

NANOMATERIALS AND THEIR APPLICATION IN PROSTHODONTICS: A REVIEW

Ivy Fernandes Coutinho¹, Meena Ajay Aras¹, Kathleen Manuela D'souza¹

1 Department of Prosthodontics, Goa Dental College and Hospital, Goa, India

CORRESPONDING AUTHOR: drivycoutinho@gmail.com

ABSTRACT

Objectives: The objective of this paper is to review the available literature on the novelties and applications of nanomaterials in Prosthodontics.

Data and Sources: 125 articles were retrieved which included reviews and studies on various nanomaterials used in Dentistry especially Prosthodontics after Gray literature search, cross references and electronic database search in PubMed, MedLine and Google search using the following key words- Nanomaterials, Nanotechnology, Prosthodontics, Dentistry, Applications

Study selection: 74 articles were selected and reviewed as they met the selection criteria.

Conclusion: Within the scope of this review, reported literature showed that the emerging science of nanotechnology in Dentistry especially in the field of Prosthodontics has triggered growing interest in the potential applications and benefits compared to the conventional materials in use. The latest research progress on the applications of nanomaterials used in Prosthodontics was reviewed with detailed description, keeping in mind the limitations like challenges faced and the health implications.

KEYWORDS: Nanomaterials. Nanotechnology. Prosthodontics. Dentistry. Applications. http://dx.doi.org/10.19177/jrd.v6e62018124-131

INTRODUCTION

'Nano' is derived from the Greek word which means Dwarf. Nanotechnology is the art and science of material engineering at the nanoscale size (1-100nm). In 1959, famous American Physicist, Dr Richard Feynman seeded the concept of Nanotechnology. However, in 1974, Taniguchi was the first to use the word and in 2002, Filtek

Supreme first introduced Nanocomposites.²⁻⁴

The ongoing research in the realm of nano is due to the unique structure and properties of nanoparticles thus gaining high impetus in their application. There are more atoms on the surface of the nanoparticle which present with unbound surfaces compared to the core of the nanoparticle. This gives them a potential to create new and strong

bonds and makes them more reactive when compared to macro or micro particles which have more core than surface atoms and are easy to manipulate and use.⁵ In prosthodontics, nanoparticles are added to ceramics, acrylic resins, composites, dental adhesives, dental cements, implants and maxillo-facial prosthesis since modulating these materials to nanosize

has given greater efficacy and durability.

The aim of this paper is to give the readership a comprehensive review mainly on the nanomaterials and their up to date applications in Prosthodontics, the challenges faced and the health implications.

SEARCH STRATEGY

125 articles were retrieved which included reviews and studies on various nanomaterials used in Dentistry especially Prosthodontics after Gray literature search, cross references and electronic database search in PubMed, MedLine and Google search using the following key words- Nanomaterials, Nanotechnology, Prosthodontics, Dentistry, Applications. Articles which were duplicated and not related to Dentistry were excluded. 74 articles which fulfilled the inclusion and exclusion criteria were selected.

Inclusion criteria:

- 1. Peer reviewed articles in English only.
- 2. Full text articles-Reviews and studies.

Exclusion criteria:

- 1. Abstracts only on the Databases searched.
- 2. Nanomaterials used in fields of Dentistry other than Prosthodontics.

SYNTHESIS OF NANOPARTICLES

The three approaches in the synthesis of Nanoparticles are:

 Bottom up: This approach includes miniaturization of material components up to atomic level with further self assembly process leading to the formation of nanostructures. It starts with atoms or molecules to

- build up Nanostructures. For e.g. Nanodentifrices, tooth repair, diagnosis of oral cancer.^{8,9}
- 2. Top down: This approach uses larger initial structures which can be externally controlled in the processing of nanostructures. For e.g. Nanocomposites, impression materials, nanoneedles, nanosolutions.¹⁰
- 3. Functional: This approach does not give importance to the method of production of nanoparticles. Its objective is to produce nanoparticle with a specific functionality.4

NANOMATERIALS IN PROSTHODONTIC APPLICATIONS

POLY METHYL METHACRYLATE (PMMA)

