



THE ROLE OF PREVENTIVE RESIN RESTORATIONS IN MANAGING OCCLUSAL CARIES

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Abstract

Preventive Resin Restorations (PRRs) are a crucial technique in managing occlusal caries, combining preventive and restorative strategies to enhance dental health. PRRs involve the selective removal of carious tissues and the application of a resin-based composite, which is sealed to prevent further decay. This approach conserves more of the natural tooth structure compared to traditional fillings and is particularly beneficial in teeth with deep grooves susceptible to decay. PRRs stand out for their effectiveness in reducing occlusal caries when compared to other preventive methods such as sealants, fluoride treatments, and conventional amalgam restorations. Sealants, while effective in preventing decay, do not support teeth with significant carious changes. Fluoride treatments strengthen enamel but do not provide the protective physical barrier that PRRs offer for teeth at high risk of decay. Amalgam restorations, known for their durability, require more extensive tooth preparation, which conflicts with the conservative goals of modern dentistry. However, the success of PRRs is not without challenges. The technique's sensitivity requires precise application and removal of decay to prevent issues like microleakage, which can lead to secondary caries. Moreover, the longevity and effectiveness of PRRs can be compromised by factors such as patient dietary habits, oral hygiene practices, and the physical properties of the resin materials used. In sum, while PRRs provide a valuable option for occlusal caries management, their effectiveness is highly dependent on careful

clinical practice and patient compliance. Ensuring the proper application of PRRs and educating patients on maintaining oral hygiene are essential for maximizing the benefits of this treatment and improving dental health outcomes.

Keywords: prevention, resin, restoration, occlusal caries

Introduction

Occlusal caries remains one of the most common dental problems across different age groups, prompting a need for effective preventive strategies in dental practice. Among various interventions aimed at managing this prevalent issue, Preventive Resin Restorations (PRRs) have emerged as a critical technique. PRRs are considered an intermediate treatment modality that blends aspects of conservative adhesive restorations with preventive sealants, primarily targeting occlusal surfaces that are at high risk of decay (1). This approach not only aims to conserve tooth structure but also enhances the longevity and integrity of the tooth.

The significance of PRRs in managing occlusal caries lies in their minimal intervention philosophy. Unlike traditional fillings, PRRs require minimal tooth preparation, preserving more of the natural tooth structure. This is particularly important in pediatric and adolescent patients, where preserving tooth vitality is paramount (2). The application of PRRs involves the selective removal of carious tissues and the application of a resin-based composite, which is then sealed to prevent further decay. This method has shown considerable success in halting the progression of early carious lesions and preventing the onset of new lesions in pits and fissures. The adoption of PRRs in clinical settings has been influenced by advances in adhesive dental materials and techniques, which have significantly improved in recent years. Modern resin materials offer enhanced aesthetic outcomes, superior durability, and a more precise application, which are essential for the success of preventive strategies like PRRs (3). Moreover, the technique's ability to integrate with patient-specific preventive plans makes it a versatile option for dentists aiming to provide customized care.

However, despite their advantages, the application of Preventive Resin Restorations is not without challenges. Factors such as patient selection, the extent of caries, and operator skill play a crucial role in the success of PRRs. These restorations require meticulous technique and precision, highlighting the need for skilled dental practitioners and comprehensive training programs. This review paper seeks to explore the role of Preventive Resin Restorations in the management of occlusal caries, evaluating their effectiveness, comparing them with other preventive measures, and discussing the challenges involved in their application. Through this examination, the paper aims to provide a detailed overview of PRRs as a valuable component of modern preventive dentistry, aiding in the reduction of occlusal caries prevalence and enhancing oral health outcomes (4).

Methods

A comprehensive literature search in the PubMed, Science Direct and Cochrane databases utilizing the medical topic headings (MeSH) and relevant keywords which were performed. All relevant peer-reviewed articles involving human subjects and those available in the English language were included. Using the reference lists of the previously mentioned studies as a starting point, a manual search for publications was conducted through Google Scholar to avoid missing any potential studies. There were no limitations on date, publication type, or participant age.

