

In Vitro Assessment of Interaction Between 4% Articine Hydrochloride and Sodium Hypochlorite on Root Canal Dentin before and After Chemo Mechanical Instrumentation Procedures

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ABSTRACT

To investigate the effect of resultant precipitate formed on interaction between 2% lidocaine hydrochloride with adrenaline and 2.5% sodium hypochlorite on root canal dentin before and after chemomechanical preparation, using Scanning Electron Microscopy (SEM).

Keywords: Hot pulp, Intrapulpal anesthesia, Articaine hydrochloride, Precipitate, Sodium hypochlorites

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INTRODUCTION

Achieving profound pulpal anesthesia in endodontic is mandatory for successful completion of the root canal treatment. Fear and anxiety associated with root canal therapy are significantly reduced with effective pain management. The most commonly used local anesthetic solution in endodontic is 4% articaine hydrochloride with adrenaline (LA) in 1:100,000 concentrations because of its improved efficacy at low concentrations and decreased allergenic characteristics. Inferior Alveolar Nerve Block (IANB) is the primary standard technique to achieve mandibular anesthesia, whereas local infiltration is used to anesthetize the maxillary teeth.¹ However, studies have been reported that the failure rate of IANB is 30%-45%, despite the use of an appropriate standardized technique in healthy lower molars and premolars. It was also reported that the anesthesia of mandibular molars with symptomatic irreversible pulpitis was more difficult than the healthy pulps. Anesthetic success in case of maxillary buckle infiltrations is reported to be 72%-100%. Many factors such as the individual variations in response to the drug administered, operator differences, and anatomical variations, apart from decreased pH, altered membrane excitability of peripheral nociceptors, and increased tetrodotoxin-resistant sodium channels are responsible for the reduced anesthetic effect in clinical cases of inflamed teeth. Following the failure of these conventional methods, adjuvant anesthetic techniques such as supplemental injection with 4% articaine hydrochloride with adrenaline, intraligamentary, intraosseous methods, and/or Intrapulpal injections are usually employed to ensure profound anesthetic effect.

The Intrapulpal Injection Technique (IPI) is one of the most commonly employed supplemental anesthetic techniques, particularly in situations such as "hot tooth," where patients encounter severe pain or discomfort during access cavity preparation and pulp tissue removal. In general, administration of LA directly into the pulp chamber provides complete analgesia for effective pulp extirpation and root canal instrumentation. The most significant factor contributing to the success of IPI is that its administration must be done under pressure. After pulp reroofing procedure, IPI is further administered into the root canal orifices with adequate back pressure to facilitate complete removal of pulp remnants from the canal. Following IPI, sodium hypochlorite (NaCl) (in concentrations ranging from 0.5% to 5.25%) is usually employed in routine cleaning and shaping procedures which is considered the gold standard irritant for pulp tissue dissolution in endodontic. Evaluated the chemical interaction between LA and NaCl using Nuclear Magnetic Resonance (NMR) spectroscopy and

reported the formation of a precipitate, 2,6-xylidine, which is a known carcinogen.

To date, there are no published reports on the effect of this precipitate on root canal dentin and its subsequent removal following the routine endodontic instrumentation procedure. Hence, the aim of the present in vitro study was to evaluate the effect of the combination of LA and NaCl and the resultant precipitate on root canal dentin before and after chemo mechanical rotary instrumentation procedure using Scanning Electron Microscopic (SEM) evaluation.² The null hypotheses tested were: LA/NaCl combination does not result in any precipitate formation on root canal walls and conventional chemo mechanical instrumentation will completely remove the precipitate formed (if any) following LA and NaCl use from the coronal-, middle-, and apical-thirds of the root canal.

MATERIALS and METHODS**Specimen preparation**

Sixty freshly extracted mandibular premolars with straight roots were used in this study. Radiographs of each tooth were obtained to confirm the presence of a single canal and mature root apex. Teeth with caries, cracks, fractures, resorption, previous restorations, and root dilacerations were excluded from this study. The teeth were cleaned carefully of debris and calculus and stored in 0.2% sodium ascorbate solution at 4°C until their use. All the teeth were then decorated at or near the cement enamel junction using a high-speed diamond disc) with an adequate cooling system to obtain a standardized root length of 14 mm. The foramina opening was sealed with resin composite to prevent the extrusion of experimental solutions from the apical foramen. A glide path was established using 10- and 15-size K-files (Mani Inc., Tochigi Ken, Japan). All specimens were initially rinsed with 5 ml of 17% EDTA (Prime Dental Products Pvt Ltd, Thane, India) for 1 min. 0.5 mL of 2% LA was administered by inserting a 27-gauge stainless steel beveled needle into the orifices of the root specimens, and the solution was injected into the pulpal space under pressure.

