Resin Infiltration Technique for Arresting white Spot Lesion: Case Report

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DOI: http://dx.doi.org/10.13005/bpj/679

(Received: July 25, 2015; accepted: September 10, 2015)

ABSTRACT

Management of white spot lesion has always been an important issue in modern dentistry. Many methods have been suggested to prevent (or) slow the demineralization of enamel as soon as white spot lesion begins to appear. The following article illustrates the use of a novel approach to treat smooth surface non cavitated white spot lesions microinvasively based on infiltration of enamel caries with low viscosity light cure resin through infiltration. This treatment aims upon both the prevention of caries progression and improving esthetics by diminishing the opacity.

Key words: Case Report, microinvasively, Infiltration.

INTRODUCTION

Caries is still the most prevalent chronic childhood disease and continues to affect a high percentage of adolescents, young and middle-aged adults, and seniors. Much research has proven that dental caries is not just an occasional cycle of cavitation, but a complex and infectious disease process. Addressing the caries challenge has relied on prevention and restoration, with no intermediary means to stop lesion progression. This article discusses a micro invasivetechnique for arresting white spot lesion1.

White spot lesion

White spot lesions are early signs of demineralization under the intact surface of enamel. Cause for white spot lesion is leaching out of enamel (calcium & phosphate ions) by organic acids produced by bacteria. Loss of unmineralized layer create porosities that changes the refractory index of usually translucent enamel2.

Treatment modalities

Non invasive

• Fluoride
• CPP-ACP
• Tricalcium phosphate (TCP)
• Ion exchange resin

Microinvasive

• Resin infiltration

Invasive

• Restorations

Why the resin infiltration technique is preferred than other treatment methods?

1. Remineralization of white spots takes longer time & inhibits the mineralization of subsurface lesions. During remineralization stains can be incorporated into the lesion leading to formation of brown spots4.
2. Application of topical fluoride arrests the lesion (hypermineralization) and prevents
3. Restoration inevitably necessitates removing certain amounts of healthy hard tissue surrounding the cavitated lesion.

How the resin infiltration technique works?
Resin infiltration prevents further progression of white spots & occludes the microporosities within the lesion. Sealants applied to the surface that form a “cap” over incipient caries lesions.
- An analogy is how a sugar cube or sponge absorbs liquid.

Procedure
Prerequisites
- Erosion of surface layer
- Desiccation of the lesion
- Use of special resins (infiltrates)
- Sufficient application time

Application of 15% HCL to etch the surface of the teeth
Evacuation of etch and drying
Resin infiltration and light curing

Advantages of resin infiltration technique
- Micro invasive treatment for early demineralization
- The infiltrating resin has a high refractive index and produces a chameleon effect.
- Requires no shade matching.
- The tooth form remains unchanged
- Painless procedure use of local anesthesia is not required

Disadvantages of resin infiltration technique
- Cannot be used in the lesion involving dentin.
- Cannot be used in case of root caries.
- Cannot be used in cavitated lesion.

Rubber dam is applied to achieve clean & dry working condition

Case presentation
A 12 years old girl presented with the chief complaint of whitespot in the upper left central incisor (21)

Pre-operative photograph
Treatment objectives
The treatment aim was to treat white spot lesion with non invasive resin infiltration

Materials used
- 15 % hydrochloric acid
- Ethanol
- DMG

Steps in resin infiltration
Polishing the tooth surface
Oral prophylaxis and polishing done with prophylaxis paste

Etching

Infiltration

Post-operative photograph

Pre-operative photograph

CONCLUSION
Although numerous options exist for caries prevention which mostly relies on patient cooperation & require multiple visit & application.Caries infiltration can be used to arrest lesions in one patient visit with no drilling or anesthesia. However, investigation is still needed (particularly with longer follow-ups and larger samples) as well as the development of specific and simplified protocols.

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