From everyday dentistry to advanced photoacoustic endodontic applications (PIPs): Er:YAG & Nd:YAG dual wavelength laser

Laser-assisted endodontic procedures that every dentist can use your laser efficiently, you will likely refer out to other specialists; Many of these procedures may using lasers as an alternative range of hard and soft dental procedures can reduce postoperative discomfort and infection, and provide safe, simple in-office treatment. As a result, we can improve our efficiency, expand what we can do, achieve better results and increase production. Lasers represent a real quantum leap forward in the treatment of our patients, including the pediatric patient. The U.S. Food and Drug Administration (FDA) gave approval for the use of the Er:YAG laser in 1997 for both hard and soft-tissue procedures. The erbium laser (a soft-tissue laser placed within the YAG crystal) crystal of Yttrium-Aluminum-Garnet’s (Er:YAG) development and success may be the treatment of children safer and quicker. Plainly stated, a laser is a piece of equipment that creates a concentrated monochromatic beam of visible or infrared light that can be absorbed by a specific target. Since then, laser-assisted dental care has changed forever the way dentists can prepare diseased teeth, ablate bone and treat soft-tissue abnormalities and disease. An entire new standard of care is being practiced today. Lasers and pediatric dentistry are a perfect fit. There are a wide range of hard and soft dental procedures that may be completed using lasers as an alternative to conventional dental care on adults and, especially, children. Many of these procedures may be treatments dentists historically refer out to other specialists; however, if you understand and use your laser efficiently, you will discover that many of these procedures that every dentist can easily complete. The Lasers that are often the major concern and barrier to investing in lasers is how this investment will pay for itself. We prefer to speak of this as the secondary effect. If you understand your laser, it will easily pay premiums on your investment, and the cost factor becomes a non-issue. The purchasing of lasers is an investment, not an expense, for any dental practice. Lasers represent a fundamental change in the entire way dentistry has been taught. We can now rethink and often modify G.V. Black’s principle of extension for prevention with the concept of minimally invasive dentistry. We need to understand that laser dentistry is one portion of an entire new way of practicing conservative, pain-free dentistry. The laser that we call the “all-purpose” laser is the Lightwalker Er:YAG & Nd:YAG laser, manufactured by Fatona and distributed in the United States by Technology 4Medicine. The Er:YAG produces its effect at 2940 nm and has as its primary tissue particles water and hydroxyapatite. It is very safe, relatively quiet, eliminates the smells and vibrations associated with the dental handpiece and, most importantly, is much more comfortable for the patient, significantly reducing the need for local anesthesia. The use of the new generation erbium lasers for repair of incipient hard tissue disease allows the dentist to provide a stress-free means of restoring teeth in a minimally invasive manner, most often with no shot and no numb lip, without the need for any local anesthesia. The erbium laser can be used for restoring primary and permanent teeth, eliminating or reducing the amount of local anesthetics. In most cases, the patient will not require numbing for Class 1, 2 (sometimes), 5, 4, 5, 6 restorative procedures using bonded restorative materials. Using the concept of minimally invasive restorative procedures, the Er:YAG laser allows the operator to remove only diseased tissue and thus preserves much more of the healthy, unaffected tooth. In cases where alloy is preferred, the laser’s analysis effect may also allow the dentist to create a restorative preparation using a conventional handpiece that is not meant for bonding. The erbium laser is effective because of its effect on its target, water within the tooth structure. This effect occurs when the laser heats up water within the target tissue, causing it to create small microscopic explosions (photothermal followed by photoacoustical effects). When applied to soft tissue, bone or teeth and cavities, the explosions then cause the areas to be vaporized. Er/YAG lasers 2940 nm: Soft-tissue procedures There is a wide array of soft-tissue procedures that can be completed using the all-purpose laser: maxillary and mandibular frenum reductions, lingual frenum reductions, treatment of pericoronial pain or infection, removal of hyperplastic tissue because of drugs or poor oral care in orthodontic patients, biopsies, treatment of aphthous ulcers and herpes labialis, pulpotomies, removal of impacted teeth and, in adults, apicectomies and bone contouring. Pulpotomies Parents often express concern about the need to take radio- graphs because of the nature of X-rays and their possible side effects on a child’s overall health. They question the use of alloys because of the chemical makeup of the alloy. Whether these should be a real concern in today’s dental care is open to debate, depending on your individual beliefs. There are also concerns by many, although not as loudly, about the effect of various pulpotomy procedure medicaments used in pulpotomy procedures, such as formocresol. Lasers provide a safe, non-chemi- cal, effective and alternative treat- ment for pulpotomies. During the span of eight years, post-treat- ment results on more than 4,000 pulpotomies using the erbium (2940 nm) laser provide ample evidence that this method is both effective and safe for children without the need for introducing chemicals or using electrosur- gery methods. When the final result of orthodon- tic positioning of the front teeth results in gingival hypertrophy, the laser can be a useful tool in increase crown length and give the patient a more esthetic smile. This may often be accomplished with- out the need for local anesthesia. Patients who have medically induced hyperplastic tissue, such as patients requiring dilantin, can also have their tissue reduced and reshaped with the erbium. In addition to the many examples described in this article, lasers can be used for additional procedures not usually required in pediatric dentistry, such as revisions of the abnormal mandibular frenum, often avoiding the need for soft tissue grafts, crown-lengthening procedures where bone recontouring, apicectomy, removal of bony exostoses, re- moval of third molar impactions, removal of root remnants, incis- ing and draining soft-tissue in- flations, advanced periodontal treatments and the latest in ad- vanced endodontic treatment via photoinduced photoacoustic streaming. Photoacoustic endodontics using PIPS The goal of endodontic treat- ment is to obtain effective clean- ing and decontamination of the smear layer, bacteria and their byproducts in the root canal sys- tem. Clinically, traditional end- odontic techniques use mechani- cal instruments, as well as ultra- sonic and chemical irritation, in an attempt to shape, clean and completely decontaminate the endodontic system but still fail short of successfully removing all of the infective microorganisms and debris. This is because of the complex root canal anatomy and the inability for common irrigants to penetrate into the lateral canals and the apical ramifications. It seems, therefore, appropriate to search for new materials, tech- niques and technologies that can improve the cleaning and the de- contamination of these anatomical areas. Among the new technologies, the laser has been studied in endodontics since the early 1970s and has become more widely used since the ‘90s. Different wavelengths have been shown to be effective in signifi- cantly reducing the bacteria in the infected canals, and import- ant studies have confirmed these results in vitro. Studies reported that near infrared laser are highly efficient in disinfecting the root canal surfaces and the dental walls (up to 75% and up 4 mm for the Nd:YAG 1064 nm). On the other hand, these wavelengths did not show effective results in debrid- ing and cleaning the root canal surfaces and caused characteris- tic morphological alterations of the dentinal wall. The smearlayer was only partially removed and the dentinal tubules primarily closed as a result of melting of the inorganic/organic structures. Other studies reported the ability of the medium infrared laser to debride and cleaning root canal walls. The bacterial load reduction after erbium laser irrad- iation demonstrated high on the dentin surfaces but low in depth of penetration because of the high absorption of laser energy on the dentin surface. Also the laser activation of commonly used ir- radiation (Nd:YAG) resulted in statis- tically more effective removal of debris and smear layer in root canal walls compared with traditional techniques (U3) and ultrasound (PU). Additionally, the laser activation method resulted in a strong modulation in reaction rate

