrated in Fig. 2.

It is well known now that the material's adhesiveness to the dental substrate, will play an important role on GIC's clinical performance [38]. In the current study, data analysis demonstrated that $\text{TiO}_2\text{-nt}$ concentration directly impacted on the MSBS findings, with the 7% group featuring lower MSBS values than the other experimental groups (Table 1). These findings allow the conclusion that high concentrations of $\text{TiO}_2\text{-nt}$ ($\geq 7\%$) will lead to a deficient interaction between powder and polyacrylic acid, and negatively influence the chemical bond between GIC and the tooth. Similarly to the findings of the present study, Garcia-Contreras et al. [18] have reported that at lower concentrations (3% and 5%) $\text{TiO}_2\text{-nt}$ did not interfere with GIC adhesion to the dental tissues. In contrast, El-Negoly et al. [14] reported that at 7% TiO_2 nanoparticles increased GIC adhesiveness. Material's adhesiveness has also been reported to be affected by the position of dentinal tubules and dentin depth [39–42]. Here, the observed fracture patterns further demonstrated that GIC's bond strength to dentin was higher than the values of cohesive strength, corroborating with previous studies [43–45].

Together, the findings of the present study suggest that the use of nanotechnology is a promising strategy to improve physico-mechanical characteristics of GIC. However, as the use of $\text{TiO}_2\text{-nt}$ to improve GIC's clinical performance is a relatively new concept and the current investigation is limited to an *in vitro* experimental design that cannot fully mimic the “real” clinical setup, additional studies should be designed in order to further define the potential impact of $\text{TiO}_2\text{-nt}$ on other

GIC's properties, including syneresis and imbibition processes, material's aging on affected tooth, as well as longitudinal randomized clinical studies.

5. Conclusion

$\text{TiO}_2\text{-nt}$ led to increased compressive strength without affecting GIC's adhesiveness to human dentin substrate and its structure. In addition, nanotechnology applied to GIC did not change its flexural strength or roughness, but decreased the percentage of weight loss after brushing simulation. Therefore, it can be concluded the use of $\text{TiO}_2\text{-nt}$ to improve GIC's properties represents a promising strategy to improve its clinical outcome.

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REFERENCES

- [1] Anusavice KJ, Shen C, Rawls HR. Phillip's Science of Dental Materials. 12th ed St. Louis: Elsevier/Saunders; 2013.
- [2] Baig MS, Fleming GJ. Conventional glass-ionomer materials: a review of the developments in glass powder, polyacid

