

Medicated Gutta-Percha

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ABSTRACT

The ultimate element of endodontic triad is the entire and 3 dimension sealing of root canal system. The closest and longer span material that has satisfied this criterion is gutta-percha. That has been used broadly since many years in permanent root canal filling. This article give out briefing about composition, advantages, disadvantages, types, properties and uses of material which make it the quality material of endodontic. Additionally modifications in gutta-percha have also been highlighted. The filler is mixed with sealer that acts a building agent as well as lubricant. These files up the discrepancies between the obturation material and the dentinal walls. Root canal treatment is necessary for traumatic injury of tooth that may expose the pulp and disrupt the blood supply to the pulp. There was need for newer advances in obturating material to increase antimicrobial properties. Modified gutta-percha with medication, surface modifications and nanoparticles enriched were introduced. Medicated gutta-percha show more efficiency that prevent reinfection and improve life span of the tooth which are surface specific and site acting antibacterial gutta-percha.

Key words: Gutta percha, Root canal filler, MGP, Sealer

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INTRODUCTION

Microscopic organisms have been the frequent source of infection of the dental pulp and periapical tissue. As a result, root canal fillers are utilized to lock a root canal once it has been thoroughly prepared and then subsequently prevent its contamination or reinfection. A definitive objective of the treatment is curing or avoiding swelling of the apical periodontium or elimination a swelling. Adequate biomaterials should be utilized throughout the procedure is viewed as a foremost requirement for smooth recuperating, different aspects like compact fixing of the root canal to stop microorganisms entry. The main property of endodontic substances is the fixing capability, to avoid diseases or super infection, and the organic effects, which ought to permit an unhindered recovery of the periapical tissues [1]. In this manner, the sealer ought to have a significant number of basic properties of the root filling treatment material for example biocompatibility and fixing capacity [2]. The biological compatibility of endodontic substances holds a significant part. Materials used for root canal fillers can be characterized into 3 categories: Cones, sealing material, and thermoplastic substances.

The objective of a root canal obstruction is to occupy the vacant voids, bring complete and airtight sealing and avoid any microorganism action that can penetrate into the periapical tissues [3,4]. The basic root canal filling is a blend of sealer cement and a core centre material, which lately is nearly gutta-percha. The central core will be as a piston making it spread on the flow able sealer, take up the spaces and moist and connect to the dentin wall. By plan, the root canal and pulp stump contact sealer when it comes; just rarely will the Gutta-percha project from the sealer and contact with the dentin/periodontal tissues [5,6].

LITERATURE REVIEW

Gutta percha: GP is an arid hardened concentrate of a tree in family the Sapotaceae which are normal occupants of South eastern Asia or SEA. It gets significance from two words, "GETAH" which indicate gum and "PERTIA" which is title of a tree in another tongue [7]. It is a naturally occurring polymer made up of sap from the percha tree and has been most common filler substance (Palaquium gutta). A GP point is placed into the cleanse root canal together with an adhesive cement in the typical endodontic approach [8]. Gutta-percha points are mostly and mainly utilized. Gutta-percha isn't just utilized for points but at the same time is also used in the thermoplastic state. Alternatively, it is totally or just seemingly warmed or made fluid to more likely adjust to root canal walls. Thermoset gutta-percha is typically blended with an adhesive or sealing material.

In 1967, Gutta-percha was first used in endodontic. Gutta-percha is foremost widely used naturally occurring material for filling of the root canals [9,10] furthermore it even has been perceived as best quality level of endodontic *i.e.* "gold standard of endodontic", and other examinations have affirmed that it gives good filling and rigidity in the root canal [11] particularly sometime later [12] and also the determination of non-basic sealing substances [11,13] there are additionally contradictory reports in the writing [14] showing the benefit of many filling materials and recommending inappropriate attachment to gutta-percha with the underlying dentin [15].

History

According to history, after the 17th centenary Guttapercha has been utilized for a number of causes. In year 1656, an historian English recorder John Tradescant, brought Gutta-percha to North Africa and West of Asia under the name "mazer wood." Whereas Dr. William bought Gutta-percha in the Western side in 1843. In London, The Society of Arts awarded him a gold medal for his contribution, which was forwarded to the Medical Board. Alexander, Cabriot as well as Duclos received the first patent for Gutta-percha in 1864 and created a wider aspect for its commercial usage [16].

