The Effect of CAD/CAM Crown Material and Cement Type on Retention to Implant Abutments

Adolfo Coelho de Oliveira Lopes, DDS,1 Camila Moreira Machado, DDS, MSc,1 Leonardo Rigoldi Bonjardim, DDS, PhD,2 Edmara Tatiely Pedroso Bergamo, DDS, MSc,3 Ilana Santos Ramalho, DDS, MSc,1 Łukasz Witek, MSc, PhD,4 Paulo Guilherme Coelho, DDS, PhD,4,5,6 & Estevam Augusto Bonfante, DDS, MSc, PhD1

1Department of Prosthodontics and Periodontology, University of Sao Paulo - Bauru School of Dentistry, Bauru, Brazil
2Department of Biological Sciences, University of Sao Paulo – Bauru School of Dentistry, Bauru, Brazil
3University of Campinas - Piracicaba Dental School, Piracicaba, Brazil
4Department of Biomaterials and Biomimetics, New York University, New York, NY
5Department of Mechanical and Aerospace Engineering, NYU Tandon School of Engineering, New York, NY
6Hansjörg Wyss Department of Plastic Surgery, New York University School of Medicine, New York, NY

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Abstract
Purpose: To evaluate the pullout resistance of CAD/CAM implant-supported crowns cemented with provisional and definitive cements on Ti-base implant abutments.

Materials and Methods: Sixty crowns were milled for use in Ti-base implant abutments and divided (n = 15/group) according to material, as follows: (a) [Pr] Temporary acrylic resin; (b) [Co-Cr] Cobalt-Chromium alloy; (c) [Zr] polycrystalline zirconia; and (d) [Ti] titanium. The cementation was performed with RelyX Temp NE (RxT) cement or RelyX U200 self-etching resin cement, under a 50 N (5 kg) load for 10 minutes. Twenty-four hours after cementation, the crowns were subjected to the pullout test in a universal test machine, at a 1.0 mm/min crosshead speed. The tests were performed first without cement to evaluate frictional resistance (Baseline), then with provisional cement (RelyX Temp NE without cement again (Baseline After RxT), and finally with resin cement (U200). The results were analyzed by ANOVA and Tukey test (p < 0.05).

Results: Data evaluation as a function of cement type demonstrated the superiority of resin-based cements relative to provisional and baseline groups (p < 0.01). While Co-Cr crowns presented the highest pullout strength values, Pr showed the lowest values (data collapsed over cement) (p < 0.001). Retentiveness data as a function of both factors demonstrated similar pullout resistance between groups without cement (p < 0.001), except Zr baseline. Also, Co-Cr presented higher pullout strength compared to other materials.

Conclusions: Self-adhesive resin cement exhibited superior retention compared to temporary cement, regardless of crown material. Co-Cr and titanium presented higher levels of retention to Ti-base abutment after being cemented.

Dental implants are a treatment modality with high success rates, although biological and technical complications are expected in the mid- and long-term.1,3 Typically, two-piece implants can be either screw- or cement-retained on standard or customized abutments. Advantages and disadvantages of both prosthesis retention systems have been addressed in several studies.3,11 The advantages of using cement-retained restorations are primarily esthetics, passive fit of the crown, reduced laboratory technique sensitivity, and the potentially improved load distribution during function. Nonetheless, a major disadvantage of cement retention lies in the difficulty of removing excess cement in the gingival sulcus that could lead to peri-implant soft tissue inflammation.9,12,13 Cemented prostheses are also indicated to correct implant improper positioning and for improved control of occlusion, for instance, in narrow implants.14 On the other hand, the advantages of screw-retained restorations include retrievability, which prevents the need for complex procedures during prosthesis removal for maintenance, evaluation of oral hygiene and peri-implant probing, repairs, or abutment screw tightening.7 Some indications for screw retention include inadequate interocclusal space (minimum 4 mm height) and the necessity of soft tissue conditioning and individualization of
emergence profile during provisionalization. Among the prothetic complications reported for implant-supported restorations, abutment screw loosening is the most common and is more frequently observed in screw-retained than in cement-retained single crowns.

Implant abutment selection is important, as it supports the prosthesis framework and controls the emergence profile for esthetics and biological interaction. For improved performance, it is important that abutments present the best fit at the implant junction for decreased micromotion and bacterial contamination. Within this context, companies offer prefabricated abutments that vary in design between systems and in general are fabricated for applications where customization is limited. Opportunities for customization include the widely used universal casting long abutment (UCLA) and more recently blocks for milling either the entire abutment including the implant-abutment connection at CAD/CAM dental systems (mostly feasible for nonconical connections) or for milling only the coronal portion since the implant-abutment connection is milled by the manufacturer. Although commonly used, UCLA abutments may present compromised fit after casting and porcelian veneer firing cycles, since an oxidized layer is created at the fitting interface.