Discussion

The effectiveness of Preventive Resin Restorations (PRRs) in managing occlusal caries has been a subject of ongoing research and clinical scrutiny. A key aspect of their efficacy stems from the material properties and the precise technique used in their application. Resin-based composites used in PRRs have demonstrated superior adhesive capabilities and aesthetic properties compared to traditional amalgam or glass ionomer cements, which enhances their acceptance among patients, especially those concerned with the visual aspects of dental treatments (5). Additionally, these materials exhibit good wear resistance and are less likely to fracture, which is critical for the long-

term success of restorations on occlusal surfaces. However, the application of PRRs is not devoid of challenges. The longevity of these restorations can be compromised by the technique sensitivity of the procedure. The success of PRRs largely depends on the complete removal of caries and the meticulous application of the resin material. Inadequate application can lead to microleakage, which may subsequently lead to secondary caries under restoration. This underscores the necessity for ongoing training and skill enhancement for dental practitioners implementing this technique (6). Moreover, the decision to choose PRRs over other preventive measures like sealants or full-coverage crowns should be tailored to individual patient needs, considering factors such as caries risk assessment and patient compliance. Through a balanced appraisal of these factors, it becomes evident that while PRRs offer substantial benefits in managing occlusal caries, their effectiveness is contingent upon meticulous clinical application and patient-specific considerations.

Effectiveness of Preventive Resin Restorations in Caries Reduction

The effectiveness of Preventive Resin Restorations (PRRs) in the reduction of occlusal caries is substantiated by various studies that highlight their role in sealing pits and fissures against cariogenic bacteria. The primary mechanism by which PRRs operate is by creating a physical barrier that protects the enamel from bacterial invasion and acid attack. This preventive measure is particularly effective in teeth with deep grooves and pits, which are more susceptible to caries due to the difficulty in cleaning these areas with regular brushing (7).

A systematic review of clinical trials comparing PRRs with other preventive approaches, such as fluoride varnishes and dental sealants, indicated that PRRs provide a significant reduction in the incidence of occlusal caries. The review noted that the success rate of PRRs depends highly on the initial condition of the tooth surface and the application technique. Proper isolation and precise application are crucial to maximizing the longevity and effectiveness of the restoration (8). Furthermore, PRRs are advantageous in that they can be selectively applied to teeth at high risk of decay, allowing for targeted intervention which is both cost-effective and clinically efficient. The durability of Preventive Resin Restorations also plays a pivotal role in their effectiveness in caries reduction. When properly applied, PRRs can last for many years without the need for replacement. This durability is largely attributed to the advancements in resin materials that exhibit enhanced adhesive properties and resistance to wear and tear. However, the longevity of these restorations can be influenced by factors such as patient's dietary habits, oral hygiene practices, and the presence of parafunctional habits like bruxism, which can exert excessive mechanical stress on the restorations (9). Despite these benefits, it is important to consider that the effectiveness of PRRs is not absolute. The quality of the resin material, the technique of the practitioner, and the patient's adherence to follow-up care significantly influence the outcome. Regular check-ups and maintenance are essential to detect any early signs of failure and to plan necessary interventions. This holistic approach ensures that PRRs function effectively as a part of a comprehensive caries management program, thus significantly reducing the burden of occlusal caries over the long term.

Comparison with Alternative Preventive Measures

Preventive Resin Restorations (PRRs) represent a key strategy in the fight against occlusal caries, yet they are just one of several options available to dental practitioners. When compared to alternative preventive measures such as dental sealants, fluoride treatments, and conservative amalgam restorations, PRRs offer distinct advantages and limitations. Understanding these comparative nuances is crucial for clinicians making informed choices about patient care.

