

EFFECT OF DESENSITIZING AGENT ON SURFACE MICROHARDNESS: AN IN VITRO STUDY

ABSTRACT

Aims: to investigate whether the application of ozonized sunflower oil can produce superior results compared to the conventional bleaching technique in relation to the microhardness of the enamel surface.

Study design: *in vitro* study.

Place and Duration of Study: Department of Dentistry of the State University of Western Paraná-UNIOESTE between January 2023 and December 2023.

Methodology: 30 healthy bovine incisor crowns were stored in 0.01% thymol solution (4°C/30 days). Blocks measuring 4x4x2.5mm were made. With the exception of the buccal side, all sides were waterproofed and stored in artificial saliva and phosphate buffer. The specimens were divided into 3 groups (n=10) - CT (control), NP + H₂O₂ (desensitizing agent based on potassium nitrate and 35% hydrogen peroxide) and OL + H₂O₂ (ozonized sunflower oil and 35% hydrogen peroxide). The desensitizing agents were applied before the whitening gel. Color was recorded before and after the whitening procedure. Knoop surface microhardness was measured at 7, 14 and 21 days. The data obtained was submitted to Shapiro Wilk statistical analysis, Friedman ANOVA (p<0.05), Durbin-Conover (p<0.05) and Kruskal-Wallis ANOVA (p<0.05).

Results: In the intra-group analysis, the groups tested showed a statistical difference in enamel surface hardness, except for the OL+H₂O₂ group, before bleaching (234 ± 95) and after bleaching (200 ± 99). In the inter-group analysis, there was a significant statistical difference between the groups in the periods of 14 and 21 days after bleaching and no significant change in the period before and immediately after bleaching. In the analysis of color saturation, statistical changes were observed in the bleached groups.

Conclusion: Ozonated sunflower oil did not influence the microhardness values of the enamel surface, confirming its safety as a desensitizing agent during treatment.

Keywords: whitening, desensitizing, microhardness, ozone.

1. INTRODUCTION

Chromogenic substances are responsible for tooth discoloration or pigmentation of the teeth and are represented as large organic compounds with bonds or as compounds containing metals. Hydrogen peroxide is a compound unstable and decomposes in water and reactive oxygen radicals, being highly soluble and acidic with a pH that differs according to concentration. The free radicals released by hydrogen peroxide react more effectively with organic chromogens through an oxidizing process that breaks the strong double bonds, destabilizing them, and culminating in a change in the color of the tooth structure [1,2,3].

The hydrogen peroxide reaction produces free radicals, predominantly oxygen, resulting in the oxidation of the organic and inorganic components of the enamel. The exposure of tooth to bleaching agents may lead to morphological changes, including porosity, microcracks, and, in particular, changes in the hardness of the enamel. The bleaching agents with acidic pH affect hardness greatly when compared to

27 products with a neutral or slightly alkaline pH. Thus, the morphological changes in the
28 structure of the enamel are directly related to the chemical reaction and the process of oxidation,
29 considering the concentration and pH of the bleaching agents used in the process of
30 tooth whitening [4,2,3].

31 The most commonly used desensitizing agents are fluoride-based, nitrate-based, and ni-
32 trate-based potassium and calcium gluconate [5,6]. Among the various products studied, ozone
33 stands out as an oxidizing agent capable of eliminating bacteria, fungi, viruses, and parasites
34 [6]. It also has immunostimulant, analgesic, and detoxifying properties,
35 antimicrobial, biosynthetic, and bioenergetic. Therefore, ozone therapy, which uses
36 oxygen and ozone administered via gas or in water or oil-based solution, is
37 recognized as an effective bio-oxidative therapy in the treatment of tooth sensitivity.
38 In addition, it is a non-invasive procedure that allows the depolarization of the fibers
39 nevus, reducing sensitivity through neural action [5,6]. Thus, this study aimed to
40 check whether the use of ozonized sunflower oil influences surface hardness values
41 of the enamel compared to the conventional whitening technique.