- liquid and the strategies of reinforcement. *J Dent* 2015;43:897–912.
- [3] Nicholson JW. Maturation processes in glass-ionomer dental cements. *Acta Biomater Odontol Scand* 2018;31(4):63–71.
- [4] Tyas MJ, Burrow MF. Adhesive restorative materials: a review. *Aust Dent J* 2004;49:112–21.
- [5] Krämer N, Schmidt M, Lücker S, Domann E, Frankenberger R. Glass ionomer cement inhibits secondary caries in an in vitro biofilm model. *Clin Oral Investig* 2018;22:1019–31.
- [6] Peez R, Frank S. The physical-mechanical performance of the new Ketac Molar Easymix compared to commercially available glass ionomer restoratives. *J Dent* 2006;34:582–7.
- [7] de Amorim RG, Leal SC, Frencken JE. Survival of atraumatic restorative treatment (ART) sealants and restorations: a meta-analysis. *Clin Oral Investig* 2012;16:429–41.
- [8] de Amorim RG, Frencken JE, Raggio DP, Chen X, Hu X, Leal SC. Survival percentages of atraumatic restorative treatment (ART) restorations and sealants in posterior teeth: an updated systematic review and meta-analysis. *Clin Oral Investig* 2018;22:2703–25.
- [9] Silva RM, Pereira FV, Mota FA, Watanabe E, Soares SM, Santos MH. Dental glass ionomer cement reinforced by cellulose microfibers and cellulose nanocrystals. *Mater Sci Eng C Mater Biol Appl* 2016;58:389–95.
- [10] Moheet IA, Luddin N, Rahman IA, Kannan TP, Nik Abd Ghani NR, Masudi SM. Modifications of glass ionomer cement powder by addition of recently fabricated nano-fillers and their effect on the properties: a review. *Eur J Dent* 2019;7, <http://dx.doi.org/10.1055/s-0039-1693524>.
- [11] Vimbele GV, Ngo SM, Fraze C, Yang L, Stout DA. Antibacterial properties and toxicity from metallic nanomaterials. *Int J Nanomedicine* 2017;12:3941–65.
- [12] Zhao J, Xie D. Effect of nanoparticles on wear resistance and surface hardness of a dental glass-ionomer cement. *J Compos Mat* 2009;43:2739–52.
- [13] Elsaka SE, Hamouda IM, Swain MV. Titanium dioxide nanoparticles addition to a conventional glass-ionomer restorative: influence on physical and antibacterial properties. *J Dent* 2011;39:589–98.
- [14] El-Negoly SA, El-Fallal AA, El-Sherbiny IM. A new modification for improving shear bond strength and other mechanical properties of conventional glass-ionomer restorative materials. *J Adhes Dent* 2014;16:41–7.
- [15] Najeeb S, Khurshid Z, Zafar MS, Khan AS, Zohaib S, Martí JMN, et al. Modifications in glass ionomer cements: nano-sized fillers and bioactive nanoceramics. *Int J Mol Sci* 2016;17:1134.
- [16] Cibim DD, Saito MT, Giovani PA, Borges AFS, Pecorari VGA, Gomes OP, et al. Novel nanotechnology of TiO₂ improves physical-chemical and biological properties of glass ionomer cement. *Int J Biomater* 2017;2017:7123919.
- [17] Moshaverinia A, Ansari S, Moshaverinia M, Roohpour N, Darr JA, Rehman I. Effects of incorporation of hydroxyapatite and fluoroapatite nanobioceramics into conventional glass ionomer cements (GIC). *Acta Biomater* 2008;4:432–40.
- [18] Garcia-Contreras R, Scougall-Vilchis RJ, Contreras-Bulnes R, Sakagami H, Morales-Luckie RA, Nakajima H. Mechanical, antibacterial and bond strength properties of nano-titanium-enriched glass ionomer cement. *J Appl Oral Sci* 2015;23:321–8.
- [19] De Caluwe T, Vercruyse CW, Fraeyman S, Verbeeck RM. The influence of particle size and fluorine content of aluminosilicate glass on the glass ionomer cement properties. *Dent Mater* 2014;30:1029–38.
- [20] Poorzandpoush K, Omrani LR, Jafarnia SH, Golkar P, Atai M. Effect of addition of Nano hydroxyapatite particles on wear of resin modified glass ionomer by tooth brushing simulation. *J Clin Exp Dent* 2017;9:e372–6.
- [21] Meng X, Banis MN, Cheng D, Li X, Zhang Y, Li R, et al. Controllable atomic layer deposition of one-dimensional nanotubular TiO₂. *Appl Surf Sci* 2013;266:132–40.
- [22] Dauvillier BS, Feilzer AJ, De Gee AJ, Davidson CL. Visco-elastic parameters of dental restorative materials during setting. *J Dent Res* 2000;79:818–23.