PMMA resin has been widely used as a denture base material and in making orthodontic appliances. However owing to the surface porosities they have been prone to plaque accumulation, thus increasing the cariogenic oral flora.11,12 Inclusion of carbon nanotubes into heat cure monomer has decreased polymerization shrinkage and has enhanced the mechanical properties.12 Similarly incorporation of nanoparticles like silver, platinum, titanium and iron have shown increase in flexural strength, antimicrobial properties, surface hydrophobicity, viscoelasticity, decrease in porosity and biomolecular adherence. 13-15 Although silver nanoparticles have antibacterial activity, their incorporation in acrylic resin have shown a colour change in concentrations above 80 ppm and cytotoxity in concentrations more than 40 ppm.15 Addition of zirconium dioxide nanoparticles in heat cure PMMA has increased abrasion resistance, tensile and fatigue strength, decrease in water sorption, solubility and porosity. However, the translucency has decreased with the increase in nano zirconium oxide.16,17 The results of the study by Ahmed et al using heat cure PMMA with 7% nano zirconium oxide has shown enhanced hardness levels, flexural strength and fracture toughness.18 According to Gad et al, 2% or 5% nano zirconium oxide has increased the transverse strength of repaired dentures with auto polymerized resin.¹⁹ Addition of 0.4% TiO2 nanoparticles into 3D printed PMMA denture base has shown significant antibacterial effects especially against Candida species and has also improved mechanical properties.²⁰

COMPOSITES

• Nano Filled Composites

Nano fillers of 1-100nm have been incorporated into the resin matrix to produce nanocomposites. The two types of nanoparticles that have been used are nanomers and nanoclusters.²¹

NANOMERS: They are mono dispersed, non-aggregated and non-agglomerated particles of silica treated with 3-methacryloxy-propyltrimethoxysilane (MPTS). MPTS has helped in chemical bonding of the nanomer filler to the resin whilst curing.²²

Advantages: Good optical properties, Good dispersion rate, High polish and polish retention, Superior hardness, Flexural strength and Good esthetics Disadvantages: Poor rheological and handling properties.⁷

NANOCLUSTERS: Nanocluster fillers range from 2-20 nm. They have been formed by lightly sintering nanomeric oxides to form clusters of a controlled particle size distribution. Nanoclusters of

silica sol exclusively and mixed oxides of silica and zirconia have been synthesized.

23,24 They have shown the same advantages as nanomers with better rheological properties but the disadvantage of poor handling has still persisted.

23

Nanohybrid Composites

Pre-polymerized organic fillers have been incorporated in nanomers to improve the desirable rheological properties of composites.²⁵

Advantages: Improved esthetics and rheological properties.

Disadvantages: Decreased polish retention and surface gloss.²⁶

• TIO₂ Reinforced Resin Based Composite:

Titanium dioxide nanoparticles treated with organosilaneallytriethoxysilane (ATES) have been used to improve microhardness and flexural strength of composites.²⁷

 Nanocomposites With Alumina Nanoparticles

Alumina nanoparticles have shown increased hardness, strength and modulus of elasticity of the nano composites.²⁸

 Calcium Phosphate And Calcium Fluoride Nanoparticles Based Composites

Materials that release Calcium phosphate and calcium fluoride have shown remineralization of tooth structure and hence have been incorporated in composites.^{29,30} They have also maintained the level of Calcium (Ca) and Phosphate (P) ion release

through recharge and release and hence has been called a "smart" material whereby it has inhibited secondary caries.³¹ Nanohydroxyapatites (HAP) of 20 nm size has mimicked natural building blocks of human enamel and shown anti caries repair effect.³²

Ormocers (Organically Modified Ceramics)

These nanoparticles consist of a polysiloxane backbone used for glass and ceramics. Iron oxide, titanium oxide and aluminium sulfo silicate pigments have been added for shade. These nanoceramic particles have prevented the micro crack propagation. It is commercially available as Ceram X mono (DENTSPLY).33

• Nano-Composite Denture Teeth

Nanocomposite denture teeth have homogenously distributed nanofillers and polymethyl methacrylate. They have shown high durability and polishability, increased shear strength, superior esthetics and higher abrasion resistance.³⁴