The specimens were then randomly distributed into three groups based on the test solutions employed and whether instrumentation was done. After LA administration, Groups I and II were irrigated with each 2 mL of sterile water and 2.5% NaCl (Prime Dental Products Pvt Ltd, India) for 1 min, respectively. The canals were dried immediately with sterile 15 absorbent paper points (ISO 0.02 size, DENTSPLY, Mailer) and were left instrumented. Specimens in Group III were treated similar to that of Groups I and II; however, an additional step of root canal instrumentation was

employed. Following irrigation with NaCl, Working Length (WL) was determined by inserting 10 size K file into each canal, until it was just visible at the apical foramen and then reducing 1 mm from the recorded length. The canals were prepared with rotary endodontic instruments (Two files, VDW, Munich, Germany) in a sequential manner 10/0.04, 15/0.05, 20/0.06, and 25/0.06. Irrigation was performed with 2 mL of 2.5% NaCl for 1 min between each instrument change. The final irrigation sequence involved the use of 5 mL of 17% EDTA for 1 min. Irrigation was performed using 29-gauge stainless side vented needles (Vista Dental Inc., Racine, WI, USA), and the needle tip was inserted to 1 mm short of WL. Final irrigation was done with 5 mL distilled water. The canals were later dried with sterile absorbent paper points.

Scanning electron microscopy evaluation

The specimens of all the three groups were grooved buccolingually along the entire length, with the help of a #168-L high-speed bur, without perforating into the root canal space. The roots were then split carefully along the length of the groove with an enamel chisel. One half of the split root was randomly selected, sputter coated, and subjected to SEM evaluation. Root samples were scanned at the cervical, middle, and apical root third levels using SEM at 15 kv and observed under $\times 2000$ and $\times 5000$.

DISCUSSION

Mechanical shaping and cleaning greatly remove the majority of the inflamed pulp remnants and infected dentin from the root canal system. However, owing to its anatomical complexities, organic and inorganic residues including bacteria cannot be completely removed from the canal and do often persist. Hence, chemical debridement in the form of various irritants is required in addition to the mechanical preparation of the root canal system for achieving optimal results. The most commonly employed irritants in endodontic such as NaCl, EDTA, and chlorhexidine (CHX) are always used in conjunction to achieve the desired therapeutic effects.³ As a result, these irritants routinely come into contact with each other during the root canal therapy. In an earlier study reported that the interaction between NaCl and CHX resulted in the formation of parachloroaniline (PCA) precipitate, which is a known carcinogen. Although a recent study proved that the precipitate did not contain free PCA, the authors claimed that there was a definite formation of a brown precipitate on mixing NaCl and CHX. Also reported the formation of a white precipitate when 17% EDTA and 1% CHX were mixed, but this was reported to be nontoxic.

Although the interactions between various endodontic irritants are quite well known, the interaction between LA solution (employed for IPI) and subsequently used irritants are often overlooked in a clinical scenario. Evaluated the interaction between lidocaine hydrochloride (with or without adrenaline) and commonly used irritants such as NaOCl, CHX, and EDTA using NMR spectroscopy. The authors proved that NaCl and LA combination resulted in the formation of a precipitate, whereas EDTA and CHX, when admixed with LA solution, did not result in any precipitate formation. The present study is one of the first investigation reports to evaluate the presence of LA/NaOCl precipitate on the root canal walls even after cleaning and shaping procedures. The general presumption is that such a precipitate, even when formed, will be removed from the root canal following the subsequently employed chemo mechanical preparation. In the present study, 17% EDTA was used as an initial rinse in all the samples of the test groups prior to the experiment. This was done for an effective removal of the smear layer, thereby resulting in demineralization of per tubular and intertubular dentin for enhanced visualization of open dentinal tubules. SEM evaluation of the root canal walls also provides ultra-structural assessment of the cleanliness of the dentin surfaces following different irrigation and cleaning methods, as employed in the previous studies.

Our results showed that all the root canal specimens in the control group revealed almost complete removal of the smear layer at the coronal- and middle-thirds when compared to that of the apical root third samples. The moderate smear removal observed in the apical-third of the specimens may be attributed to incomplete penetration of EDTA in the apical area of the root canal. This could be attributed to the canal anatomy and inadequate penetration of the irritants in the apical portion of the canals. In Groups II and III, the entire dentin surface was covered with a precipitate with very few patent dentinal tubules at all the three levels. Yet another interesting finding in this study was the presence of precipitate on the canal walls at all the root thirds in Group III as well, indicating that cleaning and shaping may not be very effective in the complete removal of the precipitate, though the amount of precipitate found was reduced. Thus, both the proposed null hypotheses were rejected.