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43 2. MATERIAL AND METHODS

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45 2.1 Sample preparation

46 Thirty healthy, clean bovine incisors without periodontal tissues were collected and
47 adhered. Subsequently, blocks measuring 4x4x2.5mm were made and
48 the crowns were separated from the roots by sectioning with a double-
49 sided diamond blade (KG Sorensen, Cotia, São Paulo-Brazil) 2mm below the joint
50 and stored in a 0.01% thymol solution at 4°C for 30 days.

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52 2.2 Making the specimens

53 Blocks measuring 4x4x2.5mm were made with 1mm of enamel
54 and 1.5mm of dentin, obtained from the middle third of the buccal surface of each tooth.
55 All the aspects of the sample, except the vestibular surface, were water proofed
56 and then the specimens were stored in artificial saliva, a solution of
57 base of 1.5mM Ca, 0.9mM P, 150mM KCl, 0.05µgF/mL, and phosphate-buffered saline (PBS)
58 0.01M, pH 7.2. Table 01 shows the composition of the products that were
59 used in the study, according to the manufacturer.

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62 Table 01 – Composition of the products used in the study.

Products	Manufacturers	Composition
HP Whiteness Whitening Gel 35%	FGM, Joinville, Santa Catarina, Brasil	35% hydrogen peroxide, thickener, red dye, glycol and deionized water
Dessensibilize	FGM, Joinville, Santa Catarina, Brasil	Potassium nitrate 5%, sodium fluoride 2%, deionized water, glycerin, neutralizing and thickening agents
Ozonated sunflower oil	Philozon, Camboriú, Santa Catarina, Brasil	Contains oxygenated compounds, in the form of ozonides and peroxides, acquired during the ozonization process

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2.3 Division of experimental groups

The 30 specimens were allocated into 3 experimental groups according to the desensitization protocol, the application technique of the whitening gel and agent. The desensitizing agent was applied following the manufacturer's instructions. As shown in table (2).

Table 02 – Division of experimental groups.

Groups	Usage Protocols
Control (CT)	Stood teeth immersed in artificial saliva
Potassium Nitrate + Hydrogen Peroxide 35% (NP + H ₂ O ₂)	Application of desensitize for 10 minutes, wash, dry and apply 35% hydrogen peroxide in three times of 15 minutos
Ozonated Sunflower Oil + Hydrogen Peroxide 35% (OL + H ₂ O ₂)	Application of ozonated sunflower oil for 10 minutes with the aid of a rubber bowl and low rotation, wash, dry and apply 35% hydrogen peroxide in three times of 15

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2.4 Analysis of the color change

The color was recorded before and immediately after the bleaching treatment by comparison with the Vita Classical color scale (Vita, Bad Säckingen, Germany). The color scale was assembled in ascending order in terms of luminosity, hue, and color. brightest-B1-to least bright-C4[3]. In this sequence, each hue receives a score: B1 the score 1; A1 the score 2, and so on, which makes the hue A3. The scores are shown in Table 03.

Table 03 – Color evaluation scores.

B1	A1	B2	D2	A2	C1	C2	D4	A3	D3	B3	A3,5	B4	C3	A4	C4
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2.5 Surface microhardness analysis

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2.6 Statistical analysis

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3. RESULTS AND DISCUSSION

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The results were statistically analyzed using the Friedman ANOVA test ($p < 0.05$), followed by the Durbin-Conover follow-up test ($p < 0.05$) for intra-group comparisons and the Kruskal-Wallis ANOVA test ($p < 0.05$) for inter-group comparisons.

In general, in the intra-group analysis for the control group, there was a statistically significant difference only between the pre-bleaching period and the period of 21 days after bleaching. For the NP + H₂O₂ group, there was a statistically significant difference for all periods, except between the periods (before bleaching and 7 days after), (before bleaching and 21 days after), (immediately after bleaching and 21 days after) and (7 days after bleaching and 21 days after). In the intra-group analysis for the OL + H₂O₂ group, there was no statistically significant difference.