DENTAL ADHESIVES

Dental adhesives are materials that have been used to enhance adhesion and cohesion of two different substances or between a material and natural tooth structure. Polymerizable silane has been added to increase the cohesive strength. Discrete silane treated 5-7 nm size nanoparticles of silica and zirconia have been added to overcome the inconsistency in their performance due to settling of the filler particles during storage.³⁵ Zirconia has shown an added advantage of giving radiopacity to the adhesive. Nano adhesives have increased

the bond strength to enamel and dentine, have longer shelf life, no separate etching required and has shown durable marginal seal.³⁵ Trade names: Adper Single Bond 2, Adper Single Bond Plus (3M ESPE).³⁶ Nano-amorphous calcium phosphate has shown a significant remineralization ability for up to 3 weeks without affecting the bond strength to dentine.³⁷

NANO-CERAMICS

Nano-ceramics have shown improved toughness, ductility, toughness and strength as compared to conventional ceramics.6 NanoGlass ceramics have exhibited good translucency, excellent corrosion resistance, higher hardness and low modulus of elasticity when produced with sol-gel method of zirconia-silica system.38 NanoTiO2 ceramics have shown higher toughness and hardness as compared to traditional TiO2 ceramics.39 C.H Li et al concluded in their study that nanozirconia ceramics have improved fracture toughness and hardness with addition of up to 20% nanoZrO2.40 According to results from an in vitro study ceramics with upto 4% carbon nano tubes (CNT) have significantly improved wear and mechanical properties.41 Lava Ultimate Resin Nano Ceramic (RNC) blocks (3M ESPE) are innovative new CAD/CAM materials with superior esthetic results, durability and fracture resistance.42,43

TISSUE CONDITIONERS AND SOFT LINERS

Addition of silver nano-particles in these materials have displayed antimicrobial properties against S.mutans and S.aureus at 0.1% and C.albicans at 0.5% after 24 hours incubation period.44

Solutions of chlorhexidine mixed with sodium triphosphate (TP), trimetaphosphate (TMP) or Hexametaphosphate (HMP) were investigated for antifungal property on silicone soft liners and obturators and Chlorhexidine-HMP coating has been proved to be the most effective antifungal agent thus enhancing the life of the prosthesis.45

DENTAL CEMENTS

Innovations and modifications by incorporating nanoparticles as fillers have enhanced the properties of cements. Glass ionomer cement with up to 5% w/w TiO2 nano particles have shown increased fracture toughness, flexural strength, compressive strength and antibacterial activity.46 Also addition of 5% TiO2 nanotubes has significantly increased the noncollagenous composition of extra cellular matrix which has improved the micro hardness and fluoride release without influencing the surface roughness, hence it could be considered for restorations in higher stress bearing sites.47 Nano light cure Glass ionomer cement has hydroxyapatite/fluoro-alumino silicate technology and has been used for core build up in Prosthodontics owing to its significantly high compressive, tensile and biaxial flexural strength. Commercially available as Ketac N100 light curing nano-ionomer (3M ESPE). 33,48 Poly quaternary ammonium salt containing Glass ionomer cement has shown significant antibacterial activity and high strength.49 A new Nanofilled Resin Modified Glass Ionomer with 65% nanofillers has been used to restore primary teeth and small cavities in permanent teeth.50 Silver nano particles in Resin luting cements have shown long term inhibitory effect against S. mutans

and favourable mechanical properties.51 Hybrid Resin luting cements with less than 2.5% of 7 nm silica nanofillers have also shown improved properties.52 TiO2 nanotube reinforced self adhesive resin cement has been used in luting indirect dental restorations as it has exhibited superior physicochemical and biological properties compared to the unreinforced cements without cellular viability compromise.53 Nanoparticle impregnated luting cements have increased the bond strength to enamel and dentine. Compressive and tensile strength of Zinc Polycarboxylate has been enhanced with addition of ZnO and MgO nanoparticles.54