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DHA awarded this program for 2 CPD Credit Points

PIPS for 20 seconds. (Photos/Provided by Technology4Medicine)

CAPP designates this activity for 2 CE credits.
A recent study has reported how the use of an Er:YAG laser, equipped with a newly designed radial and stripped tip, in combination with 17 percent EDTA solution, resulted in very low apical perforation (50 microcavities) and low energy (20 mJ) resulted in effective debridement and smear layer removal with minimal or no thermal damage to the organic dentinal structure through a three-dimensional positive effect. Other similar studies are in progress with 5.25 percent sodium hypochlorite (NaOCl) solution. Unlike traditional laser systems, NaOCl acts as a medium of activation of the Nd:YAG laser. This concept greatly simplifies root canal preparation with all the corresponding advantages and disadvantages, as reported by Macedo,15,16 as the final disinfecting step. All these advantages also increased, often to a size 25/04, allowing for a more minimally invasive and biocompatible environment that can then be obturated three dimensionally.

Scientific background

The microphotographic recording of the LAI studies suggested that when Er:YAG laser users in irrigating root canals generated a streaming of fluids at high speed through a cavitation effect. The laser thermal effect generates the expansion implosion of the water molecules in the irradiated area, creating a secondary cavitation layer.17 This concept greatly simplifies the laser technique, without the need to reach the apex and to negotiate radiicular curves.