- [23] Wang L, D'Alpino PHP, Lopes GL, Pereira JC. Mechanical properties of dental restorative materials: relative contribution of laboratory tests. *J Appl Oral Sci* 2003;11:162–7.
- [24] Arruda LB, Santos CM, Orlandi MO, Schreiner WH, Lisboa-Filho PN. Formation and evolution of TiO₂ nanotubes in alkaline synthesis. *Ceram Int* 2015;41:2884–91.
- [25] ISO 9917-2: Dentistry — Water-Based Cements — Part 2: Resin-Modified Cements; 2010. Geneva, Switzerland: International Organization for Standardization.
- [26] ISO 6344-1:2014: Coated Abrasives — Grain Size Analysis — Part 1: Grain Size Distribution Test; 1999. Geneva, Switzerland: International Organization for Standardization.
- [27] ISO TR11405: Dental Materials — Testing of Adhesion to Tooth Structure; 2003. Geneva, Switzerland: International Organization for Standardization.
- [28] Hariri I, Shimada Y, Sadr A, Ichinose S, Tagami J. The effects of aging on shear bond strength and nanoleakage expression of an etch-and-rinse adhesive on human enamel and dentin. *J Adhes Dent* 2012;14:235–43.
- [29] Rios D, Honório HM, de Araújo PA, Machado MAAM. Wear and superficial roughness of glass ionomer cements used as sealants, after simulated toothbrushing. *Pesqui Odontol Bras* 2002;16(4).
- [30] Carvalho FG, Fucio SB, Paula AB, Correr GM, Sinhoreti MA, Puppin-Rontani RM. Child toothbrush abrasion effect on ionomic materials. *J Dent Child (Chic)* 2008;75:112–6.
- [31] ANSI/ADA specification no. 66 for dental glass ionomer cements. Council on Dental Materials, Instruments, and Equipment. *J Am Dent Assoc* 1989;119:205.
- [32] Prentice LH, Tyas MJ, Burrow MF. The effect of mixing time on the handling and compressive strength of an encapsulated glass-ionomer cement. *Dent Mater* 2005;21:704–8.
- [33] Bonifácio CC, Kleverlaan CJ, Raggio DP, Werner A, Carvalho RCR, Van Amerongen WE. Physical-mechanical properties of glass ionomer cements indicated for atraumatic restorative treatment. *Aust Dent J* 2009;54:233–7.
- [34] Heath JR, Wilson HJ. Abrasion of restorative materials by toothpaste. *J Oral Rehabil* 1976;3:121–38.
- [35] Carvalho FG, Sampaio CS, Fúcio SB, Carlo HL, Correr-Sobrinho L, Puppin-Rontani RM. Effect of chemical and mechanical degradation on surface roughness of three glass ionomers and a nanofilled resin composite. *Oper Dent* 2012;37:509–17.
- [36] Poorzandpoush K, Omrani LR, Jafarnia SH, Golkar P, Atai M. Effect of addition of Nano hydroxyapatite particles on wear of resin modified glass ionomer by tooth brushing simulation. *J Clin Exp Dent* 2017;9:e372–6.
- [37] Turssi CP, Hara AT, de Magalhães CS, Serra MC, Rodrigues Jr AL. Influence of storage regime prior to abrasion on surface topography of restorative materials. *J Biomed Mater Res B Appl Biomater* 2003;15(65):227–32.
- [38] Lin A, McIntyre NS, Davidson RD. Studies on the adhesion of glass-ionomer cements to dentin. *J Dent Res* 1992;71:1836–41.
- [39] Phrukanon S, Burrow MF, Tyas MJ. The effect of dentin location and tubule orientation on the bond strengths between resin and dentin. *J Dent* 1999;1:127–33.
- [40] Shono Y, Ogawa T, Terashita M, Carvalho RM, Pashley EL, Pashley DH. Regional measurements of resin-dentin bonding as an array. *J Dent Res* 1999;78:699–705.

- [41] Pereira PN, Sano H, Ogata M, Zheng L, Nakajima M, Tagami J, et al. Effect of region and dentin perfusion on bond strength of resin-modified glass ionomer cements. *J Dent* 2000;28:347–54.
- [42] Loguercio AD, Barroso LP, Grande RHM, Reis A. Comparison of intra- and intertooth resin-dentin bond strength variability. *J Adhes Dent* 2005;7:151–8.
- [43] Ngo H, Mount GJ, Peters MC. A study of glass-ionomer cement and its interface with enamel and dentin using a low temperature, high-resolution scanning electron microscopic technique. *Quintessence Int (Berl)* 1997;28:63–9.
- [44] Cho SY, Cheng AC. A review of glass ionomer restorations in the primary dentition. *J Can Dent Assoc* 1999;65:491–5.
- [45] Choi K, Oshida Y, Platt JA, Cochran MA, Matis BA, Yi K. Microtensile bond strength of glass ionomer cements to artificially created carious dentin. *Oper Dent* 2006;31:590–7.