

**AIE** ACCADEMIA  
ITALIANA  
ENDODONZIA



ShapeIT®

esse



06-02-2026

# Shape Less, Seal Better

## THE WORKSHOP



**DW** DENTAL  
WORLD  
ITALIAN MANUFACTURER

DR GIANLUCA FUMEI

# Dr Gianluca Fumei



PROFESSORE A CONTRATTO E TITOLARE DELL'INSEGNAMENTO DI  
"ODONTOIATRIA CONSERVATIVA ED ENDODONZIA 2"  
CLOPD UNIVERSITÀ DELL'INSUBRIA VARESE



**Socio Attivo**



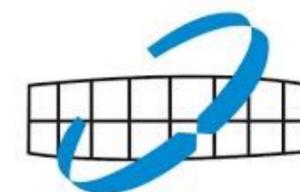
**Socio Attivo**



European Society of Endodontology  
Certified Member 2017



specialist member



SIDOC

**Socio Attivo**

# ShapeIT<sup>®</sup>



PICCOTTI

BALOCCO

FUMEI

SUARDI

BUCCI

Sharing is the key to success

WHY **DENTAL** WORLD  
PRODUCTS IN ENDO?



# Endodontics

The **recovery** of a tooth affected by pulpal or periradicular pathology and the restoration of its **function**.

# Treatment Objectives

## MECHANICAL

- \*Continuous Taper from Crown to Apex
- \*Preserve Canal Curvature
- \*Preserve Apical Diameter

## BIOLOGICAL

- \*Remove Diseased Pulp
- \*Reduce Bacterial Load



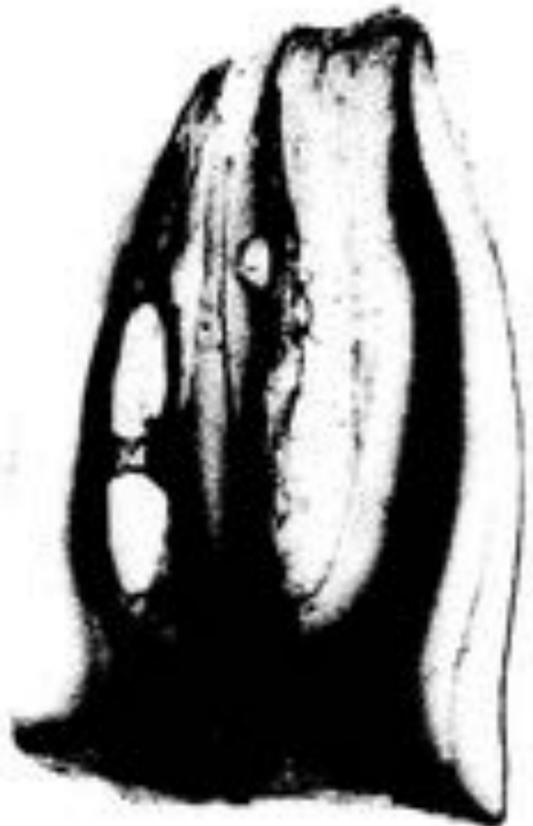
Minimally

Invasive

Endodontics



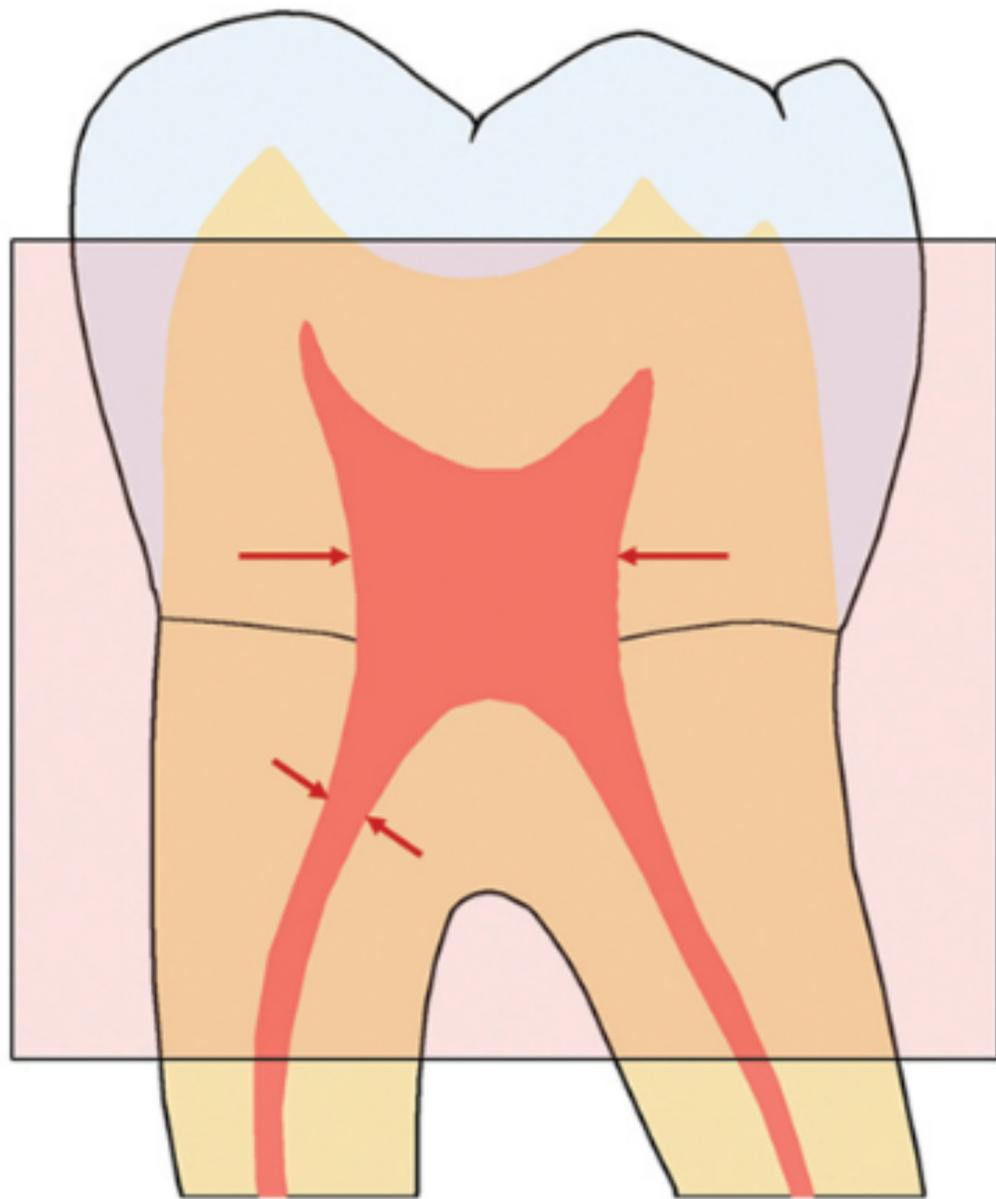
# ROOT CANAL ANATOMY VARIETY



# CONSERVAZIONE DELLA

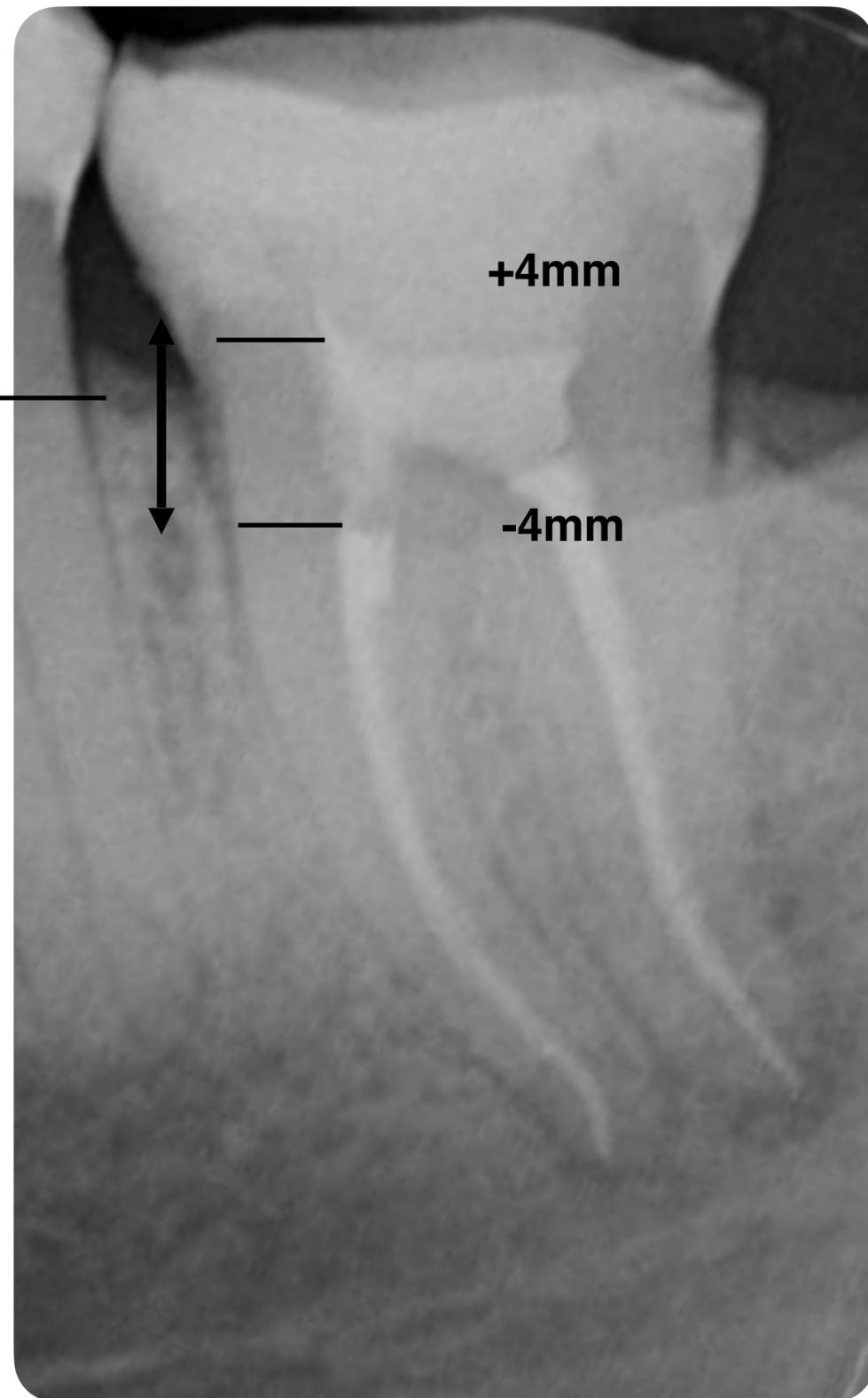
## DENTINA

## PERICERVICALE



1. PERICERVICAL DENTIN IS GENERALLY LOCATED 4MM CORONALLY AND APICALLY TO THE ALVEOLAR CREST
2. PERICERVICAL DENTIN IS IRREPLACEABLE

**PCD**



J Endod. 2002 Mar;28(3):211-6.

## **Roentgenographic investigation of frequency and degree of canal curvatures in human permanent teeth.**

Schäfer E<sup>1</sup>, Diez C, Hoppe W, Tepel J.

### **+ Author information**

#### **Abstract**

Canal curvatures of 700 permanent human teeth were determined by measuring the angle and the radius of the curvatures and the length of the curved part of the canal. For each type of tooth (except third molars) 50 were selected at random and were investigated. Size 08 silver points were inserted into the canals, and the teeth were radiographed from a facial and proximal view by using a standardized technique. All radiographs were analyzed by a computerized digital image processing system. Of the 1163 root canals examined, 980 (84%) were curved and 65% showed an angle  $\leq 27$  degrees with radii  $< 40$  mm. Thirteen percent displayed angles between 27 degrees and 35 degrees with radii not greater than 15 mm, and 9% of all canals that were investigated had curves  $> 35$  degrees with the greatest radius of 13 mm. The greatest angle of all the teeth was 75 degrees with a radius of 2 mm. To define the canal curvature mathematically and unambiguously, the angle, the radius, and the length of the curve should be given.