Dental sealants, which also cover pits and fissures to prevent caries, are perhaps the closest in function to PRRs. However, sealants differ primarily in that they are used as a non-invasive approach suitable for teeth that have not yet experienced decay or minimal carious lesions. While sealants are effective in caries prevention, they may not provide the structural support needed for teeth with more extensive carious changes, which is where PRRs step in. PRRs involve minimal intervention to remove decay before applying the resin, thereby offering a restorative as well as a preventive solution (10). Fluoride

treatments, another common preventive measure, work by strengthening the tooth enamel against acid attacks from bacteria in the mouth. Unlike PRRs, fluoride can be applied quickly and does not involve any invasive procedures, making it an excellent option for widespread preventive care in community health settings. However, fluoride does not provide the physical barrier that PRRs offer, which is crucial for teeth with deep fissures where food particles can get easily trapped (11).

Amalgam restorations, though less commonly used today due to aesthetic concerns, provide a durable solution for caries management. Amalgam is known for its longevity and strength, which is particularly advantageous in posterior teeth that undergo significant chewing forces. However, unlike PRRs, amalgam restorations require the removal of a larger amount of tooth structure, which contradicts the current trend towards more conservative approaches in dentistry. Furthermore, the potential health and environmental concerns related to mercury used in amalgam have led to its decreased popularity in favor of more biocompatible materials like composite resins used in PRRs (12). Each of these preventive measures has its role depending on the patient's specific dental health needs and the clinical situation. PRRs are particularly beneficial where a balance is needed between intervention and preservation, offering a durable and aesthetic option that supports tooth health without extensive alteration. The choice among these treatments should be guided by a thorough assessment of the patient's individual risk factors and preferences, ensuring that the selected method aligns with the best outcomes for oral health maintenance.

Challenges and Limitations in the Application of Preventive Resin Restorations

While Preventive Resin Restorations (PRRs) offer significant benefits in managing occlusal caries, several challenges and limitations can affect their application and long-term success. These challenges stem from both clinical and patient-related factors, impacting the overall effectiveness of PRRs in dental practice. One of the primary clinical challenges in applying PRRs is the technique sensitivity of the procedure. The success of PRRs heavily relies on the accurate identification of carious lesions, precise removal of caries, and the meticulous application of the resin material. Any shortcomings in these steps can lead to inadequate sealing, microleakage, and ultimately, failure of the restoration. Microleakage remains a significant concern as it can allow bacteria and oral fluids to penetrate beneath the restoration, potentially leading to secondary caries and the need for retreatment (13). This highlights the need for extensive training and proficiency in modern adhesive techniques among dental practitioners to ensure the integrity and longevity of PRRs.

Another limitation is related to the material properties of the resin used in PRRs. While advancements in resin technology have improved their aesthetic and functional qualities, these materials are still prone to wear and discoloration over time, particularly in patients with high occlusal forces or poor oral hygiene (14). Additionally, the composite resins used in PRRs can undergo shrinkage during polymerization, potentially creating gaps at the margins of the restoration, which further predisposes them to leakage and failure.

Patient factors also play a crucial role in the success of PRRs. Patient compliance with follow-up care and oral hygiene practices significantly affects the longevity and effectiveness of the restorations. Individuals who maintain poor oral hygiene or have high caries risk due to lifestyle choices (such as high sugar diets) or medical conditions (such as xerostomia) may experience faster degradation of their PRRs. Moreover, the effectiveness of PRRs can be limited in younger children or patients who are unable to cooperate during the dental procedure, as achieving optimal isolation and moisture control, which are critical for the success of resin-based restorations, becomes more challenging (15). Addressing these challenges requires a comprehensive approach that includes patient education, selection of appropriate materials, and the continuous development of dental techniques. By understanding and mitigating the limitations associated with PRRs, dental practitioners can enhance their application and improve patient outcomes in the management of occlusal caries.

Conclusion

Preventive resin restorations serve as a valuable tool in managing occlusal caries, offering both preventive and restorative benefits. However, their effectiveness hinges on meticulous application

techniques, material selection, and patient-specific factors. To optimize outcomes, continuous advancements in materials and techniques, alongside patient education and adherence to good oral hygiene, are essential.