For inter-group analysis, there was a statistically significant difference between NP + H₂O₂ and OL + H₂O₂ for the 14-day period and between the CT group and OL + H₂O₂ for the 21-day period. The data is shown in Table 04.

Table 04 - Median values and interquartile deviation of tooth structure microhardness before, immediately after, 7 days, 14 days, and 21 days after bleaching for the CT, NP + H₂O₂, and OL + H₂O₂ groups.

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Groups	Before	After	7 Days	14 Days	21 Days
CT	185 ± 81 Aa	178 ± 45 Aab	192 ± 65 Aab	177 ± 43 ABab	164 ± 42 Ab
NP + H ₂ O ₂	202 ± 78 Aac	179 ± 38 Ab	217 ± 67 Aa	128 ± A65 c	211 ± 68 ABab
OL + H ₂ O ₂	234 ± 95 Aa	200 ± 99 Aa	191 ± 174 Aa	214 ± 35 Ba	227 ± 68 Ba

*Different lowercase letters on the line represents significant differences with $p < 0.05$ in the intra-group analysis using Friedman's repeated measures ANOVA test followed by the Durbin-Conover post-test ($p < 0.05$).
**Different capital letters in the column show significant differences with $p < 0.05$ in the inter-group analysis using the Kruskal-Wallis ANOVA test ($p < 0.05$).

When evaluating the degree of whitening in the intra-group assessment, except for the control group, there was a statistically significant difference between the initial and final color, i.e. there was a reduction in the degree of color saturation in the groups. For the inter-group analysis evaluating the same moment, when comparing the initial and final color between the groups, there was a statistically significant difference between the OL + H₂O₂ group and the other groups (Table 05). In turn, when evaluating the difference between the initial and final color in the inter-group analysis, there was a statistically significant difference between all the groups (Table 06).

Table 05 - Median values and interquartile deviation of the initial and final color score for the CT, NP + H₂O₂ and OL + H₂O₂ groups.

Color	CT	NP + H ₂ O ₂	OL + H ₂ O ₂
Initial	7.0 ± 1.75 Aa	8.0 ± 1.75 Aa	5.0 ± 3.0 Ba
End	7.0 ± 1.75 Aa	3.5 ± 1.5 Ab	1.5 ± 0.5 Bb

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*Different lowercase letters in the column show significant differences with $p < 0.05$ in the intra-group analysis using Friedman's repeated measures ANOVA test followed by the Durbin-Conover post-test ($p < 0.05$).
**Different capital letters in the line shows significant differences with $p < 0.05$ in the inter-group analysis using Friedman's repeated measures ANOVA test followed by the Durbin-Conover post-test ($p < 0.05$).

Table 06 - Median values and interquartile deviation of the difference between initial and final color for the CT, NP + H₂O₂ and OL + H₂O₂ groups.

CT	NP + H ₂ O ₂	OL + H ₂ O ₂
0.0 ± 0.0 a	4.5 ± 2.75 b	1.0 ± 0.0 c

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*Different lowercase letters in the line shows significant differences with $p < 0.05$ in the inter-group analysis using Friedman's repeated measures ANOVA test followed by the Durbin-Conover post-test ($p < 0.05$).

All bleaching gels affect hardness of tooth enamel, leaving enamel deformed and more susceptible to fracture cause changes in the hardness of tooth enamel, making it more susceptible to deformation and fracture, since the process of oxidation of the organic and inorganic components of enamel occurs, culminating in changes in tissue morphology [4, 2]. As shown in table (4) in

167 the comparison before and after tooth whitening, but it is possible to see that in the parameters of 07, 14,
168 and 21 days after whitening there is an increase in the values.
169 Hardness of the surface, since the saliva, when in contact with the structure
170 can remineralize teeth [4,2].

