



RESEARCH ARTICLE - MEDICAL TECHNIQUES

The Effects of TiO₂ Nanoparticles on Flexural Strength of Self-Polymerized Resins: In Vitro Study

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Article Info.	Abstract
<p><i>Article history:</i></p> <p>Received 19 February 2022</p> <p>Accepted 09 March 2022</p> <p>Publishing 30 June 2022</p>	<p>Self-polymerized resins are extensively utilized in removable prosthodontics for a variety of applications in maxillofacial rehabilitation, including interim appliances, repairs, relines, customized trays, and record bases. These materials, on the other hand, are prone to fracture. The goal of this study was to see how titanium dioxide nanoparticles affected the flexural strength of self-polymerized resins. A total of 30 samples were prepared from self-polymerized acrylic resins (control, 1% TiO₂, and 2% TiO₂). Using a universal testing machine, all samples were subjected to a flexural strength test until they fractured. The data were analyzed with SPSS version 20, and the Duncan test and ANOVA tests were used to compare all groups. The results showed that TiO₂ increased the flexural strength of acrylic resins substantially when compared to the control. Furthermore, significant differences (P<0.001) were found among all groups. The addition of TiO₂ increases the flexural strength of acrylic resins.</p>
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1. Introduction

Self-polymerized resins are commonly used for obturator interim appliances, repairs, relines, record bases, and other purposes in removable prosthodontics requiring maxillofacial rehabilitation [1, 2]. They're simple for the maxillofacial technician to use, quick, and can be used at clinics. These compounds, on the other hand, have several drawbacks, including poor mechanical qualities [3, 4]. When compared to heat polymerized acrylic resins, the polymerization of such substances is not complete, leading to a higher amount of unreacted residual monomer, which reduces the strength of acrylic resins [5]. Using nanoparticles such as zinc oxide and silver nitrate, several studies have been conducted to enhance the mechanical properties of self-polymerized resins. Nanoparticles improved the mechanical characteristics of resins, according to the literature [6-11]. White-colored titanium dioxide particles (TiO₂) have been described as biocompatible, inexpensive, free of toxicity, and corrosion-resistant [12]. The goal of this investigation was to see how titanium dioxide at 1% and 2% affected the acrylic resins' flexural strength.

2. Materials and Methods

2.1. Samples groups

Thirty samples of self-acrylic resins were utilized in the current study. Each group had 10 samples (control, 1% TiO₂, and 2% TiO₂). The control group was created without TiO₂ from self-polymerized acrylic resins (Spofadental, the Czech Republic). Self-polymerized acrylic resins with 1% TiO₂ powder were used to create the 1% TiO₂ group (Grumbacher, USA). Self-polymerized acrylic resins and 2% TiO₂ were used to make the 2% TiO₂ group.

2.2. Construction of acrylic samples

Acrylic samples were made using plastic patterns (65 mm in length, 10 mm in width, and 2.5 mm in thickness). Applying Vaseline to the lower half of a metal flask before pouring the dental stone began the process of forming the stone mold. As shown in Fig. 1, three plastic patterns were gently placed in the middle of the stone surface.

Nomenclature & Symbols			
g	gram	H	hour
ml	milliliter	SPSS	statistical package for the social science
mm	millimeter	S	Flexural strength
N	newton	I	Space between the supports
mm ²	square millimeter	B	Sample width
MPa	Mega Pascal	D	Sample depth
P	p value		



Fig 1. Plastic patterns positioned onto the stone mold

After that, the stone surface was allowed to sit for 60 minutes. The separating media was used (Spofadental, the Czech Republic). After that, the upper section was filled with a creamy dental stone mixture, and the lower part was gently placed over the upper part and left to sit for 60 minutes. The two halves of the metal flask were then gently separated, and the patterns were removed as shown in Fig. 2.



Fig 2. Stone mold

Twenty-two g acrylic powder and ten ml acrylic monomer were used to make control samples. For 30 seconds, the two components were mixed in a clean ceramic jar using a small spatula. After that, the mixture was left at room temperature for six minutes. Then the acrylic dough was put inside the mold, and two halves were brought together and put under pressure(at 20 bar) for 5 minutes. After then, the two sections were separated and left to cure for 20 minutes. Acrylic samples were meticulously removed, polished, and completed. The technique was replicated for TiO₂ groups with the exception that the 1 percent TiO₂ group was made up of 0.22g TiO₂ powder, 21.78 g acrylic powder, and 10 ml liquid monomer, while the 2 percent TiO₂ group was made up of 0.22g TiO₂ powder, 21.78 g acrylic powder, and 10 ml liquid monomer. Before testing, all samples were maintained in distilled water for 48 h at 23°C [14].

2.3. Flexural strength test

A universal testing machine was used to examine all acrylic samples (Instron, Germany). Two lines were marked at the borders of each sample that connected to the holding with the test table. Each line had a ten-millimeter gap between it and the closing border. The third line, which connects the striker to the testing machine, was drawn in the center of the sample. As illustrated in Fig. 3, each sample was subjected to a load until it fractured.



Fig 3. Universal testing machine

The crosshead was moving at a rate of five millimeters per minute. The flexural strength (MPa) values were calculated via the formula $S=3P.I/2B.D^2$ [7].

3. Results

The data were analyzed using IBM's SPSS v.20 software (USA). As shown in Table 1, TiO₂ nanoparticles greatly improved the acrylic resins' flexural strength.