In this scenario, recently introduced abutments, such as Ti-base, have been designed to be CAD/CAM friendly and to allow rapid fabrication of prostheses with maximal fit. In essence, Ti-base abutments are prefabricated abutments with a hybrid concept of cemented and screwed fixation in the same prostheses where the implant-abutment connection is used with the precision as delivered from the manufacturer, in contrast to UCLA abutments. Ti-base abutments may be indicated in two different clinical situations: (1) well positioned implants that can receive bilayered or monolithic crowns or (2) in instances where implant positioning is not adequate, a custom core may be milled and cemented to correct angulation and a crown then cemented and, in this case, it becomes unretrievable. The main advantage of Ti-base abutments is that the abutment-crown assembly may be retrieved, as in UCLA abutments and any screw-retained system, since they are cemented outside of the mouth, and excess cement removed, overcoming potential cementation-induced peri-implantitis, for subsequent fixation with screws. Moreover, most common CAD/CAM systems currently present an increasing library database for rapid fabrication of prostheses onto Ti-base abutments.

The use of a digital workflow for prosthesis fabrication onto Ti-base abutments presents a few challenges that warrant further investigation. The milling strategies between different prosthesis materials vary and may produce discrepancies in cementation space, which eventually influences final crown retention. Moreover, either metallic or ceramic crowns demand individual cementation protocols for which there is no consensus. Zirconia, for instance, is a highly polycrystalline material that should be subjected to specific surface treatments that have been debated with advantages reported for some protocols such as tribochemical silica-coating relative to others. Clinically, debonding of porcelain-fused-to-zirconia crowns and fixed dental prostheses has been reported as an issue negatively affecting survival rates, thus encouraging continued research.
Two cement types were selected: (I) Temporary cement (RelyX Temp NE 3M ESPE Oral Care, St. Paul, MN) and (II) self-adhesive resin cement (RelyX U200). Prior to cementation, Ti-base abutments were torqued as per manufacturer’s recommendations (32 N.cm).

To standardize the amount of cement to be mixed, a digital scale was used for each crown. A device with a weight of 5 kg was used during crown cementation for the first 10 minutes. The following groups were created for each crown material:

1. Baseline: crown pullout without cement for evaluation of the frictional retention after crown milling;
2. RxT: crown pullout with provisional cement - RelyX Temp NE;
3. Baseline after RxT: crown pullout without cement for evaluation of the frictional retention after testing with temporary cement - RelyX Temp NE;

The pullout test was performed by means of a universal testing machine (Kratos Equipamentos Industriais Ltda., São Paulo, Brazil) at a crosshead speed of 1.0 mm/min until crown displacement. The results were recorded in the equipment’s proprietary software.

**Statistical analysis**

Data were statistically evaluated through two-way ANOVA with fixed factors of the materials (temporary resin, Co-Cr, zirconia, and titanium) and cement type (provisional and self-adhesive resin cement) following post-hoc comparisons by Tukey test. Data are presented as a function of mean values with the corresponding 95% confidence intervals. All analyses were accomplished using SPSS software (SPSS 23; IBM Corp., Armonk, NY).

**Results**

Results from the two-way ANOVA are shown in Figure 2. When comparing the pullout strength values as a function of cement, the U200 group presented higher pullout strength compared to other groups. The use of temporary cement increased pullout strength values relative to groups without cement. Additionally, removing temporary cement decreased pullout strength compared to baseline ($p < 0.001$) (data collapsed over crown material).

All crown materials were significantly different, when data were collapsed over cement. While Co-Cr crowns presented the highest pullout strength values, Pr presented the lowest ($p < 0.001$) (Fig 3). Evaluation of pullout data as a function of cement and crown material showed that for both cements, U200 and RxT, Co-Cr presented significantly higher
pullout strength compared to other materials. Nonetheless, groups without cement demonstrated similarity regarding pullout strength data for all crown materials, except Zr baseline ($p < 0.001$) (Fig 4).