171 The mechanical modification of enamel after bleaching is influenced by the reaction
172 chemical and oxidation process and is directly related to the concentration and
173 pH of the bleaching agents used. This phenomenon is not affected using light sources to accelerate the
174 chemical reaction, as observed by [4,2]. Carbopol is
175 often used as a thickening agent and is characterized as a polymer
176 acid that intensifies the process of demineralization of the enamel surface. In addition,
177 inhibits the formation of hydroxyapatite due to its high calcium-binding capacity,
178 resulting in a decrease in enamel microhardness, as described by [2]. The results of
179 this study revealed no significant difference between the NP + H₂O₂ and OL +
180 H₂O₂ groups at 7, 14, and 21 days after tooth whitening. These variations in the periods
181 mentioned are associated with the remineralization potential of saliva and the response of the
182 dental tissue to calcium and phosphate ions. The remineralization of tooth structure, induced by
183 exposure to salivary calcium and phosphate ions, facilitates the restoration of the integrity
184 of the tissue by closing the intercrystalline spaces, resulting from the formation of
185 new crystals or the precipitation of salivary components [4,2,7].

186 Regardless of the type of desensitizing agent used, it is observed that
187 decrease in enamel surface microhardness. This change is directly
188 related to the action of hydrogen peroxide, as corroborated by [8,9,10]. On the other hand, On the
189 other hand, the authors [11, 12] did not identify significant changes in the
190 microhardness of the enamel. However, this discrepancy can be attributed to differences in methods
191 used, exposure time, composition, pH, and concentration of the bleaching agent, as well as
192 as well as variations in the treatment evaluation intervals, which differ from those of the
193 methodology adopted in this chapter.

194 About the degree of color saturation, none of the agent
195 desensitizers had an impact on the activity of hydrogen peroxide. This finding
196 agrees with the results found by [13, 14]. These researchers, in
197 a clinical study, observed that the use of ozonized sunflower oil did not affect the degree of
198 tooth whitening. Evidence from studies investigating the efficacy of
199 ozone in dental materials supports its use before tooth whitening to preserve the structure of the ena-
200 mel [15]. No changes were observed in the
201 physical properties of enamel, including Knoop surface microhardness and angle of
202 contact, when ozone was applied before the bleaching procedure. In addition, the
203 ozone gas has been shown to have a powerful bactericidal effect on microorganisms
204 present in the dentinal tubules, which may contribute to the preservation of the dentin structure
205 enamel and the clinical success of whitening [16].

206 Ozone therapy associated with in-office tooth whitening does not induce
207 changes in enamel microhardness and surface micromorphology, demonstrating the
208 safety of ozonized sunflower oil about the surface properties of the
209 enamel, with no statistically significant changes before and after the
210 teeth whitening [7]. As for the mechanism of action, [17] elucidated that ozone, by
211 coming into contact with dentin, widens the diameter of the dentinal tubules and, by
212 precipitating calcium and fluoride ions, reduces sensitivity by blocking the outflow of fluids.
213 through the dentinal tubules, without presenting adverse effects on the dental enamel that
214 could compromise its hardness. However, it is important to note that this study was
215 conducted "in vitro", which limits its direct applicability to real clinical situations. Controlled clinical stu-
216 dies are necessary to validate these findings and confirm their relevance in dental practice.

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218 **4. CONCLUSION**

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220 It was
221 concluded that ozonized sunflower oil does not influence the values of microhardness of the
222 enamel surface, when compared to potassium nitrate, during in-
223 office tooth whitening, as well as being a safe product for use as
224 a desensitizing protocol, when it comes to changes in the microhardness of the surface of the tooth ena-
225 mel.

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230 research scholarship, which has been instrumental in the execution of this study.

231

232 **COMPETING INTERESTS**

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234 The authors have declared that no competing interests exist.

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236 **AUTHORS' CONTRIBUTIONS**

237

238 Author Bruno Fongaro Dalbosco took part in the laboratory phase and wrote the
239 manuscript. Authors Veridiana Camilotti and Júlio Katuhide Ueda conceived the study and
240 carried out the statistical analysis. Author Adilvo Luiz Zanchet took part in the laboratory phase.

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242 All the authors have read and approved the final manuscript.

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