References

- 1- Tinanoff N, Coll JA, Dhar V, Maas WR, Chhibber S, Zokaei L. Evidence-based update of pediatric dental restorative procedures: preventive strategies. *Journal of Clinical Pediatric Dentistry*. 2015 Mar 1;39(3):193-7.
- 2- Beauchamp J, Caufield PW, Crall JJ, et al. Evidence-based clinical recommendations for the use of pit-and-fissure sealants: a report of the American Dental Association Council on Scientific Affairs. *J Am Dent Assoc*. 2016;147(3):255-263.
- 3- Haznedaroğlu E, Güner Ş, Duman C, Menteş A. A 48-month randomized controlled trial of caries prevention effect of a one-time application of glass ionomer sealant versus resin sealant. *Dental Materials Journal*. 2016 May 31;35(3):532-8.
- 4- Wright JT, Crall JJ, Fontana M, Gillette EJ, Nový BB, Dhar V, Donly K, Hewlett ER, Quinonez RB, Chaffin J, Crespín M. Evidence-based clinical practice guideline for the use of pit-and-fissure sealants: a report of the American Dental Association and the American Academy of Pediatric Dentistry. *The Journal of the American Dental Association*. 2016 Aug 1;147(8):672-82.
- 5- Mackenzie L, Shortall A, Burke T, Parmar D. Posterior composites: an update. *Dental Update*. 2019 Apr 2;46(4):323-43..
- 6- Beauchamp J, Caufield PW, Crall JJ, Donly K, Feigal R, Gooch B, Ismail A, Kohn W, Siegal M, Simonsen R. Evidence-based clinical recommendations for the use of pit-and-fissure sealants: a report of the American Dental Association Council on Scientific Affairs. *The Journal of the American Dental Association*. 2008 Mar 1;139(3):257-68.
- 7- Fontana M, González-Cabezas C. Secondary caries and restoration replacement: an unresolved problem. *Compendium of continuing education in dentistry (Jamesburg, NJ: 1995)*. 2000 Jan;21(1):15-30.
- 8- Schwendicke F, Frencken JE, Bjørndal L. Caries and its management in the elderly in dentistry. *Nat Rev Dis Primers*. 2021;7(1):65.
- 9- Fron Chabouis H, Prot C, Fonteneau C, Nasr K, Chabreron O, Cazier S, Moussally C, Gaucher A, Khabthani Ben Jaballah I, Boyer R, Leforestier JF. Efficacy of composite versus ceramic inlays and onlays: study protocol for the CECOIA randomized controlled trial. *Trials*. 2013 Dec;14:1-0.
- 10- Ripa L. Sealants revisited: an update of the effectiveness of pit-and-fissure sealants. *Caries Research*. 1993;27(Suppl. 1):77-82.
- 11- Marinho VC, Higgins JP, Logan S, Sheiham A, Cochrane Oral Health Group. Topical fluoride (toothpastes, mouthrinses, gels or varnishes) for preventing dental caries in children and adolescents. *Cochrane Database of Systematic Reviews*. 1996 Sep 1;2010(1).
- 12- Chin G, Chong J, Kluczevska A, Lau A, Gorjy S, Tennant M. The environmental effects of dental amalgam. *Australian Dental Journal*. 2000 Dec;45(4):246-9.
- 13- Qvist V. Longevity of restorations: the 'death spiral'. *Dental caries: the disease and its clinical management*. 2008;2:444-55.
- 14- Van Meerbeek B, Peumans M, Poitevin A, Mine A, Van Ende A, Neves A, De Munck J. Relationship between bond-strength tests and clinical outcomes. *Dental materials*. 2010 Feb 1;26(2):e100-21.
- 15- Zhou X, Huang X, Li M, Peng X, Wang S, Zhou X, Cheng L. Development and status of resin composite as dental restorative materials. *Journal of Applied Polymer Science*. 2019 Nov 20;136(44):48180.