IMPRESSION MATERIALS

Impression materials are available now with nanomaterials. Nanofillers in Poly Vinyl Siloxane (PVS) have shown good flow, improved hydrophilic properties and superior detail precision. Trade name Nano Tech Elite HD+(Zhermack).55 These nanofilled silicone impression materials have shown a high degree of fluidity compared to from the original viscosity. It has been designed to give a snap set with less errors caused by micromovements.56

MAXILLO-FACIAL PROSTHESIS

Maxillofacial prostheses have been made of artificial substitutes like silicones. They replace the tissues lost due to trauma or disease, restore and maintain the heath of the tissues and enhance the aesthetics. But contamination and infection have given these materials varied clinical results with regards to quality and stability and so nanoparticles have been added to enhance the properties. 57,58 Addition of silver nanoparticles to these materials

has prevented adherence of candida albicans to the surface of these prostheses with no toxic effect to the human dermal fibroblast cells.⁵⁹ Titanium dioxide, Zinc oxide and Cerium dioxide nano particles have been added as opacifiers for silicone elastomers and Titanium dioxide and Cerium dioxide nano particles have exhibited the least colour instability.⁶⁰ Addition of surface treated Silicone dioxide nano particles in 3% concentration have improved the mechanical properties, especially the tear strength.⁶¹

IMPLANTS

A lot of research has been conducted to improve the making of implants as a high end treatment modality. The common problems that have been encountered were bacterial biofilm formation on the implant surface which has led to infection, inflammation and implant rejection. Nanotechnology has been widely used for surface modifications of dental implants as it has altered the implant surface at an atomic level thus changing the chemical composition of the surface. This change in the chemistry and the roughness has aided in good osseointegration.62 Nanostructured hydroxyapatite (HA) coating for implants has promoted bone formation around implants and has increased osteoblasts formation such as adhesion, proliferation and mineralization.63 Dual layered Silverhydroxyapatite nanocoating on Titanium alloy implants has created a surface with antibiofilm properties without compromising the biocompatible HA surface needed for successful osseointegration and accelerated bone healing.64 Nanoporous ceramic implant coatings has caused anodization of aluminium.65 This non porous alumina

has facilitated osseo- inductive activity.⁶³ Calcium phosphate (CaP) coating on implant surfaces has increased the osseo-conductivity of implants and has shown favourable slow delivery systems of growth factors and other bioactive molecules.^{66,67}

The various surface modification techniques are:

- 1. Chemical modification:68,69
 - (a) Anodic oxidation: It has created nanostructures with diameter of less than 100nm on Titanium implants. Voltage and direct current (Galvanic current) have been used to thicken the oxide layer of implant surface.
 - (b) Combination of acid and oxidants: Combination of strong acids have created a thin grid of Nanopits of diameter 20-40nm on the Titanium surface.
- 2. Physical modification:70
 - (a) Plasma spray- It has created a nano structure less than 100nm and has enhanced osteoblasts density on implant surface.
 - (b) Blasting- alumina has been used for obtaining microporosties. Bioceramic grit blasting and acid etching has been the improved version of this technology.

CHALLENGES FACED BY NANOTECHNOLOGY^{34,71}

- 1. Precision positioning & manufacture of nanoscale parts.
- 2. Cost effective nanorobot mass production techniques.
- 3. Biocompatibility.
- 4. Inadequate assimilation of clinical research.
- 5. Finance and skill.

6. Social issues of public acceptance, ethical implications and human safety.

POTENTIAL HEALTH HAZARDS

Despite various health and health care advances by nanomaterials and nanotechnology, it has been perceived with apprehension for potential risk to human health and the environment. Therefore, it is prudent to elucidate their toxicologic effects to minimize occupational and environmental exposure.

The toxicity of nanoparticles has been due to greater surface area volume ratio leading to increased absorption through skin, lungs and digestive tract. They easily enter the lungs and reach the alveoli causing inflammation, tissue damage and subsequent systemic effects. 72 These nanoparticles have been transported through the blood stream to the vital organs or tissues throughout the body resulting in cardiovascular and other extra pulmonary effects. 73 their penetration through the skin may cause cell damage due to the production of reactive molecules. 16

The unpredictability of nanomaterials has created an ethical dilemma with a wide selection of materials. For example, hybrid and microfilled composites have long track records to support their clinical use whereas the concepts of nanocomposites are appealing but are backed by only short term clinical studies. Utilitarianism cannot be considered in nanotechnology due to its fast development and uncertain future and hence an indepth knowledge, ethical considerations and safety measures is required.⁷⁴

The future of Nanotechnology is intriguing and is set to revolutionize dental practice. In prosthodontics, it will depend on development of material science thus opening up new avenues for vast and abundant research keeping in mind the safety, efficacy and applicability of these new technologies.