Composition

The α -and β -types of gutta-percha are both relevant as dental products: frequently gutta-percha cones and points are made in the β -type (α -type is more brittle), but the α -type is preferred for injectable use due to its improved drifting properties and relative volume stability. It probably has minimal toxicity, little tissue irritation and negligible hypersensitivity reactions response when held for a longer span in the root canal [17] and so, gutta-percha is the favoured decision as a strong, centre filling substance for root canal sealing. Unstructured GP occur in liquid state. Existence as crystalline gutta-percha α or β stage.

Composition of commercial gutta-percha cones: gutta-percha with 18-22%. That functions of the matrix, zinc oxide percentage of 59-76 that acts as fillers. Waxes or resins 1 to 4% present as plasticizers. Sulphates of metal that is radiopaque with 1-18% [18].

Advantages

- Compressibility/malleable
- Having inert power of action
- Maintain its structural integrity
- Has the ability to withstand the effects of ionizing radiation
- Opacity to the radio wave
- On heating becomes plastic
- Dissolves in chloroform as well as xylene
- It can prolong when new and fragile when old
- Easily manipulated
- Minimal toxicity

• Easy removal with heat or solvent [19].

Disadvantages:

- Absence of inflexibility
- Can't limit the length
- Effectively displace by stress
- Lacks qualities of adhesion
- In appropriate bond to dentine when warmed
- Contracts on cooling [19].

Different types of gutta-percha

GP points: They have dimensions like international organization for standard normalization (2% narrower from sizes Number 50-140)

- **Greater tapering gutta-percha:** These are narrower than 2%. These are accessible in four, six, eight, and 10% sizes.
- Variable tapering gutta-percha: These gutta percha has points fitting the narrow and changeable taper forming tools such as protaper F-1, protaper F-2. and protaper F-3
- **Auxiliary cones:** These gutta points are Non-normalized. These identify the state of root canal.
- **Pre-coated GP:** This gutta percha are covered with Metallic transporters. These transporters can be made from plastic substances, stainless steel, or titanium. For example, therma-fill.
- **Gutta stream:** In these powders form of GP is combined with sealers that are resin based.
- **Syringe system:** GP with short thickness is utilizing, for example, successful.
- **gutta percha bars or GP pellets:** Bars and pellets are utilized in thermoplastic warming gadgets. For example-obtura system.
- **Medicated gutta-percha:** GP cones infuse with CHX, CaOH₂ or iodoform.
- **MP sealers:** Chloroform or eucalyptol utilized to dissolve the gutta-percha to be utilized in the root canal.

General properties of gutta-percha

- Mechanical and physical properties: Gutta-percha is a viscoelastic and thermoplastic substance that is thermal responsive. At the span of encompassing room temperature, that is present as a hardened as a well as strong state. It enhances weak on drawn out openness to luminescence and air because of oxidation. The decline in temperature expands the toughness and esilience and inversely [20]. The physical properties of elasticity, fragility, and opacity to the radio wave rely upon the natural (Gutta percha polymer and pitches) and inorganic parts (ZnO and sulphates of metal). ZnO increases diminishes rate lengthening builds weakness, and extreme ductile strength [21].
- **Biological properties:** No systemic toxic responses toward gutta-percha have been accounted.

Unfavourably susceptible responses and allergies to gutta-percha are incredibly uncommon. Depending upon the item, a few cell culture examinations have exhibited gutta-percha to have practically zero cytotoxicity. Generally, gutta-percha is very much endured by animal tissues (for example rodent and mouse connective tissue); it prompts the arrangement of a collagenous container with no or practically no aggravation [22].

• Antimicrobial properties: Gutta-percha gives some antimicrobial properties, with the dynamic substance being Zinc Oxide (ZnO) from which zinc particles (Zn²⁺⁾ are prepared by hydrolysis. A few brands of gutta-percha are functional against anaerobically developed isolates from root canals. Event and the dimension of the obstruction zone differed with the microorganisms utilized for testing and the brand of the gutta-percha cone [22].