Table 1 Mean and standard deviation of all samples groups

Group	Mean (MPa)	Standard deviation
Control	134.28	1.74
1% TiO ₂	155.43	1.15
2% TiO ₂	162.50	2.12

Furthermore, as shown in Table 2, the Duncan test revealed significant differences ($P<0.001$) across all studied groups.

Table 2 Duncan comparison test for flexural strength

Group	Number	Subset for alpha = 0.05		
		1	2	3
Control	10	134.28		
1% TiO ₂	10		155.43	
2% TiO ₂	10			162.50
Sig.		1.000	1.000	1.000

In addition, significant differences ($P<0.001$) were found among all samples groups as demonstrated in the ANOVA test , Table 3.

Table 3 ANOVA test

	Sum of Squares	DF	Mean Square	F	Sig.
Between Groups	4649.684	2	2324.842	653.111	.000
Within Groups	96.110	27	3.560		
Total	4745.794	29			

4. Discussion

The objective of the research was to assess the effect of titanium dioxide at 1% and 2% on the acrylic resins' flexural strength. The influence of TiO₂ particles on the mechanical properties of acrylic resins was the subject of only a few published publications. Tables 1 and 2 show that titanium dioxide powder has a substantial effect on flexural strength when compared to the control in the current study.

The current findings were consistent with those of Al-Shammari's [7] study which reported that titanium dioxide nanoparticles improved the flexural strength of acrylics by forming a stronger connection between the polymer chains due to their tiny size.

On the other hand, these findings contradict the findings of Andreotti et al. [11] study which indicated that TiO₂ reduced the strength of the acrylic ocular prosthesis. The discrepancy between the current results and those of Andreotti et al., [11] could be explained in part by the materials used. The null hypothesis was ruled out since significant differences were discovered among all of the groups tested.

5. Conclusion

The use of TiO₂ powder enhanced significantly the acrylic resins' flexural strength according to the findings of this investigation. Additional research will be required, including the incorporation of TiO₂ to test the surface hardness and impact strength of self-polymerized resins.

Clinical significance

Self-polymerized resins are frequently utilized in dentistry, particularly in the field of maxillofacial rehabilitation. The mechanical properties of such material must be satisfactory. The application of TiO₂ increased greatly the acrylic resins' flexural strength.

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Reference

- [1] Kati F. Effect of the incorporation of zinc oxide nanoparticles on the flexural strength of auto- polymerized acrylic resins. Journal of Oral Research. 2019; 8(1):37-41.
- [2] Shrestha B, Hughes R, Singh RK, Suwal P, Parajuli PK, Shrestha P, Sharma A, Adhikari G. Fabrication of Closed Hollow Bulb Obturator Using Thermoplastic Resin Material. Case Rep Dent. 2015:504-561.
- [3] C. Bural, G. Bayraktar, I. Aydin, I. Yusufoglu, N. Uyumaz, and ~ M. Hanzade, "Flexural properties of repaired heat-polymerizing acrylic resin after wetting with monomer and acetone," Gerodontology, 2010; vol. 27, no. 3, pp. 217–223.
- [4] Farina AP, Cecchin D, Soares RG, Botelho AL, Takahashi JMF, Mazzetto MO, et al. Evaluation of Vickers hardness of different types of acrylic denture base resins with and without glass fiber reinforcement. Gerodontology. 2012;29(2):e155-e60.
- [5] Nunes de Mello JA, Braun KO, Rached RN, Del Bel Cury AA. Reducing the negative effects of chemical polishing in acrylic resins by the use of an additional cycle of polymerization. J Prosthet Dent. 2003;89(6):598–602.
- [6] Mahdi S, Kati F. Effect of silver nitrate on some mechanical properties of heat polymerizing acrylic resins. AlMustansiria Dental Journal 14 (1), 110-117
- [7] Al-shammari F. Effect of metal oxides on some mechanical properties of clear acrylic specific for an artificial eye. AlMustansiria Dental Journal, 2016, 13 (1):77-85.
- [8] Kati F, Al-Kaabi A. Part II: Effect of oil paint addition on the flexural strength of acrylic ocular prosthesis. 3rd international conference of medical and health speciality. 2016; 4(4):100-104.

- [9] Kati F. Effect of oil paint addition on the impact strength of the scleral part of the acrylic ocular prosthesis. *The Open Dentistry Journal*. 2018; 12:946-951.
- [10] Kati F, Al-Kaabi A. Effect of oil paint addition on the microhardness of acrylic ocular prosthesis. *Iraqi Dental Journal*. 2016; 38(2):87-89.
- [11] Andreotti AM, Goiato MC, Moreno A, Nobrega AS, Pesqueira AA, dos Santos DM. "Influence of nanoparticles on color stability, microhardness, and flexural strength of acrylic resins specific for ocular prosthesis". *International Journal of Nanomedicine*. 2014; 9(1) : 5779-5787.
- [12] Akay C, Avukat E, Effect Of Nanoparticle Addition On Polymethylmethacrylate Resins. *Acta Scientific Dental Sciences* 3.7 (2019):91-97.
- [13] International Organization for Standardization. ISO 1567:1999. Dentistry — denture base polymers.
- [14] ADA. American national standers institute/ American dental association specification No.12 for denture base polymer. 10th ed; Chicago: Council on Dental Material and Devices 1999.