This paper is an attempt to give an overview of Nanomaterials and their applications in prosthodontics.

REFERENCES

- 1. Kaehler T. Nanotechnology- Basic concepts and definitions. Clin Chem 1994;40:1797-99.
- 2. Feynman R. There is plenty of room at the bottom. In Gilbert HD. Miniaturization. Reinhold;1961 pp 282-96.
- 3. Taniguchi N. On the basic concept of nanotechnology. Proceeding of the International conferences on production engineering. 1974 Part II, 1974.
- 4. Anne G, Manne P, Kalluri L, Kadiyala K K, Anche S C, J Ravi Rakesh Dev. The changing phase of Prosthodontics: Nanotechnology. J Dent Allied Sci 2015;4:78-83.
- 5. Binns C., 2010. Introduction to nanoscience and nanotechnology. John Wiley & Sons.
- 6. Wei Wang, Susan Liao, Ming Liu, Qian Hhaoang Yating Fu.Recent Applications of Nanomaterials in Prosthodontics. J Nanomater 2015, article ID 408643, 11 pgs. http://dx.doi.org/10.1155/2015/408643.
- 7. Pal KS, Ranganath LM, Gaikwaid AV, Sarapur S, Jain SK. Nanoparticles in Prosthodontics- Boon or a Bane Int J Oral care Res April-june 2015 (3)8:32-39.
- 8. Drexler KE. The New Era of Nanotechnology. New York: anchor Press; 1986. Engines of creation: The Coming Era of Nanotechnology p. 229.

CONCLUSION

- 9. Whitesides GM & Love JC. The art of building small. Scientific American 285(3): 33-41;2001.
- 10. S Ashley. Nanobot construction crew. Sci Am 2001;285: 84-85.
- 11. Price CA. A history of dental polymers. Aust Prosthodont J 1994;8:47-54.
- 12. Lessa FC, Enoki C, Ito IY, Faria G, Matsumoto MA, Nelson- Filho P. In vivo evaluation of bacterial contamination and disinfection of acrylic baseplates of removable orthodontic appliances. Am J Orthod dentofacial Orthop 2007; 131: 705:11-1.
- 13. Acosta- Torres LS, Lopez- Marin LM, Nunez- Anita RE, Hernandez-Padron G, Castano VM. Biocompatible metal oxide nanoparticles: Nanotechnology improvement of conventional prosthetic acrylic resins J Nanomater 2011, DOI: 10.1155/2011/041561.
- 14. Acosta- Torres LS, Mendieta I, Nunez-Anita RE, Castano VM. Cytocompatible antifungal acrylic resin containing silver nanoparticles for dentures. Int J Nanomedicine 2012; 7:4777-86.
- 15. Monteiro DR, Gorup LF, Takamiya AS, de Camargo ER, Filho AC, Barbosa DB. Silver distribution and release from an antimicrobial denture base resin containing silver colloidal nanoparticles. J Prosthodont 2012; 21(1): 7-15.
- 16. BDSD Mohammed, BDSM Mudhaffar. Effect of Zirconium oxide nanofiller addition on some properties of heat cure acrylic denture base materials. J Baghdad Coll Dent 2012 vol 24,(4) 1-7.
- 17. Gad MM, Abualsaud R, Rahoma A, Al-Thobity AM, Al Abidi KS, Akhtar S. Effect of Zirconium oxide nanoparticles addition on the optical properties of polymethyl methacrylate denture base material. Int J nanomedicine 2018;13:283-292.
- 18. Ahmed MA, Ebrahim MI. Effect of zirconium oxide nanofillers addition on the flexural strength, fracture toughness and