Uses of GP

- **Evaluation of pulp:** The standard method for evaluating the essentialness of teeth is through thermal stimulation and the hot Gutta-percha has customarily become famous. Achieving controlled temperature is hard, so warmed Gutta-percha should not be in touch with the surface of the tooth for more than three to five seconds, or else it may harm the sound pulp [23].
- Following sinus tract: Gutta-percha focuses are used to follow sinus tract in order to find the origin of disease and distressed tooth. According to studies gutta-percha is helpful as an analytic supplement and is accurate within three mile meter from the injury [24].
- **Manual dynamic agitation:** Gutta-percha focuses are utilized for manual disturbances in the canal to work on the purifying capacity of debriding and it cleans the solution by elimination of smear layer [25].
- **Temporization:** Transitory halting Gutta-percha along with base plate are utilized for temporization between two endodontic appointments and after intra coronal tooth arrangement [26].
- **Evaluation of intra-coronal tooth procedure:** This is utilized to evaluate undermines in the tooth procedure that requires intra-coronal restorations.
- Markers used in prosthetic and orthodontic placement of implants: The guides utilized for careful arrangement and radiographic assessment of implants can work on the ultimate result of a medicament for the patient receiving implant. To support the assurance of best location for the placing implant, guided markers are valuable [27,28]. A substance to be utilized as an aide during a processed tomography check, ought to contain no metal to wipe out the chance to dissipate. Since gutta percha satisfies these criteria, has is radiopaque which can be framed to an ideal shape, thus making it the material of choice [29].

Modified gutta-percha

Surface modified gutta-percha

- resin coated
- Glass ionomer coated
- Bio ceramic coated
- Non-thermal plasma

Medicated gutta-percha

- Iodoform
- Calcium hydroxide
- Chlorhexidine
- Tetracycline
- Cetylpyridinium chloride (CPC)

Nanoparticles enriched gutta-percha: Nano diamond gutta-percha composite biomaterials

• Silver nanoparticles coated gutta percha

Medicated gutta-percha

Antibiotic medication such as iodoform, tetracycline and mixture of both is combined into RC gutta-percha cones. The capacity combining of these two elements is well described these medications serve as an antimicrobial agent who is dispersed on the outer surface of GP cones subsequently repressing the microbial growth on these points and inside the root canal. For restraining long term microbial development, tetracycline is fit for mixing inside the dentinal tubules. These sedated GP focuses are surface specific and site acting antimicrobial guttapercha focuses technique for the use and conveyance of unstructured medicated gutta-percha inside a warmed compile with a stain plunger by conveying the heat labile thermo-softened amorphous structure by means of a pressure extrusion via a cannula into the prearranged root canal system.

The current innovation provides a more extensive range of adequacy dependent on the clinical set of symptoms in fighting the microbial contamination of spillage and super infection. The strategy and method for application permits the dental specialists to pick the appropriate MGP focuses for individual case.

DISCUSSION

Gutta-percha Containing Iodoform: gutta-percha containing iodoform stays inactive till it interacts with the liquid of the tissue. On interacting with tissue liquids, elemental Iodine (I₂) is delivered which is an antibiotic in character [3,19]. Iodoform gutta-percha incorporates 10% iodoform (CHI₃), a crystal material, which is solvent in CHCI₃ and ether however, they have little dissolvability in aqua. They interfere with the protoplasm of microbes giving rise to pore arrangement or produce a strong solid-fluid interface at the lecithin extent, which give on to dropping of cytoplasm substance and catalyst destruction. However it is supposed to prevent the development of many bacteria. These include *S. aureus, S. sanguis, Actinomycesodontolyticus,* and

Fusobacteriumnucleatum. Although not to *E. faecalis, E. coli* and *Pseudomonas aeruginosa* [30].

Calcium hydroxide containing guttapercha: Ca(OH₂) Gutta-percha focuses (CGG) consolidate the productivity of Ca(OH₂) and bio-dormancy of Guttapercha to be utilized as transitory intra canal medical treatment. The activity is basically linked to the pH that is damaged by the rate and concentration of liberation of OH particles. During endodontic treatment when it is utilized as an intra-canal medication, the moisture present in the root canal enacts the Ca(OH₂) thereby increasing the pH in the root canal up to the mark of 12+ in practically no time. The resultant antimicrobial impacts might be clear within 1 month [31]. They are manufactured by joining 58% Ca(OH₂) in a network of 42% gutta-percha. They are accessible in an international organization for standardization as size of 15 to 140. The activity of calcium hydroxide is enacted by moisture content in root canal. The presence of moisture in root canal upgrades activity of calcium hydroxide. Ten sides are present which lessens the pressure of the surface. Existence of H_2O solvent parts, ten side, and NaCl, makes them multiple times more reactive than calcium hydroxide focuses. Likewise, these have prevalent pH and increasing antibacterial property and wettability of root canal surface. They have supported basic pH for 7 days [19].