## Roentgenographic investigation of frequency and degree of canal curvatures in human permanent teeth.

Schäfer E<sup>1</sup>, Diez C, Hoppe W, Tepel J.

### + Author information

#### Abstract

Canal curvatures of 700 permanent teeth were investigated. The curvature was determined by the angle of the curved part of the canal. For each type of tooth, 100 teeth were examined. Size 08 silver points were inserted into the canals, and the teeth were radiographed. The radiographs were processed by a computerized digital image processing system. The curvature was determined by the angle of the curved part of the canal with radii < 40 mm. Thirteen percent of the teeth investigated had curves > 35 degrees. To define the canal curvature mathematically, the angle of the curved part of the canal should be given.

The curvatures and the length of the curved part of the canal were determined. Size 08 silver points were inserted into the canals. The radiographs were processed by a computerized digital image processing system. All radiographs were analyzed by a computerized program. 65% showed an angle < or = 27 degrees, 30% showed an angle between 27 and 35 degrees, and 9% of all canals that were investigated had curves > 35 degrees. The length of the curved part of the canal was 75 degrees with a radius of 2 mm. To define the canal curvature mathematically, the angle of the curved part of the canal should be given.

**1163 roots examined:  
980 (84%) curved**

**65% angle < 27°  
30% angle 27-35°  
9% angle > 35°**



# DAILY PRACTICE

# MANUAL FILES



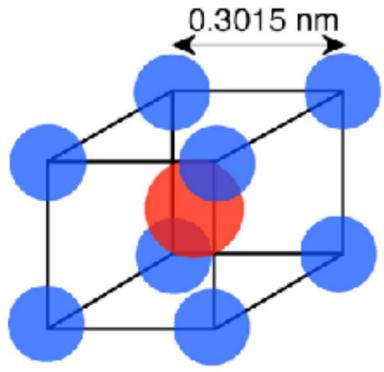
# ROTARY FILES



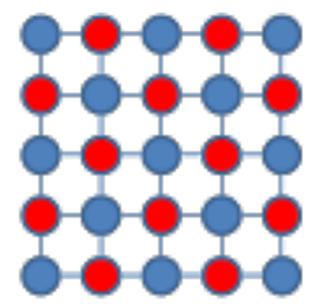
# Nitinol

**N**ickel **T**itanium **N**aval **O**rdnance **L**aboratory

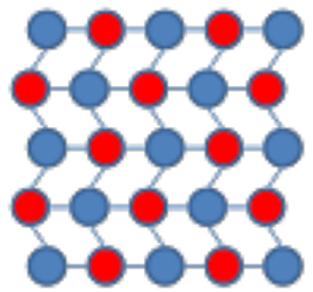
William J Buehler -1963- US Navy Polaris Project



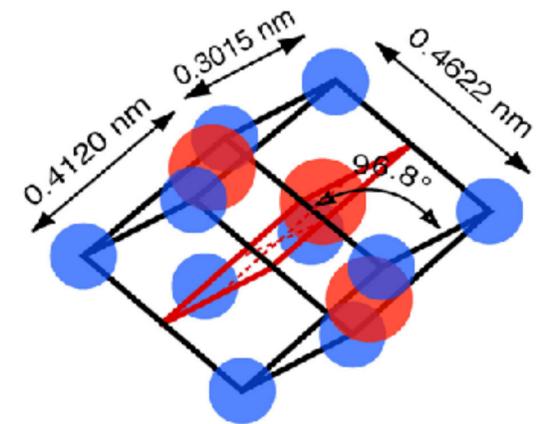
# Austenite



The alloy can have two atomic conformations:  
**Austenite** is the more "rigid and stable" form with a cubic lattice. **Martensite** is the less stable and more plastic form with a close-packed hexagonal lattice.

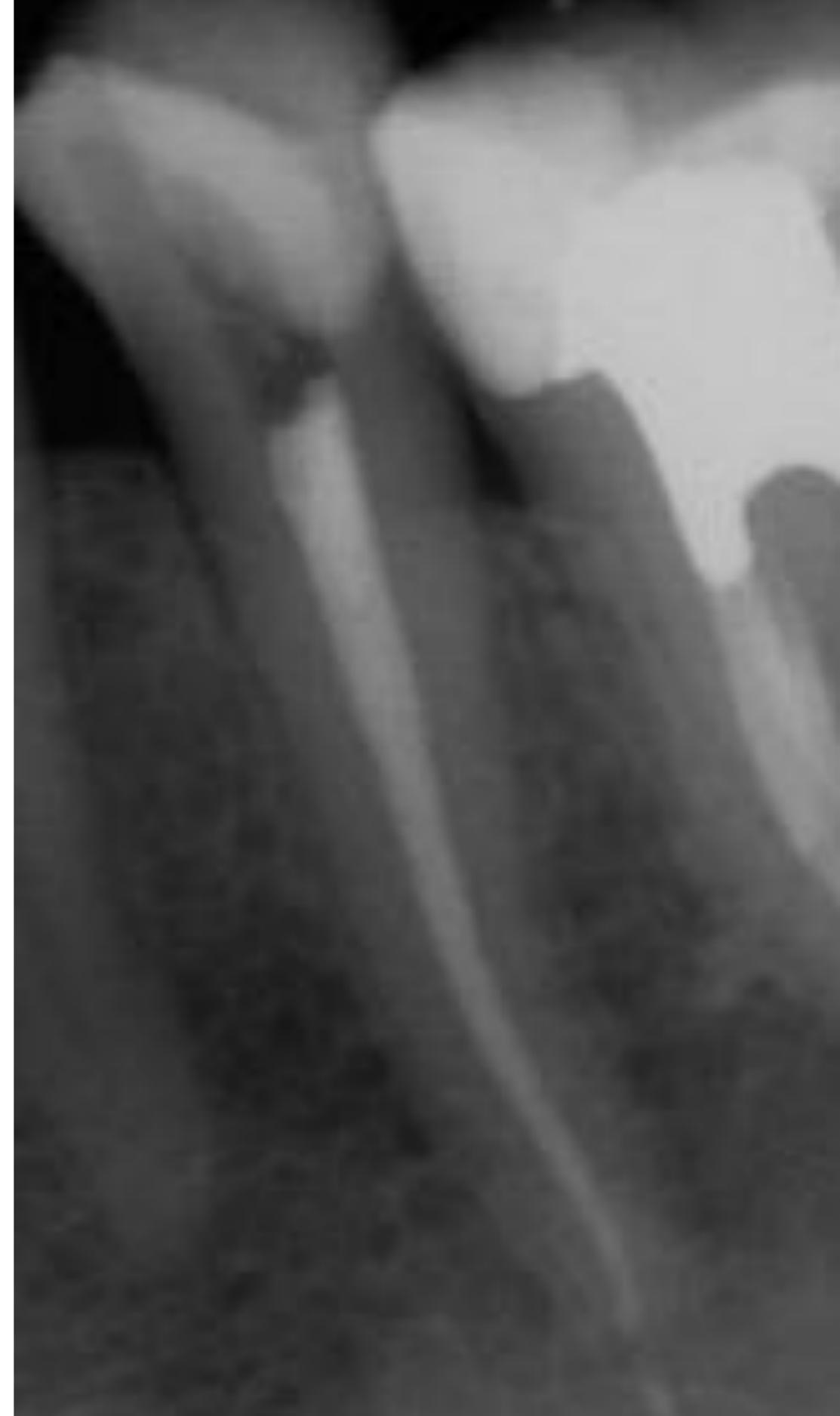


# Martensite



The **austenitic** alloy will be hard, rigid, and have greater superelasticity properties.

The **martensitic** alloy, on the other hand, will be soft, ductile, and easily deformable, with shape memory properties.



# NI-TI ROTARY FILE

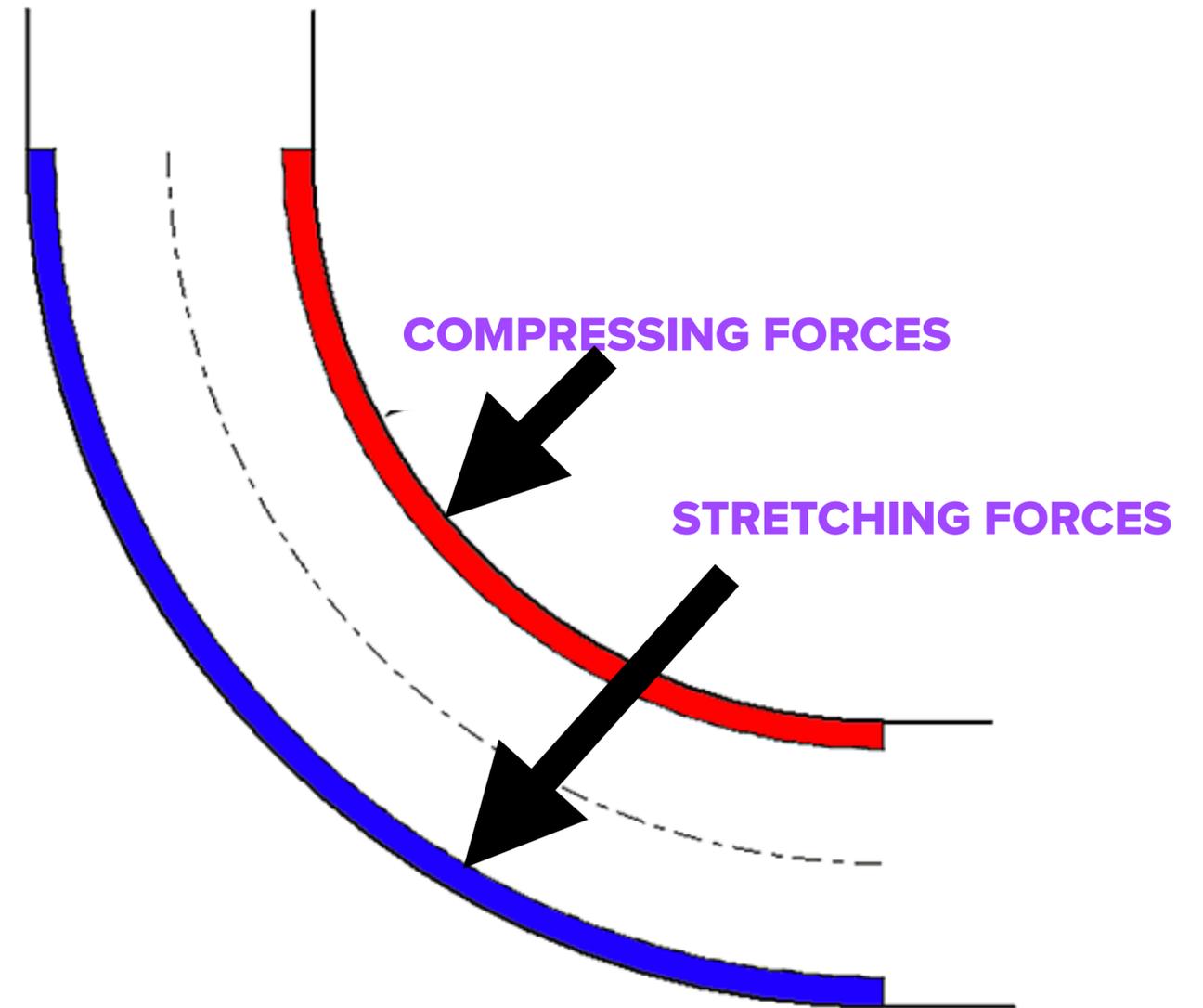
- Preserve anatomy
- Stay centered in the canal
- Cutting efficiency
- Reduced number of passes/short sequence
- Resistant



# TORSIONAL STRESS

- It occurs when one part of the rotating instrument (usually the tip) becomes blocked and the remaining part continues to rotate at the preset speed due to the torque action of the endodontic motor.