As stated by an acid hydrolytic reaction between NaOCl and LA, thereby releasing hypochlorous acid which combines with carbon atoms present in lidocaine KCl molecule, leading to its disruption with subsequent cleavage of the double bond. On further hydrolysis, 2,6-xylylidine (a known metabolite of lidocaine KCl) precipitate was formed. A major

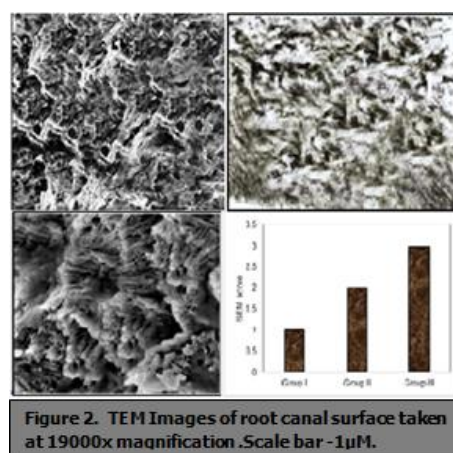
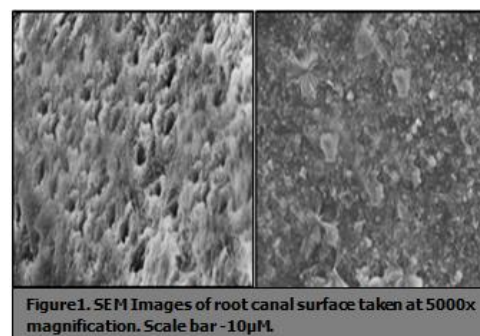
concern about this precipitate is that 2,6-xylidine was reported to be a toxic compound, as reported in the literature. This is a clinically significant study because the IPI technique is a routinely used procedure after establishing glide path in teeth where conventional anesthetic techniques have failed, with an added advantage of causing negligible systemic effects. In cases of hot tooth anesthetized with supplemental IPI followed by subsequent use of NaCl, it may be of concern that this toxic precipitate will attach to the root canal surface and slowly leach into the periodical tissues. It may act as a potential concern for penetration of intracranial irritants/medicaments and may significantly compromise the seal of the root canal. It may also hinder with the coronal seal of the post endodontic restoration if the resultant precipitate is not removed completely from the pulp chamber walls.⁴ Hence, it is advisable to avoid the immediate use of NaCl following IPI with LA solution to avoid such detrimental effects. Since the anesthetic effect of the Intrapulpal anesthesia is mainly due to the backpressure of the solution independent of the solution injected, as stated by Burchfield and Rosenberg, it may be advisable to use 0.9% normal saline rather LA for IPI.

However, the study is not without its limitations. It can be argued that Intrapulpal anesthesia is usually employed in the pulp chamber and probability of the LA solution entering into the root canal, following IPI is very minimal. In addition, all clinicians can neglect this significant interaction attributing to the reason that, only a small amount of LA (0.2 ml–0.5 ml) is employed for supplemental IPI and the precipitate formed will be in negligible amounts that may be removed during the subsequent cleaning and shaping procedures. Future investigations are warranted to determine the possible effects of the resultant precipitate on the mechanical properties of root dentin.⁵ the effect of this precipitate on the sealing ability of root canal obscuration and post endodontic coronal restoration also has to be explored.

RESULTS

(Figure 1) illustrates the representative SEM images of the coronal, middle, and apical root thirds of the Groups I and II at $\times 500$ and $\times 5000$. (Figure 2) illustrate the representative TEM images taken at 1900x Group I (i.e., LA/sterile water and no instrumentation group) revealed patent dentinal tubules with no precipitate formation throughout the entire extent of the root canal surface, whereas specimens in Group II revealed precipitate occlusion at all the three root thirds of the specimens studied. Moreover, chemo mechanical instrumentation procedure following the use of LA/NaCl (Group III) also revealed the presence of precipitate in the

dentinal tubules at coronal, middle, and apical root thirds, as depicted in (Figure 2). Reveals there is presence precipitate formation in group III compared to Groups I, 11.



CONCLUSION

Within the limitations of this in vitro SEM study, it can be concluded that: Intrapulpal injection with LA into the pulpal space followed by subsequent irrigation with NaCl forms a precipitate which occludes the dentinal tubules at the coronal-, middle-, and apical-thirds of the root canal; Conventional chemo mechanical rotary instrumentation does not completely remove this precipitate; The combined use of LA and sterile water revealed patent dentinal tubules with no precipitate formation.

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