**Discussion**

This study evaluated the pullout resistance of CAD/CAM implant-supported crowns cemented with provisional and self-adhesive resin cements on Ti-base implant abutments. While a variety of conventional and adhesive cements warrant future investigation, the main focus in this study was to verify pullout retention gain with one temporary and one permanent self-adhesive resin cement in several crown materials when an existing frictional retention was present between crowns and abutments. In addition, it was possible to compare initial frictional retention levels with those collected after pulling out the crowns cemented with RxT and cleaned for retesting without any cement. The results of the current study demonstrated that the use and type of cement and crown material influenced the retentiveness level of CAD/CAM implant-supported crowns, rejecting the postulated null hypotheses.

The rationale behind the use of Ti-base abutments relies mainly on the ease of milling a variety of available CAD/CAM materials. Although such abutments seem an interesting hybrid concept of cemented and screwed fixation in the same prostheses with increasing use, information on the influence of the effect of crown materials and cement types on retention is scarce.

For clinical application, both implant prostheses retention systems, cemented or screwed, present well-documented advantages and disadvantages. Despite the biomechanical superiority of cement-retained prostheses shown in a long-term clinical study, the use of screw-retained prostheses is preferred by the majority of clinicians due to their retrievability. In addition, the difficulty of removing excess cement is considered the major problem of cement retention, which may increase the risk of inflammation, eventually causing marginal bone loss. Accordingly, the main advantages of hybrid prostheses is to aggregate the advantages of both systems, as previously mentioned.

It has been found that the final prosthesis retention depends on, among other factors, the type of cement used, convergence angle, abutment height, crown material composition, surface texture, and initial frictional retention. Previous studies have evaluated the pullout retention values for metal abutments with different cements and demonstrated that the cement type influences the retentiveness level of the prosthesis. Additionally, some authors suggested that provisional cements could be adequate for conventional cement-retained, implant-supported crowns, which is supported by our findings. The results of the current study demonstrated that resin-based cement presented significantly higher pullout strength compared to the provisional cement group, and also compared to groups without cement (data collapsed over crown material). It was interesting to note that the use of temporary cement significantly increased pullout retention values relative to groups without cement. Additionally, removing temporary cement decreased pullout strength compared to baseline (data collapsed over crown material). It can be inferred that the initial frictional retention was altered by residual cement in the Ti-base grooves or a possible crown/abutment deformation during the pullout test, thus causing the statistical differences among groups without cement. Whereas our study simulated a possible clinical scenario of crown try-in and its temporary cementation prior to final bonding, it has been previously reported that specimen reuse may be the source of changes in the abutment/crowns surfaces during cleaning potentially altering the mechanical interlocking. However, different behavior was observed when data were evaluated as a function of both factors, with groups without cement demonstrating similar pullout resistance for all crown materials, except for Zr Baseline. This finding is reassuring for clinicians, since the benefit of the use of provisional cements is that they allow retrieval of a restoration without damaging the abutment/crown assembly. Notwithstanding, there is no consensus about the minimum pullout value that provides long-term retentiveness to an implant-supported rehabilitation.

Over the last decade, a digital workflow for prosthesis fabrication has been increasingly encouraged. The use of CAD/CAM has allowed the high-precision machining of prefabricated blocks of several restorative materials. The results showed that, depending on the crown material (temporar acrylic resin, zirconia, Co-Cr, or titanium), differences in crown pullout resistance may occur even when similar milling parameters are used (data are collapsed over cement). Additionally, Co-Cr crowns presented the highest pullout strength values, and Pr presented the lowest. These findings can be explained by the different mechanical properties (e.g., modulus of elasticity) and various surface textures of metal alloy, zirconia, Ti, and acrylic resin. These surface textures may influence the level of retentiveness of the crown, as previously highlighted. Such observations are in contrast with previous findings that did not show differences in the level of retentiveness of metal-alloy and zirconia copings when set onto Ti abutments fixed with permanent or provisional cements.

The standardization of milling parameters is important to ensure an adequate fit between the abutment and its crown and consequently the stability and longevity of the implant/abutment/crown complex. In this study, all Ti-base crowns were milled by the same operator and CAD/CAM system, using similar milling parameters; however, given the variety of available luting agents, crown materials, abutment designs, and milling parameters, continued effort is needed to create a protocol for cementation of Ti-base implant abutments.

**Conclusions**

Within the limitations of this in vitro study, the following conclusions were made based on the results:

1. Both crown material and cement type influenced the pullout resistance of CAD/CAM implant-supported crowns on Ti-base implant abutments.
2. Self-adhesive resin cement exhibited superior behavior when compared to temporary cement and groups without cement, regardless of crown material.
(3) Co-Cr and Ti presented higher levels of retention to Ti-base abutment, in the final cementation.

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**References**