- hardness of heat polymerized acrylic resin. World J Nano Sci Eng 2014(4):50-57.
- 19. Gad M, ArRajaie AS, Abdel Halim, M.S, Rahoma A. 2016. The reinforcement effect of nano zirconia on the transverse strength of repaired acrylic denture base. Int J Dentistry 2016, 7094056.
- 20. Totu EE, Nechifor AC, Nechifor G, Aboul-Enein, HY Cristache CM. Polymethymethacrylate with TiO2 Nanoparticles inclusion for stereographic complete denture The future in dental care for elderly edentulous patients? J Dentistry 2017;59: 68-77.
- 21. MH Chen. Update on Dental Composites. J Dent Res 2010;89;549-60.
- 22. Mitra SB, Wu D, Holmes BN. An application of nanotechnology in advanced dental materials. J Am Dent Assoc 2003; 134(10):1382-90.
- 23. Wu D, Kolb BU, Mitra SB, Craig BD, Holmes BN, Rusin RP, et al. dental compositions containing nanofillers and related methods. US patent? 2008;393:882.
- 24. Windisch MS, Zhang X, Rsusin RP,Mitra SB.Clustered particle dental fillers. US Patent 6 2004;730:156.
- 25. CRA Foundation Newsletter Clinicians' guide to Dental products and techniques, understanding current resin based composites relative to filler. 2007;31(10):1-2.
- 26. E J Swift. Ask the experts-Nanocomposites. J Esthet Restor Denti7 (1) (2005)3-4.
- 27. Yang X, Feimin Z, Haifeng X, Ning G. Nanoparticle Reinforced resin based dental composites. J Dent 2008; 36;450-55.
- 28. Al-Haik M, Hanson C, Luhrs C, Tehrani M, Miltenberger S. Mechanical performanance of dental fillers based on alumina nanoparticles. Proc SEM Ann Conf 2009;1-4.
- 29. Vollenweider M, Brunner TJ, Knecht S, Grass RN, Zenhder N, Imfeld T, Stark WJ.

- Remineralisation of human dentine using ultrafine bioactive glass particles . Acta Biomater 2007; 3(6):936-43.
- 30. Xu HHK, Weir MD, Sun L. Nanocomposites with Ca and PO4 release, effects of reinforcement, di-calcium phosphate particle size and silanization. Dent Mater 2007; 23(12):1482-91.
- 31. Xie X, Wang L, Xing D, Arola DD, Weir MD, Bai Y et al. Protein repellant and antibacterial functions of a calcium phosphate rechargeable nanocomposite. J Dent 2016;52:15-22.
- 32. Li L, Pan H, Tao J, Xu X, Mao C, Gu X, Tang R. Repair of enamel by using hydroxyapatite nanoparticles as the building blocks. J Mater Chem 2008;18(34):4079-84.
- 33. Malathi S, Sujatha V, Mahalaxmi S. Nanotechnology- an asset to Dentistry!!!. Int J Comm Dent 2014;5(1):27-31.
- 34. Chandki R, Kala M, Kumar KN, Brigit B, Banthia P, Banthia R. Nanodentistry Exploring the beauty of the miniature. J Clin Exp Dent 2012;4(2)119-124.
- 35. Silikas N, Masouras K, Satterthwaite J, Watts DC. Effects of nanofills in adhesives and aesthetic properties of dental resin composites Int J Nano Biomater 2007;1(2):
- 36. IMF Aboidin solanke, DM Ajay, AO Angpede. Nanotechnology and its applications in dentistry. Ann Med health Sci Res 2014 Sep-Oct;4(suppl 3)S171-177.
- 37. Zhang L, Weir MD, Hack G, Fouad AF,Xu HH. 2015, Rechargeable Dental adhesive with calcium phosphate nanoparticles for long term ion release. J Dent 43 (12)1587-1595.
- 38. C Persson, E Unosson, I Ajaxon, J Engstrand, H Engqvist, and W Xia. Nanograin sized zirconia silica glass ceramics for dental applications. J Eur Ceram Soc 2012; 32(16):4105-10.