The root canal surfaces irrigated with PIPS for 20 seconds showed a strong agitation of the liquids inside the canals. It differs from the already cited LAI technique by activating the irrigant solutions in a focused manner in the presence of a profound photoacoustic and photochemical phenomena. The use of low energy (50 microsecond pulse, 20 mJ at 15 Hz, 0.5 W average power, or less) generates only a minimal thermal effect. The study with thermocouples applied to the apical apical third revealed only 1.2 degrees C of thermal rise after 20 seconds and 1.5 degrees C after 40 seconds of continuous radiation.18 When the erbium laser energy is delivered at only 50 microsecond pulse durations through a special designed tapered and stripped 400 microns tip (Fotona LightWalker, Technology4Medicine), it produces a large peak power of 400 watts when compared to a long pulse duration. Each impulse, absorbed by the water molecules, creates a “shock wave” that leads to the formation of an effective streaming of fluids inside the canal while also limiting the undesirable thermal effects seen with other methodologies. The placement of the tip in the coronal portion only of the treated tooth allows for a more minimally enlarged canal preparation with less thermal damage as seen with those techniques placed into the canal system.

The root canal surfaces irrigated with 17 percent EDTA and laser activated for 20 seconds showed exposed collagen matrix, opened tubules and the absence of smear layer and debris (Figs. 1-5). The rinsing with 0.25 percent sodium hypochlorite and laser irradiation for 20 seconds produced a strong activation of the solution, as reported by Macedo,15 improving the disinfecting action of the sodium hypochlorite. The disinfecting action of PIPS is very effective both on the root surface, the lateral canals and the dentinal tubules, as confirmed with SEM and confocal studies (Fig. 4).

The profound and distant effect of PIPS eliminates the need to introduce the tip into the root canal system. Unlike traditional laser techniques requiring placement of the tip 1 mm from the apex, or even 5 mm from the apex as proposed for LAI,17 the PIPS tip is placed in the middle third of the canal, or even 5 mm from the apex as proposed for LAI,17 the PIPS tip is placed in the middle third of the canal, 5 mm from the apex and stationary.12 This concept greatly simplifies root canal preparation, allowing for a more minimally invasive and biocompatible environment that can then be obturated three dimensionally.

Discussion

Laser irradiation is a common technique used in endodontics to improve the cleaning, the debridement and disinfection of the root canal system. Many wave-lengths and protocols are used. Near infrared lasers are used for the three-dimensional decontamination of the endodontic system. Nd:YAG and diode lasers use thermal energy to destroy bacteria. Observations reveal a certain grade of thermal injury to the root canal surface and create a typical morphological damage. Moreover, they are not able to thoroughly remove the smear layer.

On the contrary, erbium lasers are used for their effective smear layer removal while their bactericidal activity is limited to the root surface. The placement of the tip close to the apex and its back movement during the activation process is related to the risk of apical perforation, ledging and surface thermal damage, because of the ablation ability of this wave-length. Also a combination of the near and medium infrared lasers has been proposed. A technique, called twinning endodontic treatment (TET), uses the erbium laser energy first, to clean the root canal surface and remove the smear layer, and the Neodimium:YAG laser second, used in dry mode as the final disimpacting step. All these techniques utilize traditional tips and fibers placed into the canal, close to the apex (1 mm) with all the corresponding thermal disadvantages observed in long, narrow and curve canals. The erbium lasers are also used as a medium of activation of commonly used irrigants (LAI), avoiding the risk of thermal damage, while increasing the cleaning and disinfecting activity of the fluids. PIPS, in particular, reduces all these risks and disadvantages, thanks to the position of the tip in the coronal orifice only and to the use of minimally ablative energy levels of 20 mJ or less.

The findings of our studies demonstrated that PIPS technique resulted in a safe and effective debridement and decontaminating of the root canal system. Our clinical trials showed that PIPS technique greatly simplifies root canal therapy while facilitating the search for the apical terminus, debridement and maintaining patency.

As a result of the efficacy of PIPS, the final size required for canals shaping can be significantly reduced, often to a size 25/04, allowing for a more minimally invasive and biocompatible environment that can then be obturated three dimensionally.

Conclusion

Lasers are an extremely versatile addition to the dental practice and can be used in many instances instead of the conventional methods employed by the vast majority of dentists. Incorporating a laser in the dental practice should be viewed as an investment rather than a cost. When used with a good knowledge of laser physics, training and safety, lasers provide our patients a new standard of care.

References


Full list of references is available from the publisher.

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Fig. 1. Representative sample image of root canal dentinal walls irrigated with 17 percent EDTA and PIPS for 20 seconds.

Fig. 2. SEM image of clean lateral canal.

Fig. 3. SEM image of laser activated, irrigated with 17 percent EDTA.