# CYCLIC FATIGUE



# Rotary NiTi Instrument Fracture and its Consequences

This has led to changes in instrument design, instrumentation protocols, and manufacturing methods. In addition, factors related to clinician experience, technique, and competence have been shown to be influential

## NiTi Instrument Fracture and its Consequences

Peter Parashos MDS, PhD, and Harold H. Messer MDS, PhD

### Abstract

Fracture of endodontic instruments is a procedural problem creating a major obstacle to normally routine therapy. With the advent of rotary nickel-titanium (NiTi) instruments this issue seems to have assumed such prominence as to be a considerable hindrance to the adoption of this major technical advancement. Considerable research has been undertaken to understand the mechanisms of failure of NiTi alloy to minimize its occurrence. This has led to changes in instrument design, instrumentation protocols, and manufacturing methods. In addition, factors related to clinician experience, technique, and competence have been shown to be influential. From an assessment of the literature presented, we derive clinical recommendations concerning prevention and management of this complication. (*J Endod* 2006;32:1031-1043)

### Key Words

Fracture, instrument design, instrumentation protocols, rotary nickel-titanium instruments

In the practice of endodontics, clinicians may encounter procedural accidents and obstacles to normally routine therapy (1). One of these procedural problems is instrument fracture. Fractured root canal instruments may include endodontic files, lateral or finger spreaders, and paste fillers (Fig. 1), and may be made of nickel-titanium (NiTi), stainless steel or carbon steel. Fracture may result from correct use or overuse of an endodontic instrument (2). Fracture is commonly in the apical third of a root canal (3-6). The prevalence of fracture of rotary NiTi root canal instruments has led to a perceived high incidence (6). Furthermore, fracture of rotary NiTi instruments may be preceded by instrument distortion serving as a warning of impending fracture (7-10), even with brand new instruments, whereas fracture of stainless steel instruments is often preceded by instrument distortion (11-13).

The potential difficulty in removing instrument fragments and the adverse prognostic effect of this procedural complication have led to reluctance to adoption of this innovation (6, 16). Consequently, considerable research has been undertaken to understand the reasons for instrument fracture, to prevent rather than treat. The purpose of this review is to provide an understanding of the prevalence, causes, management of instrument fracture, its impact on prognosis, and to make recommendations concerning prevention and management of this complication.

School of Dental Science, Faculty of Medicine,

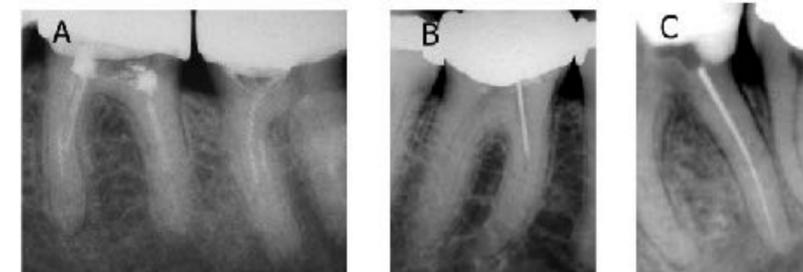


Figure 1. Examples of various types of fractured endodontic instruments. (A) Lentulo-spiral bur, (B) Gates glidden drill, (C) whole length of a rotary NiTi instrument. (Courtesy of Dr. Peter Spili).

### Prevalence

Clinical belief within the dental profession is that instrument fracture is more frequently than stainless steel hand instruments. This is based on anecdotal evidence diffused via informal communication or *ex vivo* research (17), but not on *in vivo* research. A study of discarded instruments (13) found a prevalence of 21% from 378 discarded instruments from a specialist endodontist.



Heat

Treated/activated

Alloys



# Current Challenges and Concepts of the Thermomechanical Treatment of Nickel-Titanium Instruments

Ya Shen, DDS, PhD,\* Hui-min Zhou, DDS, PhD,<sup>†</sup> Yu-feng Zbeng, PhD,<sup>‡</sup> Bin Peng, DDS, PhD,<sup>§</sup> and Markus Haapasalo, DDS, PhD\*

**Abstract** Introduction: The performance and mechanical properties of nickel-titanium (NiTi) instruments are influenced by factors such as cross-section, flute design, raw material, and manufacturing processes. Many improvements have been proposed by manufacturers during the past decade to provide clinicians with safer and more efficient instruments. **Methods:** The mechanical performance and associated thermomechanical treatment history. Heat treatment or thermal processing is one of the most fundamental approaches toward adjusting the transition temperature in NiTi alloy, which affects the fatigue resistance of NiTi endodontic files. The newly developed NiTi instruments made from controlled memory wire, M-Wire (Dentsply Tulsa Dental Specialties, Tulsa, OK), or R-phase wire represent the next generation of NiTi alloys with improved flexibility and fatigue resistance. The advantages of NiTi files for canal cleaning and shaping are decreased canal transportation and ledging, a reduced risk of file fracture, and faster and more efficient instrumentation. The clinician must understand the nature of different NiTi raw materials and their impact on instrument performance on a regular basis. **Results:** This review summarizes the metallurgical properties of next-generation NiTi instruments, the impact of the thermomechanical treatment on instrument flexibility, and the resistance to cyclic fatigue and torsion. **Conclusions:** The edge necessary for evidence-based practice is to cyclic fatigue and torsion. **Conclusions:** The edge necessary for evidence-based practice is to cyclic fatigue and torsion. **Conclusions:** The edge necessary for evidence-based practice is to cyclic fatigue and torsion. **Conclusions:** The edge necessary for evidence-based practice is to cyclic fatigue and torsion. (J Endod 2013;39:163-172)

**Key Words**  
Controlled  
nickel-titanium

**TABLE 1.** A List of Literature on the Mechanical Properties of Thermomechanically Treated NiTi Instruments with Continuous Rotation

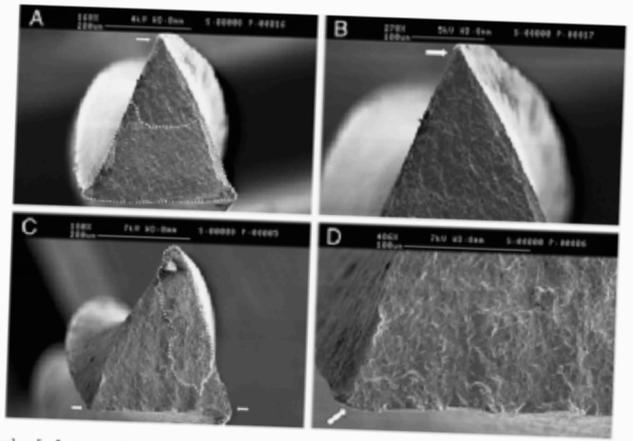
	Phase transformation	Flexible property	Cyclic fatigue	Torsional fracture
CM Wire (HyFlex CM, TYPHOON Infinite Flex NiTi)	Shen et al, 2011 (44)	Testarelli et al, 2011 (105); Zhou et al, 2012 (42)	Shen et al, 2011 (39); Shen et al, 2012 (40); Peters et al, 2012 (92)	Casper et al, 2011 (95); Peters et al, 2012 (92)
M-Wire (Profile GT Series X, ProFile Vortex, Vortex Blue)	Alapati et al, 2009 (47); Shen et al, 2011 (44); Ye and Gao, 2012 (45)	Gao et al, 2012 (41)	Gambarini et al, 2008 (66); Johnson et al, 2008 (68); Larsen et al, 2009 (69); Kramkowski and Bahcall, 2009 (90); Gao et al, 2010 (38); Al-Hadlaq et al, 2010 (67); Hilfer et al, 2011 (84); Gao et al, 2012 (41); Plotino et al, 2012 (86)	Johnson et al, 2008 (68); Kramkowski and Bahcall, 2009 (90); Casper et al, 2011 (95); Bardsley et al, 2011 (100); King et al, 2012 (96); Gao et al, 2012 (41)
R-phase wire (K3XF, TFs)	Hou et al, 2011 (43); Shen et al, 2011 (44)	Gambarini et al, 2008 (48); Hou et al, 2011 (43)	Gambarini et al, 2008 (66); Larsen et al, 2009 (69); Kim et al, 2010 (70); Bhaqabali et al, 2011 (71); Rodrigues et al, 2011 (72); Pedullà et al, 2011 (73); Hilfer et al, 2011 (84)	Gambarini et al, 2009 (98); Park et al, 2010 (93); Gambarini et al, 2010 (97); Casper et al, 2011 (95); King et al, 2012 (96)

conventional NiTi wire (Fig. 2A-D). Hence, it is not surprising that CM series files had fatigue resistance superior to that of files made from conventional NiTi alloy. Endodontic instruments are used to prepare the root canal in the presence of an irrigating solution. A recent study (40) showed that 2 CM Wire instruments (ie, TYP CM and NEYY CM) yielded a 4-9 times longer fatigue life than conventional NiTi files with the same design under various solutions. The fatigue life of 3 conventional SE NiTi instruments was unaffected by the environments, whereas the fatigue life of the 2 CM file types was much longer in liquid media than in air. This may imply that the fatigue of NiTi alloys is sensitive to temperature, both locally and environmentally. A function of the aqueous media in metal fatigue behavior is to carry the heat away from the metal-to-metal contact. Therefore, an aqueous

medium seems to serve as an effective heat sink to facilitate the long fatigue life of the CM instrument.

**M-Wire**

A few years ago, a modification of the SE508 NiTi alloy used for endodontic instruments was developed (65) by Dentsply (M-Wire). Several studies have examined the fatigue resistance of M-Wire NiTi files (58, 61, 66-68). However, the results from these studies cannot easily be compared with one another because of variations in the experimental design and testing model. A major drawback of most laboratory testing of the fatigue behavior of NiTi rotary instruments is the inability to eliminate several confounding factors, such as material properties, design, and



**Figure 2.** Photomicrographs of a fracture surface of TYP files with the region of fatigue crack propagation and dimple area outlined (dotted line) with crack origins (arrows). (A) The overall view of the TYP file ( $N_f = 315$ , dimple area is 69%). (B) A high-magnification view of the crack origin (arrow). (C) An overall view of the TYP CM file with 2 crack origins (arrows) ( $N_f = 1280$ , dimple area is 36%). (D) A high-magnification view of 1 crack origin (arrow).

2013

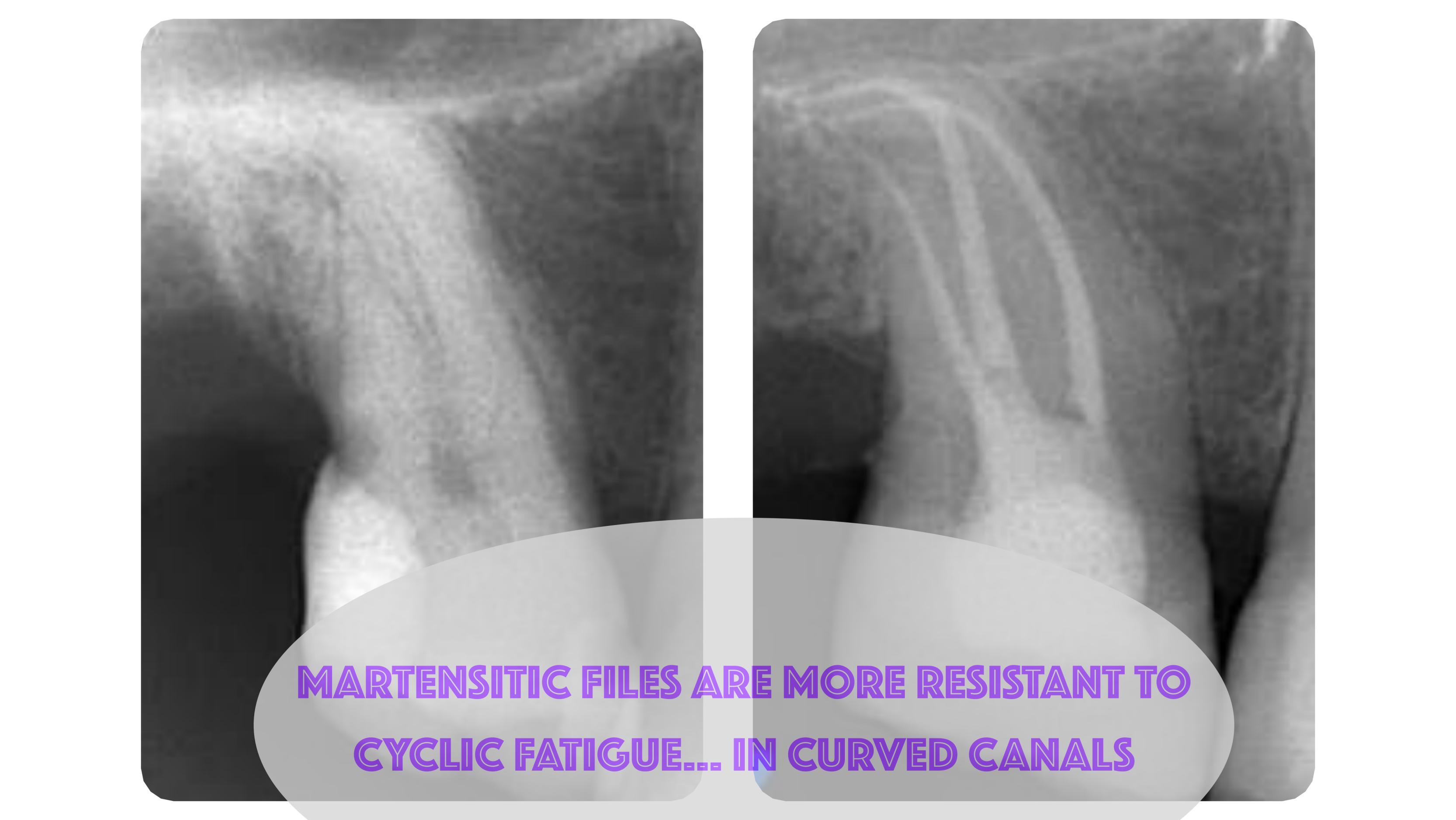
From the \*Division of Endodontics, Department of Biomedical Materials and Engineering, Center for Turbulence and Complex Systems, Key Laboratory Breeding Base of Basic Stomatology, Wuhan University, Wuhan, China; †Address requests for reprints to Dr. Ya Shen, Westbrook Mall, Vancouver, BC, Canada; §0099-2399/13 - see front matter Copyright © 2013 American Association of Endodontics. http://dx.doi.org/10.1016/j.joen.2013.01.016

