

Histologically detectable caries extension in comparison to laser fluorescence measurements

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Objective

The results measured with the Diagnodent®-system for caries detection should be compared to the caries extension in enamel (using light microscopic analysis).

Material and Methods

40 filling-free human extracted teeth stored in physiological saline solution were examined. After cleaning the tooth, the surface was examined with the Diagnodent®-system (fig. 1) at three points (mesial, central and distal) using probe A (fig. 2 and 3). After 1.5 hours the measurements were repeated to test reproducibility. Then the teeth were fixed in formaline, embedded in a light-activated PMMA medium. Sections of 50 mm were cut. After staining the sections with Toluidine Blue and Rhodamin B the caries extension of the areas measured with the laser fluorescence system could be examined by light microscopic analysis (stereo-microscope, Wild Heerbrugg AG, CH-Heerbrugg). The results were analysed concerning correlations between the laser-fluorescence values and caries extensions (distances from the tooth surface to the deepest histologically detectable caries). Also a 2x2-table and a chi-square-test were used, analysing the values of the regression line.



Fig. 1: Diagnodent®-measurement device



Fig. 2: Probe A of the Diagnodent®-system

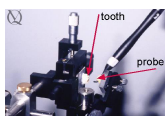


Fig. 3: Experimental setup (tooth fixed on mechanical stage) to test reproducibility

Results

Before embedding the teeth for histological analysis all laser-fluorescence-values were reproducible after storage in physiological saline solution for 1.5 hours. With increasing extension of caries in enamel higher and more varying laser fluorescence values were measured (correlation coefficient: 0.85, fig. 4). Regarding two groups (caries extension <0.3 mm, caries extension >0.3 mm) with two possible results (value >10 [u], value <10 [u]) this relation was statistically significant (chi-square=49.42, table 1)

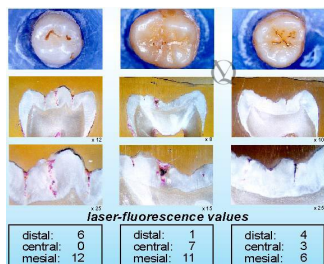


Fig. 4: Tooth crowns and histologically examined sections (sections stained with Toluidine Blue and Rhodamin B)

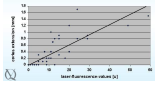


Fig. 5: Correlation laser-fluorescence values / caries extension (correlation coefficient: 0.85)

Chi ² 49.42	caries < 0.3 mm	caries > 0.3 mm	Σ
value < 10 [u]	56	1	57
value > 10 [u]	4	14	18
Σ	60	15	75

Table 1: 2x2 table for the relationship laser-fluorescence values / caries extension (chi-square=49.42)

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AIM OF THE STUDY

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METHODS

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RESULTS

Before embedding the teeth for histological analysis all laser-fluorescence-values were reproducible after storage in physiological saline solution for 1.5 hours. With increasing extension of caries in enamel higher and more varying laser fluorescence values were measured (correlation coefficient: 0,85, fig. 4). Regarding two groups (caries extension <0.3 mm, caries extension >0.3 mm) with two possible results (value >10 [u], value <10 [u]) this relation was statistically significant (chi-square=49.42, table 1)



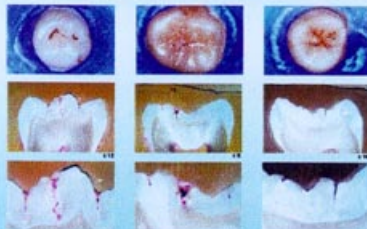
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Fig. 2: Probe A of the Diagnodent[®]-system



Fig. 3: Experimental setup (tooth fixed on mechanical stage) to test reproducibility



laser-fluorescence values		
distal: 6	distal: 1	distal: 4
central: 0	central: 7	central: 3
mesial: 12	mesial: 11	mesial: 6

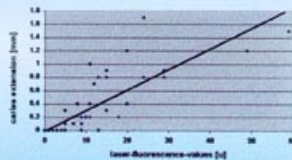


Fig. 5: Correlation laser-fluorescence values / caries extension (correlation coefficient: 0,85)

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Table 1: 2x2 table for the relationship laser-fluorescence values / caries extension (chi-square=49.42)

CONCLUSION

The present study confirms a relationship between laser-fluorescence values and caries extension. Up to a measured value of 10 [u] a caries in enamel of up to 0.3 mm depth can be expected. However, at the moment a classification of caries in enamel is not possible due to the strongly varying measured values.



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