Advantages of calcium hydroxide points

- Simplicity of addition and evacuation
- minimal build up present
- insertion is easy as it is firm

Disadvantages of calcium hydroxide points

- Short term activity
- Almost complete transparent to X-rays or other radiations
- Absence of extended release

Guttapercha with chlorhexidinediacetate: Chlorhexidinediacetate acts as a wide range of antiinfective agent. It depicts by the cooperation of the positively chargechlorhexidine diacetate atom and negatively charge phosphate groups on microbial plasma wall leading to interchange of osmotic balance. Chlorhexidienediacetate is bacteriostatic (0.2%) as well as bactericidal (2%) and it invades the microbial plasma wall by modifying its penetrability. CHX is infused GuttaPercha focuses are well known to act against *C. albicans and E. faecalis* [32]. This material is utilized in an intra-canal medical treatment [3].

Tetracycline: The composition for a tetracycline medicated gutta-percha consists about GuttaPercha 20%; ZnO 57%; Tetracycline HCl 10%; BaSO₄ 10%; Beeswax 3% [33]. TGP provides an antimicrobial advantage over the conventional gutta-percha.

Cetylpyridiniumchloride: Cetylpyidinium, a quats or QACs, and a cationic surface marker, they have been utilized as antibiotic and for medications. Though the antimicrobial components of cetylpyridinium chloride

aren't surely known, they seem to harm microorganism membranes, accordingly, in the end, killing microorganisms. Cetylpyridinium Chloride (CPC) when added rise antimicrobial characteristic of gutta-percha in proportion to amount added. Nonetheless, this Guttapercha isn't industrially accessible yet [34].

CONCLUSION

It can be concluded that gutta percha has properties as a filling material that makes it considerable as an ideal material for use in root canal treatments. Gutta percha is a standard material for all teeth as a filling material. It is compactible and has adaption to contour and canal by vertical and lateral irregularities of condensation method. It can be softened, stable, and does not shrink or discolour the tooth structure. Removal of the material is also easy when required. Enhancing the qualities of GP prevented reinfection and inhibit long term microbial growth. Some more properties like lower alkalizing potential, low frequency of apical leakage. Medicated GP that include iodoform, calcium hydroxide, chlorhexinediacetate, tetracycline, and cetylpyridinium containing gutta percha that chloride shows antimicrobial properties.

REFERENCES

- 1. Schmalz G. Root canal filling materials. In Biocompatibility of Dental Materials 2009; 187-220. Springer, Berlin, Heidelberg.
- 2. Chandak M, Rathi C, Chandak M. Pushout Bond Strength of MTA as Root Canal Sealer: A Systematic Review. J Clin Diagnostic Res 2020; 14.
- 3. Soumya S, Agarwal P, Patri G, et al. Obturation an Overview. IP Indian J Conserv Endod 2021; 6:11-20.
- Rathi CH, Chandak M, Nikhade P, et al. Functions of Root Canal Sealers-A Review. J Evo Med Dent Sci 2020; 9:1454-1459.
- 5. Rstavik ODA. Materials used for root canal obturation: technical, biological and clinical testing. Endod topics 2005; 12:25-38.
- 6. Chandak M, Rathi C, Chandak M, et al. Comparative evaluation of micro leakage of three different sealers using vertical compaction technique under stereomicroscope: An *in vitro* study. Med Sci 2020; 24:2067-2073.
- 7. Darcey J, Roudsari RV, Jawad S, et al. Modern endodontic principles part 5: obturation. Dent update 2016; 43:114-129.
- 8. Tronstad L. World Cat. Clinical endodontics: a textbook. 2nd edition, New York, 2003.
- 9. Maniglia-Ferreira C, Silva Jr JB, Paula RC, et al. Brazilian gutta-percha points: Part I: chemical composition and X-ray diffraction analysis. Brazilian Oral Research 2005; 19:193-197.
- Dobrzanska J, Dobrzanski LB, Dobrzanski LA, et al. Is Gutta-Percha Still the "Gold Standard" among Filling Materials in Endodontic Treatment? Processes 2021; 9:1467.