- 39. V Raj, MS Mumjitha, Formation and surface characterization of nanostructured Al2O3- TiO2 coatings. Bulletin of mater Sci 2014;37(6):1141-1148.
- 40. CH Li, YL Hou, ZR Liu, YC Ding. Investigation in temperature field of nanozirconia ceramics precision grinding. Int J Abrasive Technology 2011; 4(1):77-89.
- 41. JW An, DH You, DS Lim. Tribological properties of hot pressed alumina-CNT composites. Wear 2003; 255(1-6):677-681.
- 42. Chen C, Trinidade FZ, de Jager N, Kleverlaan CJ, Feilzer AJ.The fracture resistance of a CAD/CAM Resin Nano ceramic (RNC) and a CAD ceramic at different thickness. Dent Mater 2014; 30(9);954-962.
- 43. Koller M, Arnetzl GV, Holly L, Arnetzl G. Lava ultimate resin nanoceramic for CAD/CAM: Customization case study. Int J Comput Dent 2012; 15(2):159-164.
- 44. Ki-Young Nam. In vitro antimicrobial effect of the tissue conditioner containing silver nanoparticles. J Adv Prosthodont 2011;3:20-24.
- 45. Garner SJ, Nobbs AH, McNally LM, Barbour ME. An antifungal coating for dental silicones composed of chlorhexidine nanoparticles. J Dent 2015;43(3):362-72.
- 46. Elsaka SE, Hamouda IM, Swain MV. TiO2 nanoparticles addition to conventional glass ionomer restoratives: Influence on physical and antibacterial properties. J Dent 2011;34:589-598.
- 47. Cibim DD, Saito MT, Giovani PA, Borges AS, Pecorari VGA, Gomes OP et al. Novel Nanotechnology of TiO2 improves physical-chemical and biological properties of Glass ionomer Cement. Int J Biomater volume 2017, Article ID 7123919,11 pgs. https://doi.org/10.1155/2017/7123910.
- 48. Moshavernia A, Ansari S, Movasaghi z, Billington RW, Darr JA, Rehman IU. Modification of conventional glass ionomer cements with n-vinylpyrrolidone containing

- polyacids, nano-hydroxy and fluoapatite to improve the mechanical properties. Dent Mater 2008;24(10),1381-90.
- 49. Xie D, Weng Y, Guo X, Hhao J, Gregory RL, Zheng C. Preparation and evaluation of a novel glass-ionomer cement with antibacterial functions. Dent Mater 2011 May;27(5):487-96.
- 50. Baheti MJ, Toshniwal NG. Nanotechnology : a Boon to Dentistry J Dent Sci Oral Rehab April-June2014;5(2)78-88.
- 51. Yoshida K,Tanagawa M, Matsumoto S, Yamada T, Atsuta m. Antibacterial activity of resin composites with silver containing materials. Euro J Oral Sci 1999;107(4):290-96.
- 52. Habekost LV, Camacho GB, Lima Gs, Ogliari FA, Cubas GB, Moraes RR. Nanoparticle loading level and properties of Experimental Hybrid Resin luting Agents. J Prosthodont 2012;21(7):540-545.
- 53. Ramos-Tonello CM, Lisboa-Filho PN, Arruda LB, Tokuhara CK, Oliviera RC, Furuse AY, Rubo JH, Borges AFS. Titanium dioxide nanotubes addition to self adhesive resin cement: Effect on physical and biological properties. Dent Mater 2017, http://dx.doi.org/10.1016/j.dental.2017.04.022.
- 54. M A Karimi, S Haghdar Roozbahani, R Asadiniya, A Hatefi- Mehrjardi, M HMashhadizadeh, R Behjatmanesh-Ardakani et al. Synthesis and Characterization of nanoparticles and nanocomposites of ZnO and MgO by sonochemical method and their application for Zinc polycarboxylate dental cement preparation Int Nano Lett vol 1, No.1 Jan 2011:43-51.
- 55. Jhaveri HM, Balaji PR. Nanotechnology: the future of Dentistry. J Ind Prosthodont Soc 2005;5:15-17.
- 56. Yeswante B, Baig N, Bhandhari S, Gaikwad S, Maknikar S, Deshpande S Nanotechnology-Prosthodontic Aspect J Appl Dent Med Sci 2016;2(2):150-156.