YA SHEN et AL JOE

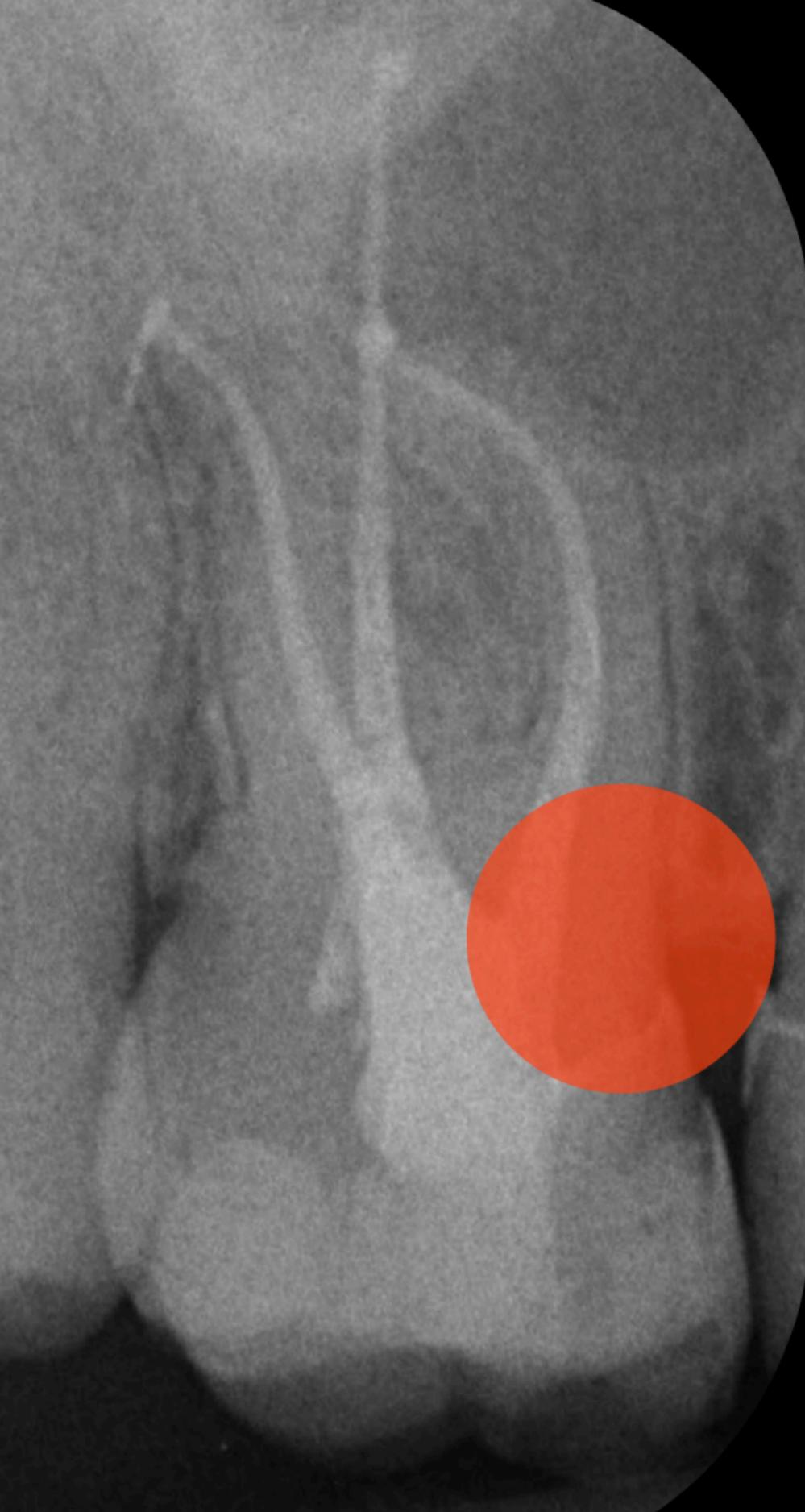
# 2013

# YA SHEN et AL

into a single process. The newly developed thermomechanical treatment of NiTi files gives them better flexural fatigue resistance than files of similar design and size made from conventional NiTi alloy. The unique material properties make them particularly suited for endodontic treatment. Although the details of the thermomechanical



**MARTENSITIC FILES ARE MORE RESISTANT TO  
CYCLIC FATIGUE... IN CURVED CANALS**

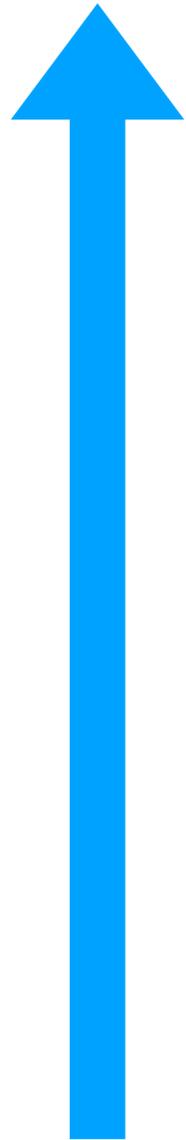


Clark e Khademi 2010 - Boveda e  
Kishen 2015 - Plotino 2017

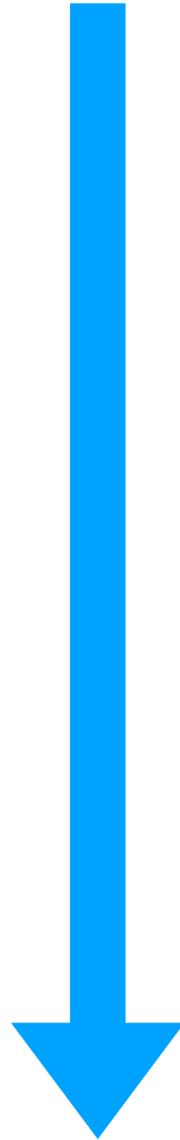
**Preserving PCD reduces loads on roots  
& reduces the risk of root fracture**

# Endodontic Heat Treated Ni-Ti Rotary Files

**Cyclic Fatigue**



**Torsional Stress**



**250-300**

**500-800**

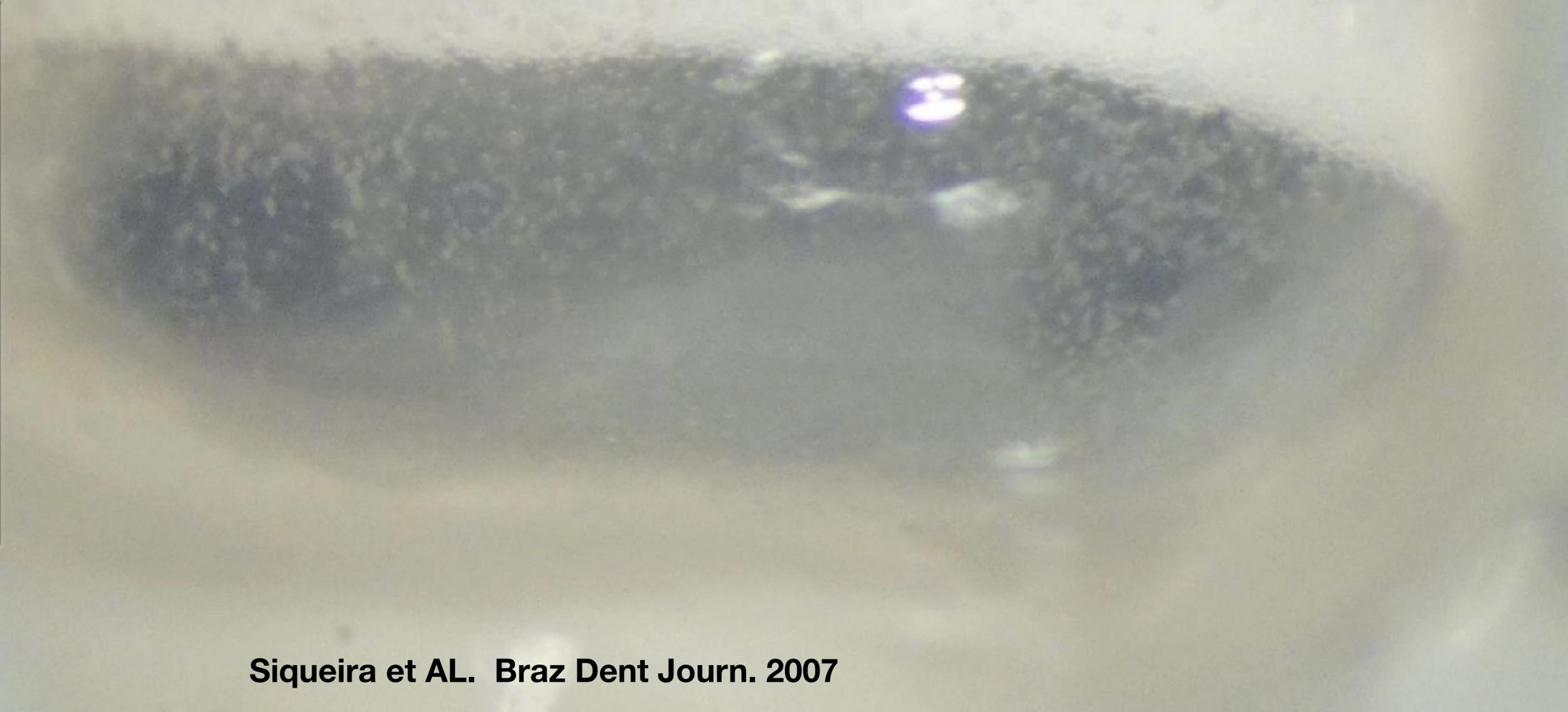


**TORQUE**  
**FORCE**

**Low**

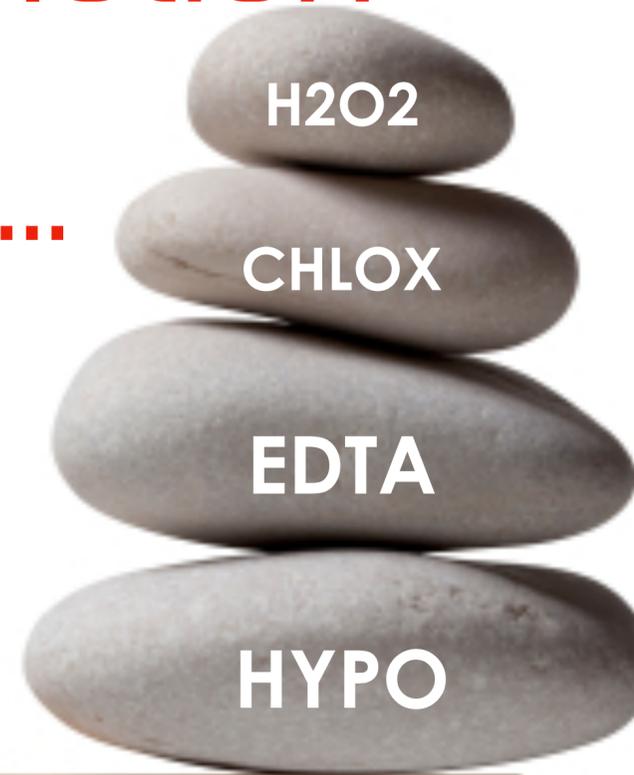
**1,5-2,5 N/cm**

# Disinfection Protocol to Reduce the bacterial Load Beneath A Subcritical threshold



Smaller Apical Preparation in Highly Curved Canals are Safer...  
Increased Difficulty to Deliver Irrigant Solution

They May Result in Reduced Disinfection...