- 11. Shin SJ, Jee SW, Song JS, et al. Comparison of regrowth of Enterococcus faecalis in dentinal tubules after sealing with gutta-percha or Resilon. J Endod 2008; 34:445-448.
- 12. Pandey P, Aggarwal H, Tikku AP, et al. Comparative evaluation of sealing ability of gutta percha and resilon as root canal filling materials-a systematic review. J Oral Bio Craniofac Res 2020; 10:220-226.
- 13. Gandolfi MG, Siboni F, Prati C. Properties of a novel polysiloxane-guttapercha calcium silicatebioglass-containing root canal sealer. Dental Materials 2016; 32: e11326.
- 14. Kocak MM, Er O, Saglam BC, et al. Apical leakage of epiphany root canal sealer combined with different master cones. Eur J Dent 2008; 2:91-95.
- 15. Limkangwalmongkol S, Burtscher P, Abbott PV, et al. A comparative study of the apical leakage of four root canal sealers and laterally condensed gutta-percha. J Endod 1991; 17:495-499.
- Goodman A, Schilder H, Aldrich W. The thermomechanical properties of gutta-percha. II. The history and molecular chemistry of guttapercha. Oral Surg Oral Med Oral Pathol 1974; 37:954-961.
- 17. Nguyen TN. Obturation of the root canal system. Dent Clin North Am 1994; 6:219-271.
- Deshpande PM, Naik RR. Comprehensive review on recent root canal filling materials and techniques-An update. Int J Appl Dent Sci 2015; 1:30-34.
- 19. Bansode P, Pathak S, Wavdhane MB, et al. Obturating materials present and past: a review. J Dent Med Sci 2018; 17:27-33.
- 20. Friedman CE, Sandrik JL, Heuer MA,et al. Composition and physical properties of guttapercha endodontic filling materials. J Endod 1977; 3:304-308.
- 21. Maniglia-Ferreira C, Silva Jr JB, Paula RC,et al. Brazilian gutta-percha points: Part I: chemical composition and X-ray diffraction analysis. Brazilian Oral Res 2005; 19:193-197.
- 22. Bjorndal L, Kirkevang LL, Whitworth J. Textbook of endodontology. 3rd Edition, John Wiley and Sons 2018; 504.

- 23. Rickoff B, Trowbridge H, Baker J, et al. Effects of thermal vitality tests on human dental pulp. J Endod 1988; 14:482-485.
- 24. Baldassari-Cruz LA, Walton RE. OR 3 effectiveness of gutta percha tracing sinus tracts as a diagnostic aid in endodontics. J Endod 1999; 25:283.
- 25. Relan K, Chandak M, Chaudhari SS. Clinical Evaluation and Comparison of Effectiveness of Three Different Endodontic Irrigation Systems for Irrigant Delivery to Working Length of Single Rooted Teeth Using Radiopaque Dye–An Interventional Study. Int J Pharm Res 11:1840-1843.
- 26. Sivakumar JS, Kumar BN, Shyamala PV. Role of provisional restorations in endodontic therapy. J pharm bio allied sci 2013; 5:120.
- 27. Hegde SG, Tawani G, Warhadpande M, et al. Guided endodontic therapy: Management of pulp canal obliteration in the maxillary central incisor. J Conserv Dent 2019; 22:607.
- 28. Chandak M, Manoj C, Rathi C. Guided Endodontics: A Novel Invasive Technique For Access Cavity Preparation-Review. 2021; 11:3459-3464.
- 29. Pesun IJ, Gardner FM. Fabrication of a guide for radiographic evaluation and surgical placement of implants. The J Prosthetic Dent 1995; 73:548-552.
- 30. Shur AL, Sedgley CM, Fenno JC. The antimicrobial efficacy of 'MGP'gutta-percha *in vitro*. Int endod j 2003; 36:616-621.
- 31. Hegde MN, Niaz FA. Case reports on the clinical use of calcium hydroxide points as an intra-canal medicament. Endodontol 2006; 18:23-27.
- 32. Kermeoglu F, Oztan MD, Kiyan M. Antimicrobial Effects of Gutta-Percha Points Containing Root Canal Medications against Some Anaerobic Bacterial Species and *Enterococcus faecalis*. Cyprus J Med Sci 2021; 6:151-157.
- 33. Bodrumlu E, Alacam T, Semiz M. The antimicrobial and antifungal efficacy of tetracycline-integrated gutta-percha. Indian J Dent Res 2008; 19:112.
- 34. Tomino M, Nagano K, Hayashi T, et al. Antimicrobial efficacy of gutta-percha supplemented with cetylpyridinium chloride. J Oral Sci 2016; 58:277-282.