- 57. Lewis DH, Castleberry DJ. An assessment of recent advances in external maxillofacial materials. J Prosthet Dent 1980;43(4):426-32.
- 58. Montgomery PC, Kiat- Amnuay S. Survey of currently used materials for fabrication of extra oral maxilla-facial prostheses in North America, Europe, Asia and Australia. J Prosthodont 2010;19(6):482-90.
- 59. Zhala M, Alexandros B, Tracy De P, Richard D H. Antifungal properties and biocompatibility of silver nanoparticles coatings on silicone maxillofacial prostheses. J Biomed Mater Res Part B; Appl Biomater, 106B:1038-51.
- 60. Han Y, Zhao Y, Xie C, Powers JM, Kiatamnuay S. Colour stability of pigmented maxillofacial silicone elastomer; Effects of nano-oxides as opacifiers. J Dent 2010;38(2): 100-5.
- 61. Sara M Zayed, Ahmad M A, amal E Fahmy. Effect of surface treated silicon dioxide nanoparticles on some mechanical properties of maxillofacial silicone elastomer. Int J Biomater 2014 Article ID 750398, 7 pages http://dx.doi.org/10.1155/10.1155/2014/750398.
- 62. Zhao L, Wang H, Cui l, Zhang W. Antibacterial nano-structured titania coating incorporated with silver nanoparticles. Biomaterials 2011;32:5706-16.
- 63. Wei M, Ruys AJ, Swain MV, Kim SH, Milthrope BK, Sorrel CC. Interfacial bond strength of electrophoretically deposited hydroxyapatite coatings on metals. J Mater sci Mater Med 1999;10:401-9.
- 64. Besinis A, Hadi s, Le H, Tredwin C, Handy R. Antibacterial activity and biofilm inhibition by surface modified titanium alloy medical implants following application of silver, titanium dioxideand hydroxyapatite nanocoatings. Nanotoxicology 2017 11:30327-38.
- 65. Briggs EP, Walpole AR, Wilshaw PR, Karlson M, Palsgard E. Formation of highly adherent nano-porous alumina on Ti based

- substrates: A novel bone implant coating. J Mater Sci Mater Med 2004; 15;1024-9.
- 66. Barrere F, Layrolle p, Van Blitterswizk CA, de Groot K. Biomimetic calcium phosphate coatings on Ti6Al4V: A crystal growth study of osteocalcium phosphate and inhibition of Mg2 and HCO3- Bone 1999;25:107-111.
- 67. Vincent MJI Cuijpers, Hamdan S Alghamdi, Natasja WM van Dijk, Jakub Jarszewicz, X frank Walboomers, John A Jansen. J Biomed Mat Res (103)11;Nov 2015:3463-73.
- 68. Variola F, Brunski JB, Orsini G, Tambasco de Oliveira P, wazen R, Nanci A. Nanoscale surface modification of medically relevant metals. State of the art and perspectives. Nanoscale 2011;3:335-353.
- 69. Nanci A, Whest JD, Peru L, Brunet P,Sharma V Zaizal S, McKee MD. Chemical modification of titanium surfaces for covalent attachment of biological molecule. J Biomed Mater Res 1998;40:324-335.
- 70. Reising A, Yao C, Storey D, Webster DJ. Greater osteoblast long term functions on ionic plasma deposited nanostructure orthopaedic implant coating. J Biomed Mater A 2008;87:78-83.
- 71. R Kanaparthy, A Kanaparthy. The changing face of dentistry: Nanotechnology. Int J Nanomed 2011;6:2799-2804.
- 72. Warheit DB, Lawrence BR, Reed KR, Roach DH, Reynolds GA, WebbTR. Comparative pulmonary toxicology assessment of single wall carbon nanotubes in rats. Toxicol Sci 2004;77:117-125.
- 73. Nemmar A, Hoet PH, VB, Dinsdale D, Thomeer M. Passage of inhaled particles into the blood circulation in humans. Circulation 2002;105:411-414.
- 74. RN AlKahtani. The implications and applications of nanotechnology in dentistry-A Review. Saudi Dent J April 2018;30(2):107-116.