# SHAPING APICAL DIAMETER

Minimum diameter to allow  
Irrigants to work

#30 - 35.

*Minimal apical preparation ... Srikanth P et al*

*Journal of International Oral Health 2015; 7(6):92-96*

*Received: 28<sup>th</sup> January 2015 Accepted: 20<sup>th</sup> April 2015 Conflicts of Interest: None*

**Original Research**

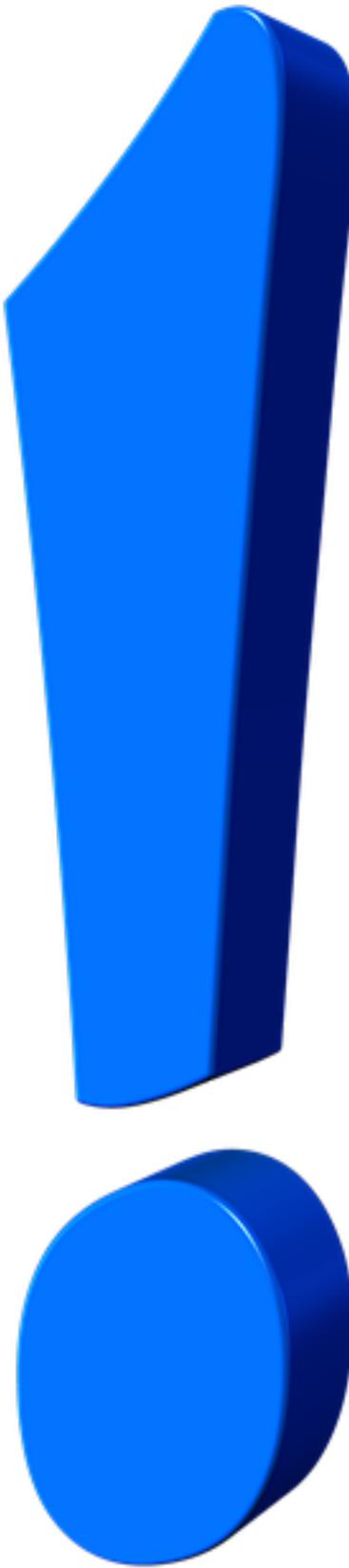
*Source of Support: Nil*

**Minimal Apical Enlargement for Penetration of Irrigants to the Apical Third of Root Canal System: A Scanning Electron Microscope Study**

*P Srikanth<sup>1</sup>, Amaravadi Gopi Krishna<sup>2</sup>, Siva Srinivas<sup>3</sup>, E Sujayeendranatha Reddy<sup>4</sup>, Someshwar Battu<sup>5</sup>, Swathi Aravelli<sup>1</sup>*

Usually, the *More Severe* the Canal Curvature,  
The Greater the Risk of Transportation And  
Unexpected Fracture  
...When Larger Apical Preparations Are  
Targeted

Shafer 2009



PROBLEM SOLVING

FINITURA  
FINISHING



# Increasing diameter



# Decreasing taper

## Effectiveness of root canal instrumentation for the treatment of apical periodontitis: A systematic review and meta-analysis

Sebastian Bürklein<sup>1</sup> | Ana Arias<sup>2</sup>

### CONCLUSION

- higher incidence of procedural errors and associated lower success rate for primary root canal treatment of teeth prepared with stainless steel files compared with the use of NiTi instruments;
- higher intensity of PP when retreatment procedures were performed with reciprocation instead of rotation even up to day 7;
- using contemporary endodontic techniques in general for initial root canal treatments reduces the need of further nonsurgical or surgical retreatments (Fleming et al., 2010).

WHY **DENTAL** WORLD  
PRODUCTS?

**DENTAL WORLD BENEFITS?**

**RESPECT OF THE ROOT ANATOMY**



# HEAT TREATED NI-TI ROTARY FILES

# PRO FLEX NHA

NANO RIVESTITO ATTIVAZIONE TERMICA

ESTREMA  
FLESSIBILITÀ

MAGGIORE  
RESISTENZA

TECNOLOGIA  
CONTROL MEMORY

RIVESTIMENTO  
NANO-COATED



**NEW  
ENTRY!!!**

**NEW  
ENTRY!!!**

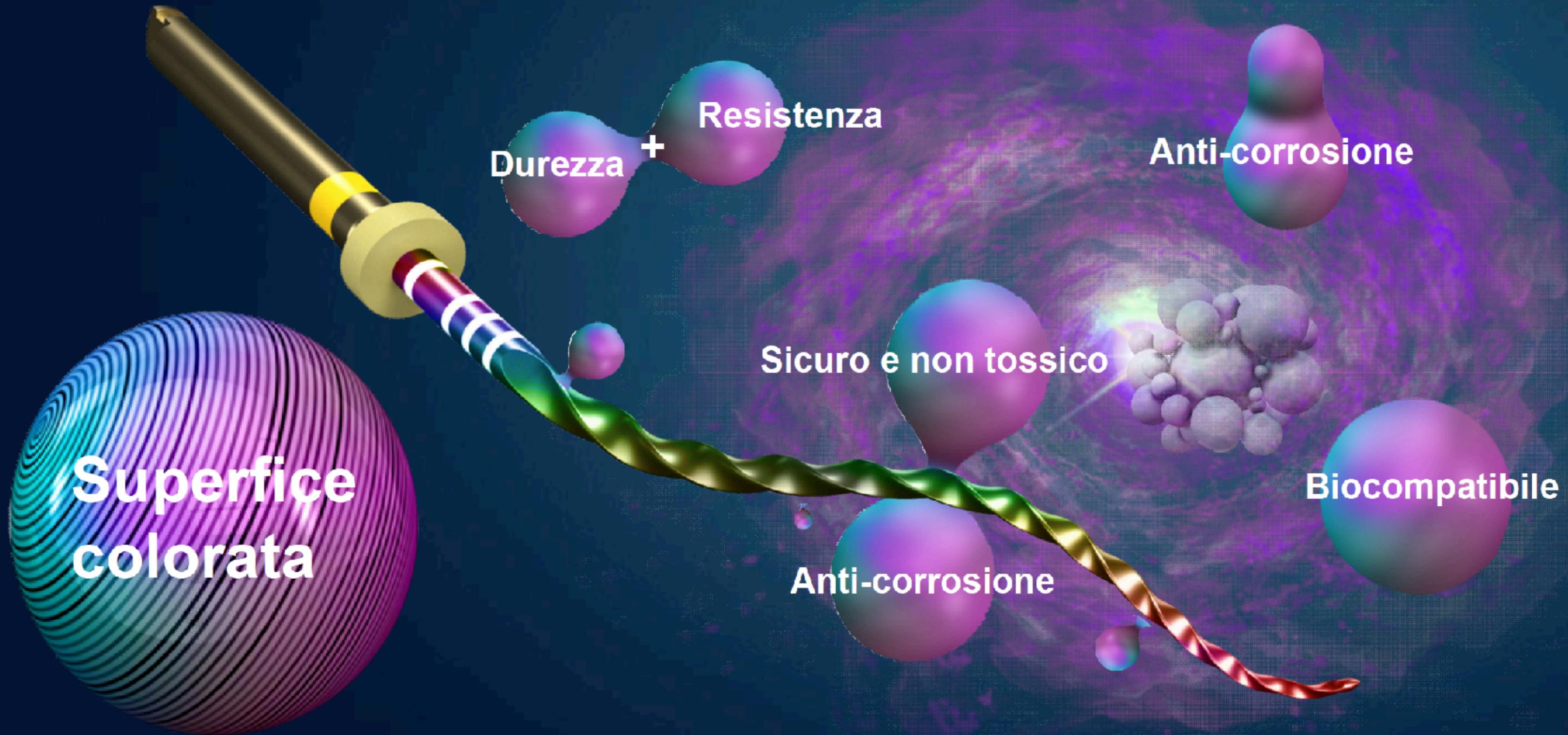
**NEW  
ENTRY!!!**

# HT Ni-ti / Martensitic

- Reduced restoring force
- Heat activated shape memory
- Martensitic phase stable at room temperature



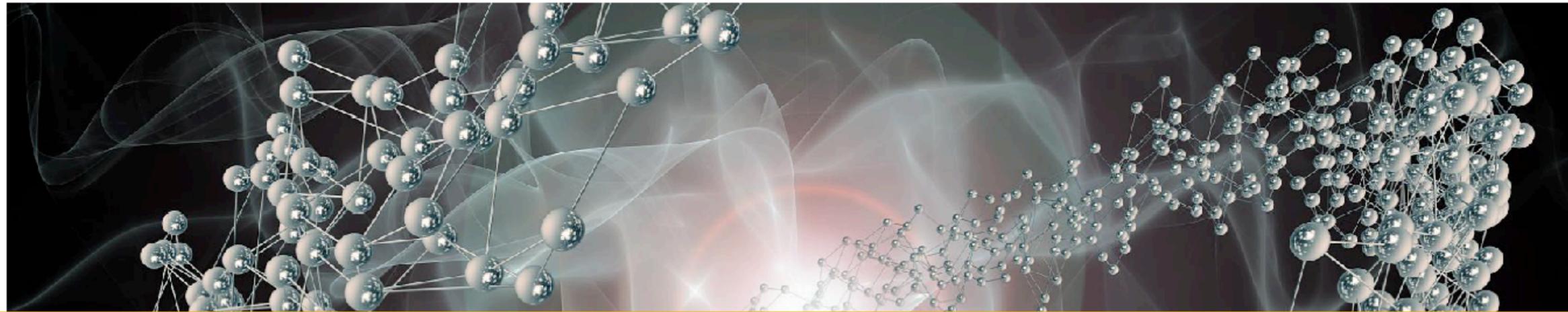
# Tecnologie applicate nel nano-rivestimento



Perché i nanomateriali hanno prestazioni migliori dei materiali tradizionali?

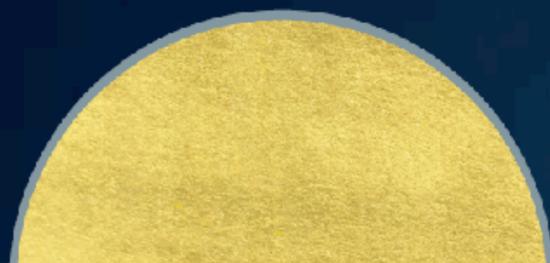
**BETTER PHYSICAL PROPERTIES  
SUCH AS HARDNESS, TOUGHNESS,  
HEAT AND  
CORROSION RESISTANCE**

## Cos'è il nano-rivestimento

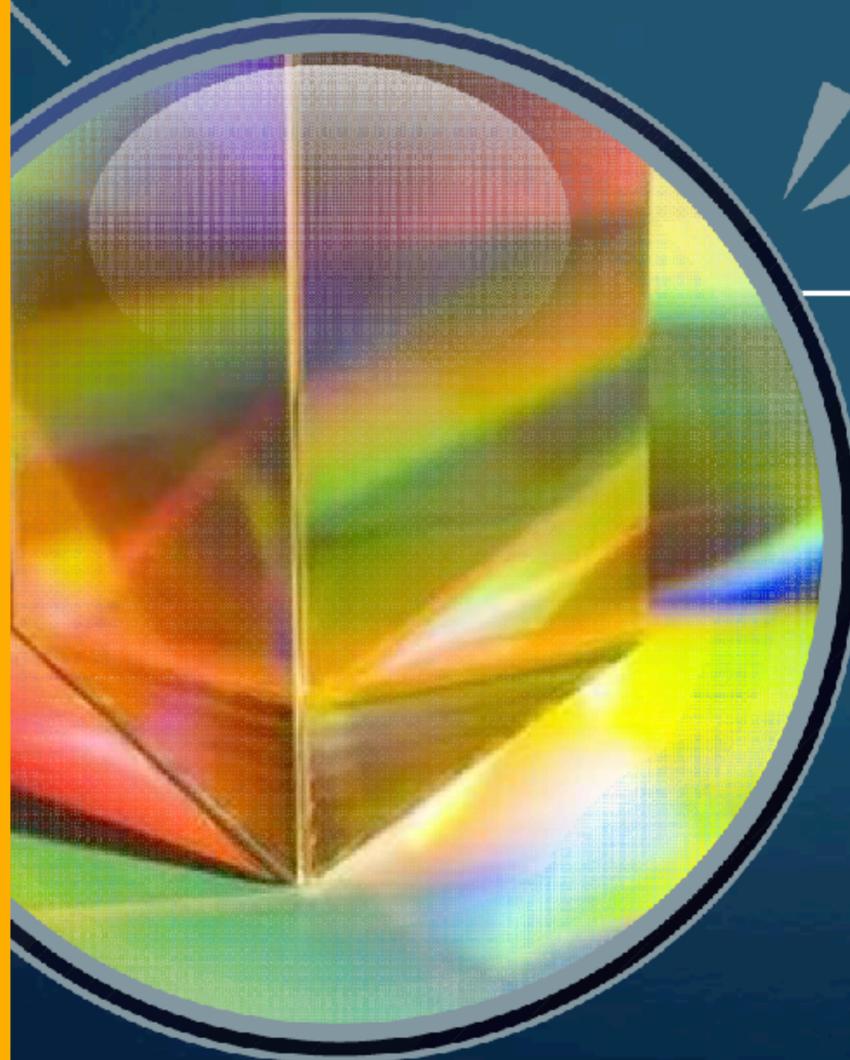


**NANO FILMS HAVE UNIQUE  
FUNCTIONS IN TERMS OF OPTICAL,  
ELECTRICAL AND MECHANICAL  
PROPERTIES**

Materiale  
metallico



**TITANIUM NITRADE-  
TINITE IS A VERY HARD  
CERAMIC MATERIAL  
IT'S USED AS A  
COATING ON NI-TI  
ALLOYS IMPROVING  
THE CHARACTERISTICS  
OF THE SUBSTRATE  
PROTECT CUTTING  
SURFACE**



Materiale ceramico

### Caratteristiche della ceramica

La durezza del rivestimento è estremamente elevata - più di tre volte la durezza dell'acciaio per utensili e stampi - e può addirittura raggiungere valori superiori a 4000 HV. Il rivestimento è sufficientemente resistente all'usura e al coefficiente di attrito.

**HARDNESS**

Lo strato di rivestimento è molto sottile, evitando l'accumulo di detriti e migliorando la qualità del lavoro. Il rivestimento presenta una buona stabilità termica; alcuni rivestimenti possono persino resistere a temperature di lavoro superiori a 1000°C.

### Caratteristiche del metallo

Tenacia, resistenza agli urti, resistenza agli shock, conduttività e proprietà meccaniche superiori.

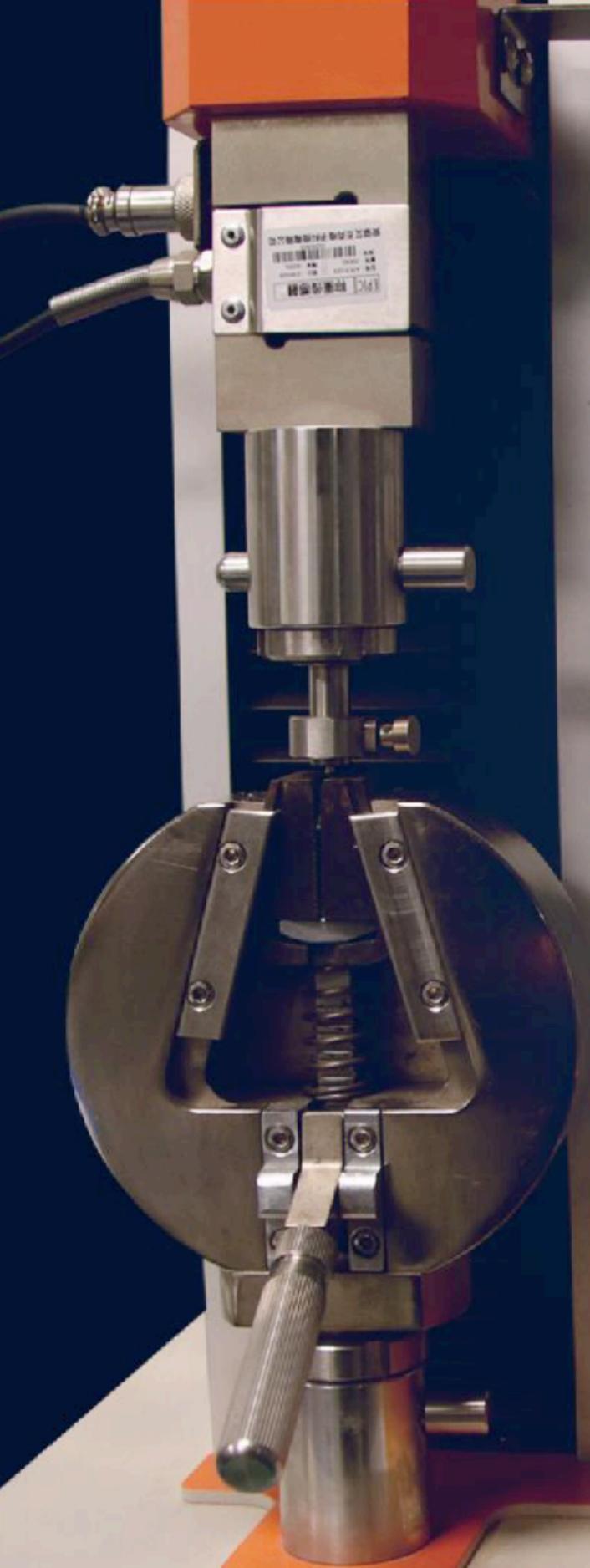
**RESISTANCE**

### Altre caratteristiche

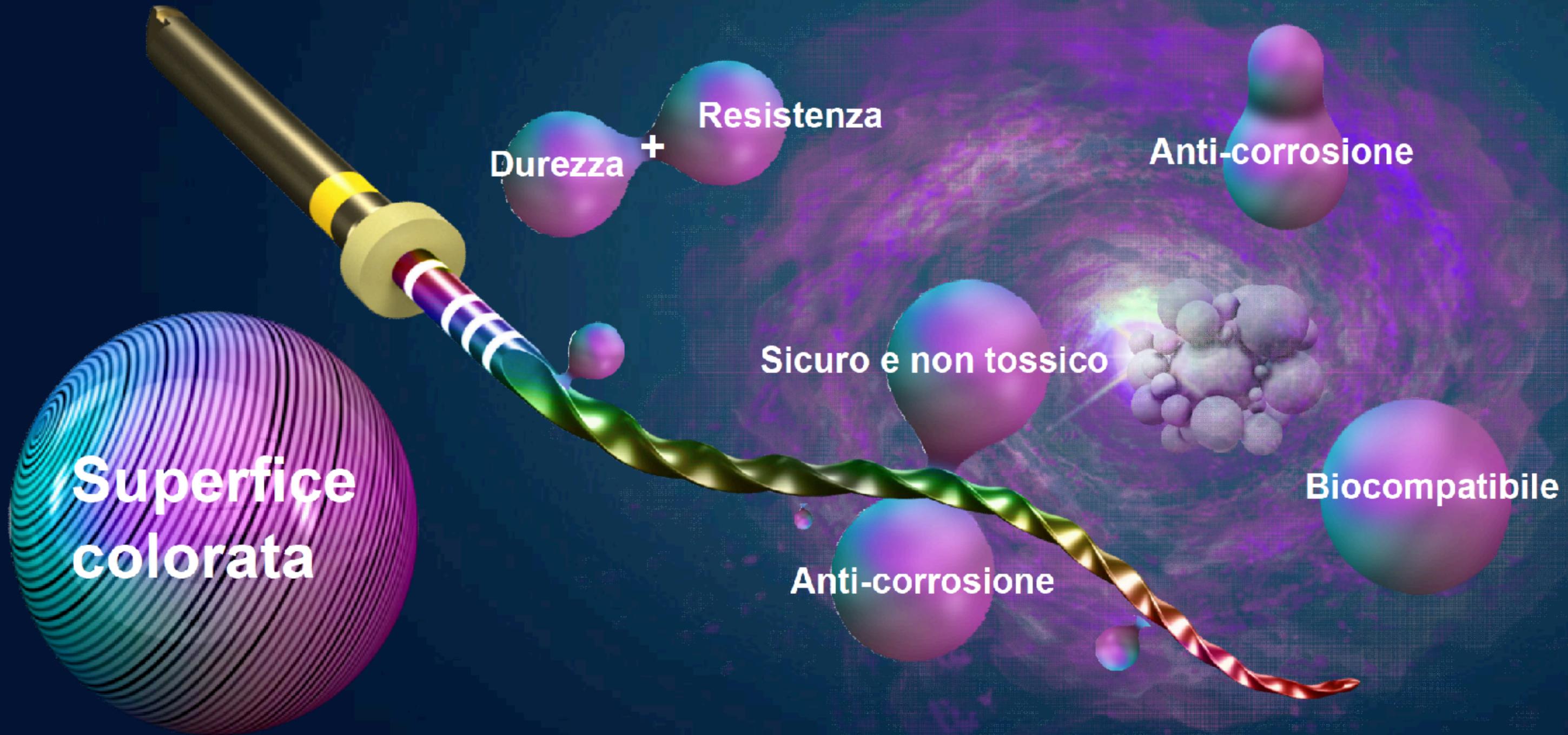
I grani del rivestimento sono estremamente piccoli e la struttura è eccezionalmente compatta, garantendo una superficie liscia e uniforme. Il rivestimento è adatto per l'uso in dispositivi meccanici (ad esempio, macchine per la produzione di succhi di frutta) e applicazioni simili.

**SMALL GRANULES AND  
COMPACT SURFACE**

# Tinite



# Tecnologie applicate nel nano-rivestimento



**Superficie  
colorata**

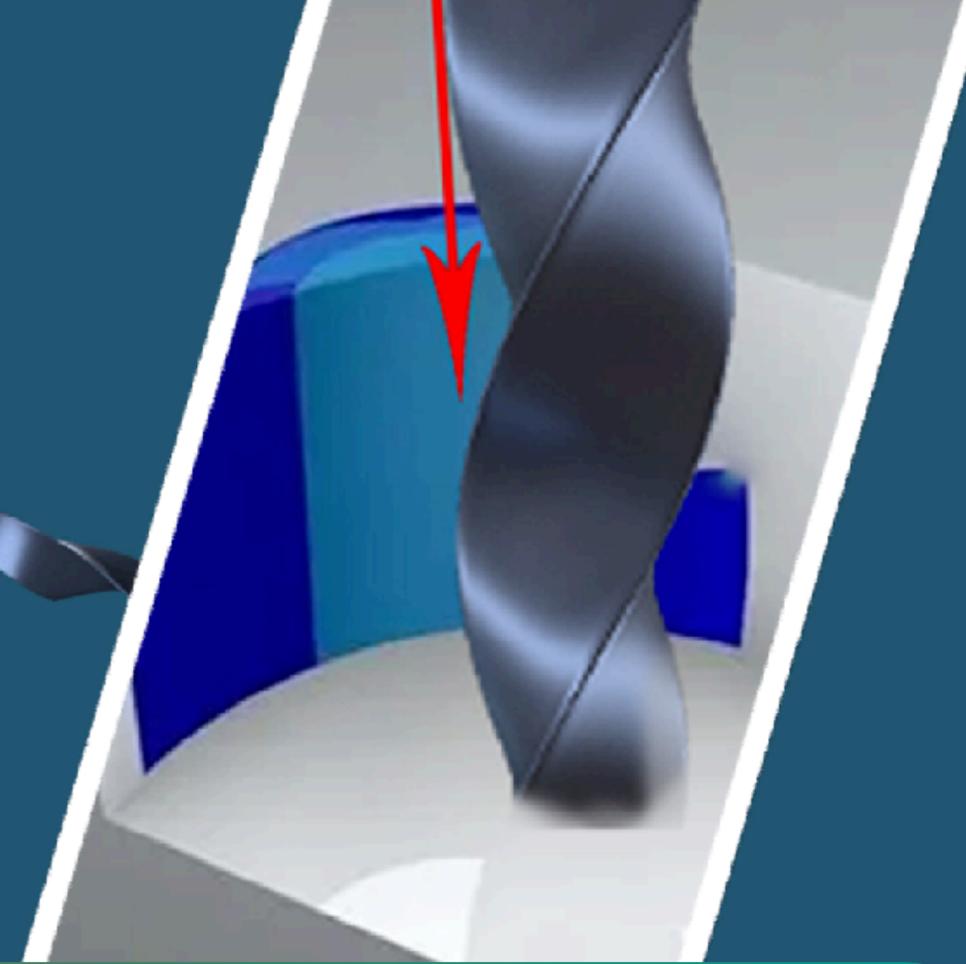
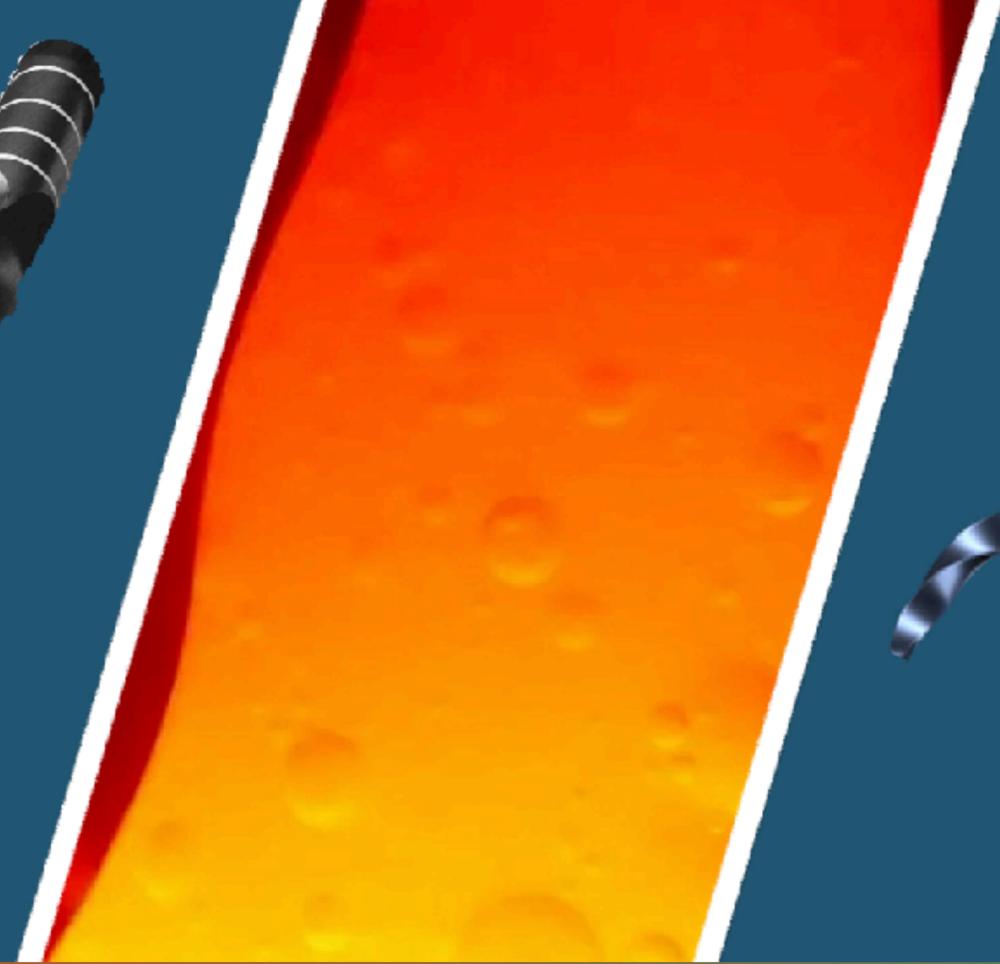
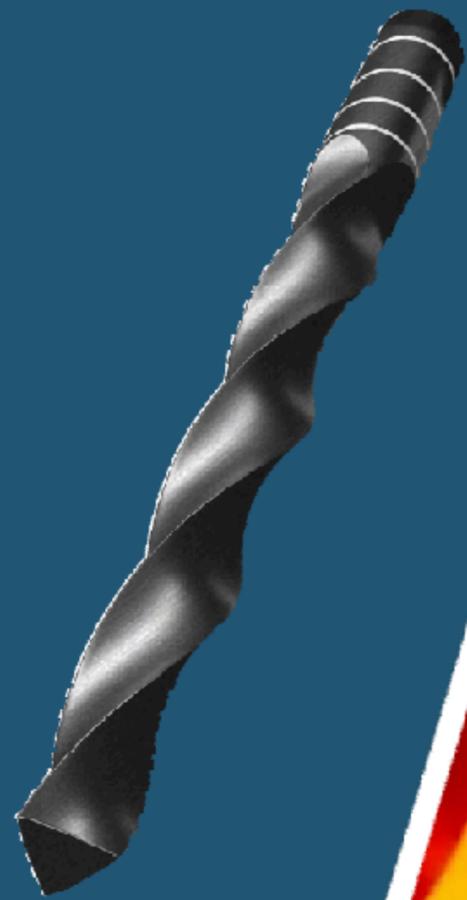
**Durezza +  
Resistenza**

**Anti-corrosione**

**Sicuro e non tossico**

**Biocompatibile**

**Anti-corrosione**



1

Strumenti

Tecn

Oggi gli str  
il problema  
sfilarsi qua

**NITI ROTARY FILES:**

**INCREASED FLEXIBILITY**

**REDUCED CUTTING**



abile e risolve in gran parte  
taglio si riduce e tende a

Caratteristiche

Sulla base del trattamento termico  
tecnologia di tempra laser viene  
superficiale degli strumenti ca  
riempie gli interstizi della struttu  
una nuova tecnologia di stru  
combina attivazione termica, tem

**HEAT TREATMENT  
LASER TEMPERING  
NANO-COATING**



**NANO COATING FILLS THE  
INTERSTICES ON THE SURFACE OF THE  
INSTRUMENT**

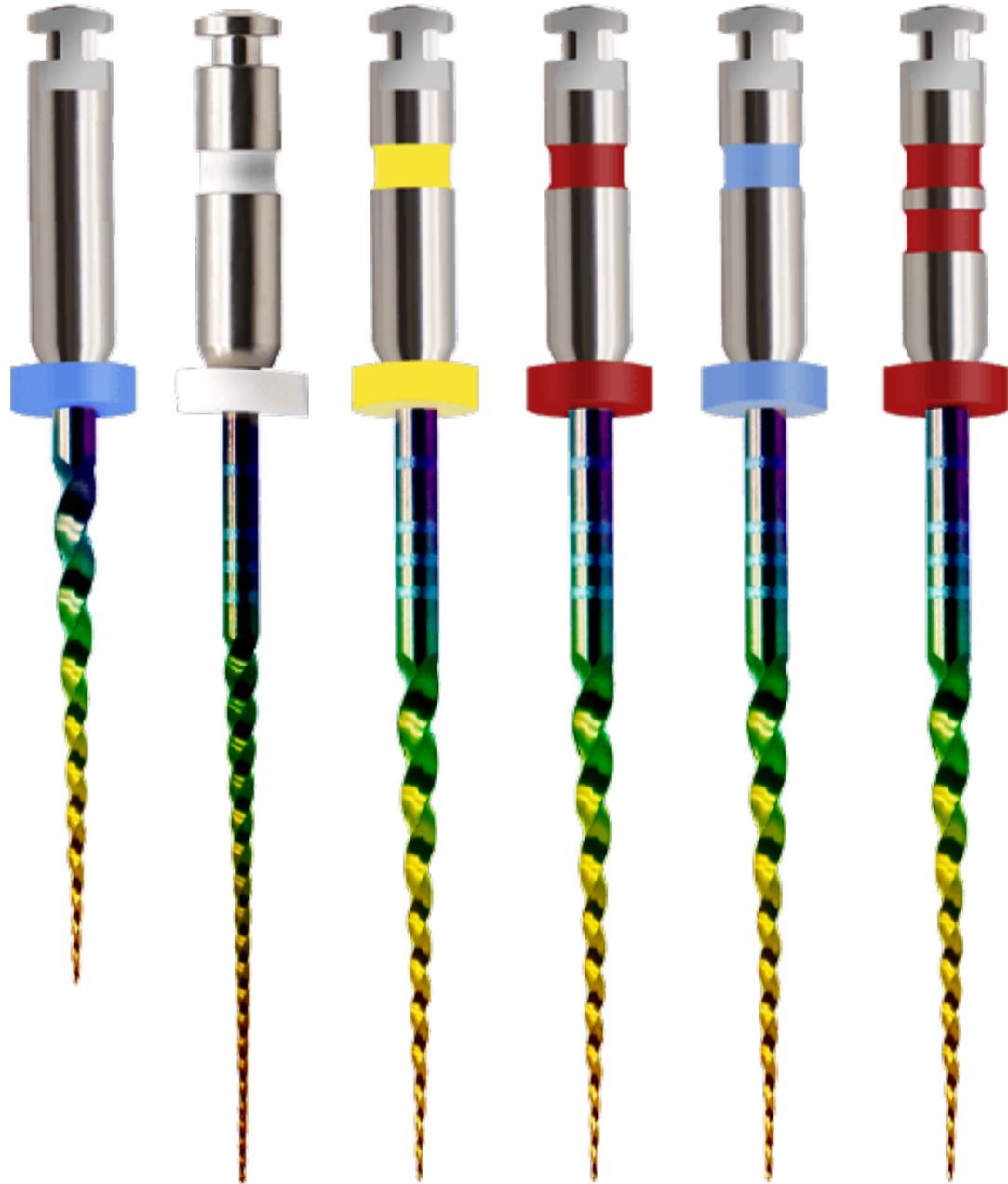
# FEATURES-ADVANTGES

**UP TO 10 TIME INCREASED RESISTANCE  
NANO-COATING  
BETTER SURFACE-LESS DEFECTS**

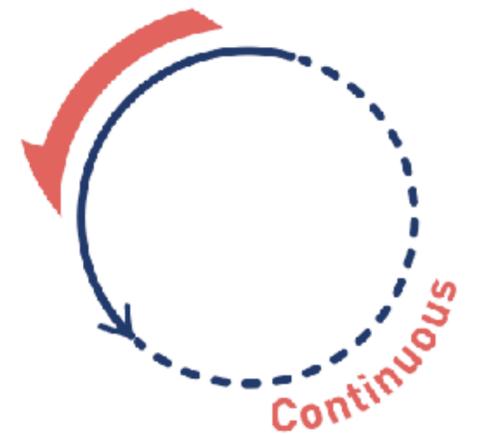
di

# PRO FLEX NHA

NANO RIVESTITO ATTIVAZIONE TERMICA

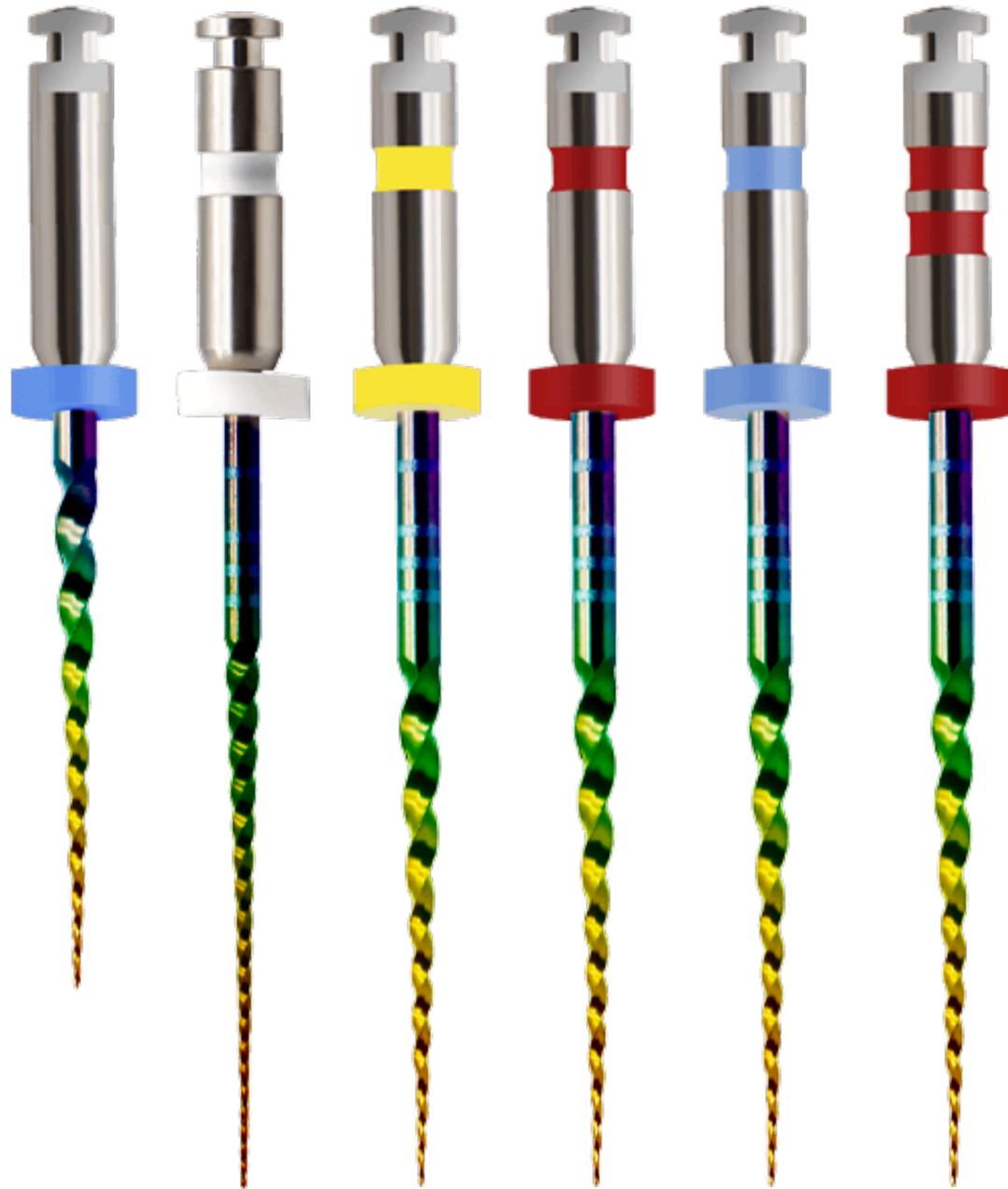


**C**  **NTROL**  
MEMORY



# PRO FLEX NHA

NANO RIVESTITO ATTIVAZIONE TERMICA



**CONTROL MEMORY**

La tecnologia *Control Memory* degli strumenti canalari garantisce stabilità e precisione durante la pulizia del canale radicolare anche quando non viene applicata forza sullo strumento.



**NI-TI RAINBOW**

Il nuovo materiale *Ni-Ti Rainbow* garantisce resistenza e flessibilità durante il trattamento endodontico, offrendo una maggiore durata e resistenza nella pulizia dei canali radicolari grazie alle sue proprietà avanzate.



**ROTAZIONE CONTINUA**

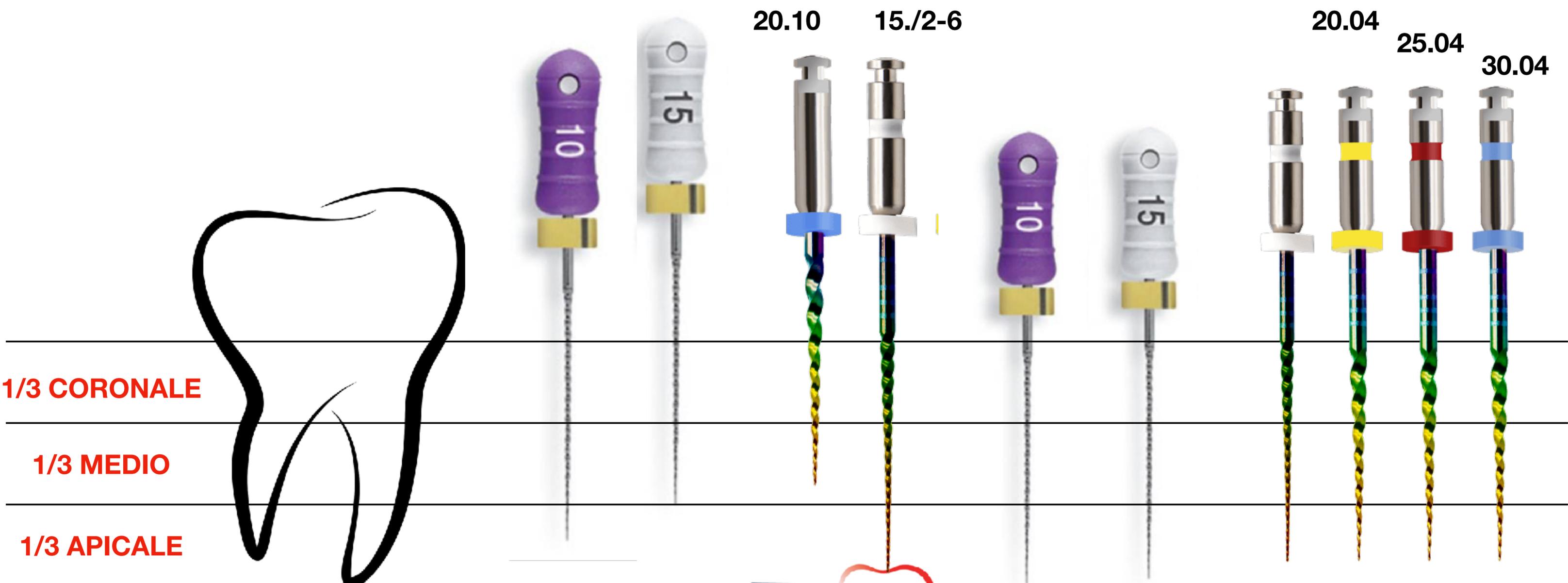
Gli strumentini canalari *Pro Flex NHA* sono *compatibili con i motori endodontici a rotazione continua*, garantendo una maggiore velocità di lavoro, una maggiore capacità di rimuovere i detriti durante la sagomatura e una maggior linearità del taglio.

PRO FLEX NHA									
	Ø	%	N/cm	RPM	21 mm	25 mm	31 mm	Cross-section	Match gutta point
R	20	10	2,5	350	17 mm REF: 144900550				
○ 016	15	2-6	2,5	300	144900551	144900561	144900571	-	
● D1	20	4	2,5	250-300	144900552	144900562	144900572	● 20/04	
● D2	25	4	2,5	250-300	144900553	144900563	144900573	● 25/04	
● D3	30	4	2,5	250-300	144900554	144900564	144900574	● 30/04	
● D4	25	6	2,5	250-300	144900555	144900565	144900575	● 25/06	
016-D4	--	--	2,5	--	144900556	144900566	144900576	-	

Legenda / Legend  
 - Ø Diametro / Diameter  
 - % Conicità / Taper  
 - N/cm Torque  
 - RPM Velocità / Speed

\* La velocità e il torque sono indicativi e possono variare a seconda del dispositivo utilizzato e delle preferenze dell'operatore  
 Speed and torque are approximated and can change in relation to the device and to the operator choices

# PRO FLEX H.A. SEQUENCE



Orifice opener take out the stress of the other files



## PREFLARING



# Orifice opener take out the stress of the other files



## Comparison of the effects from coronal pre-flaring and glide-path preparation on torque generation during root canal shaping procedure

Sang Won Kwak, DDS, MS, PhD<sup>1</sup>; Jung-Hong Ha, DDS, MS, PhD<sup>2</sup>; Ya Shen, DDS, PhD<sup>3</sup>; Markus Haapasalo, DDS, PhD<sup>3</sup> ; and Hyeon-Cheol Kim, DDS, MS, PhD<sup>1</sup> 

**Table 1** The sum and maximum torque generated during the experiment (Ncm) (mean ± SD) (n = 15)

	Group 1 OC	Group 2 OG + OC	Group 3 OF + OC	Group 4 OF + OG + OC
Sum of Torque	14.75 ± 2.98 <sup>a</sup>	12.68 ± 2.30 <sup>b</sup>	10.79 ± 2.39 <sup>c</sup>	10.20 ± 1.91 <sup>c</sup>
Maximum Torque	2.63 ± 0.48 <sup>a</sup>	2.58 ± 0.54 <sup>a</sup>	2.23 ± 0.50 <sup>b</sup>	2.06 ± 0.34 <sup>b</sup>

Note: <sup>a,b,c</sup>Different lower-case superscripts indicate significant differences amongst the groups in rows ( $P < 0.05$ ).

Abbreviation: OC, OneCurve; OF, OneFlare; OG, OneG.

# Cyclic Fatigue Resistance of Nickel-titanium Rotary Instruments according to the Angle of File Access and Radius of Root Canal



Eugenio Pedullà, DDS, MS, PhD,\* Giusy Rita Maria La Rosa, DDS,\* Chiara Virgilio, DDS,\* Ernesto Rapisarda, DDS,\* Hyeon-Cheol Kim, DDS, MS, PhD,† and Luigi Generali, DDS‡

### ABSTRACT

**Introduction:** The aim of this study was to compare the influences from different access angles and curvature radii on cyclic fatigue resistance of nickel-titanium rotary files.  
**Methods:** Two file systems (2Shape [TS; MicroMega, Besançon, France] and HyFlex CM [HCM; Coltène/Whaledent, Allstatten, Switzerland]) were used. A total of 192 instruments of TS #25/.04 (TS1), TS #25/.06 (TS2), HCM #25/.04, and HCM #25/.06 were evaluated at 3 insertion angles (0°, 10°, and 20°) and 2 radii (5 mm and 3 mm) in 18-mm stainless steel artificial canals with a 60° curvature. Cyclic fatigue resistance was determined by the number of cycles to failure (NCF) using a customized testing device. Data were analyzed statistically with the significance level established at 95%. **Results:** In the 3-mm radius canal, the instruments showed lower cyclic fatigue resistance than in the 5-mm radius canal ( $P < .05$ ). HCM #25/.06 and all .04 taper instruments had a significant NCF reduction at 20° and 10° in the 3-mm radius canal ( $P < .05$ ), whereas TS2 showed no significant differences. In the 5-mm radius of curvature, although .06 taper instruments had no significant NCF reduction for each angle tested, .04 taper files exhibited significant NCF reduction when tested at 20° ( $P < .05$ ). Comparing the same size instruments, HCM had higher NCF than TS ( $P < .05$ ). Instruments with a .04 taper exhibited higher NCF than the .06 ones with the same heat treatment ( $P < .05$ ). **Conclusions:** An inclined insertion into the canals decreased cyclic fatigue resistance of thermal-treated instruments with a .04 taper at all radii of curvature tested. The synergistic effect of a small radius of curvature and access angulation of heat-treated instruments decreases their fatigue resistance. (*J Endod* 2020;46:431–436.)

### KEY WORDS

2Shape; angle of file access; canal curvature; canal radius; cyclic fatigue resistance; HyFlex CM

### SIGNIFICANCE

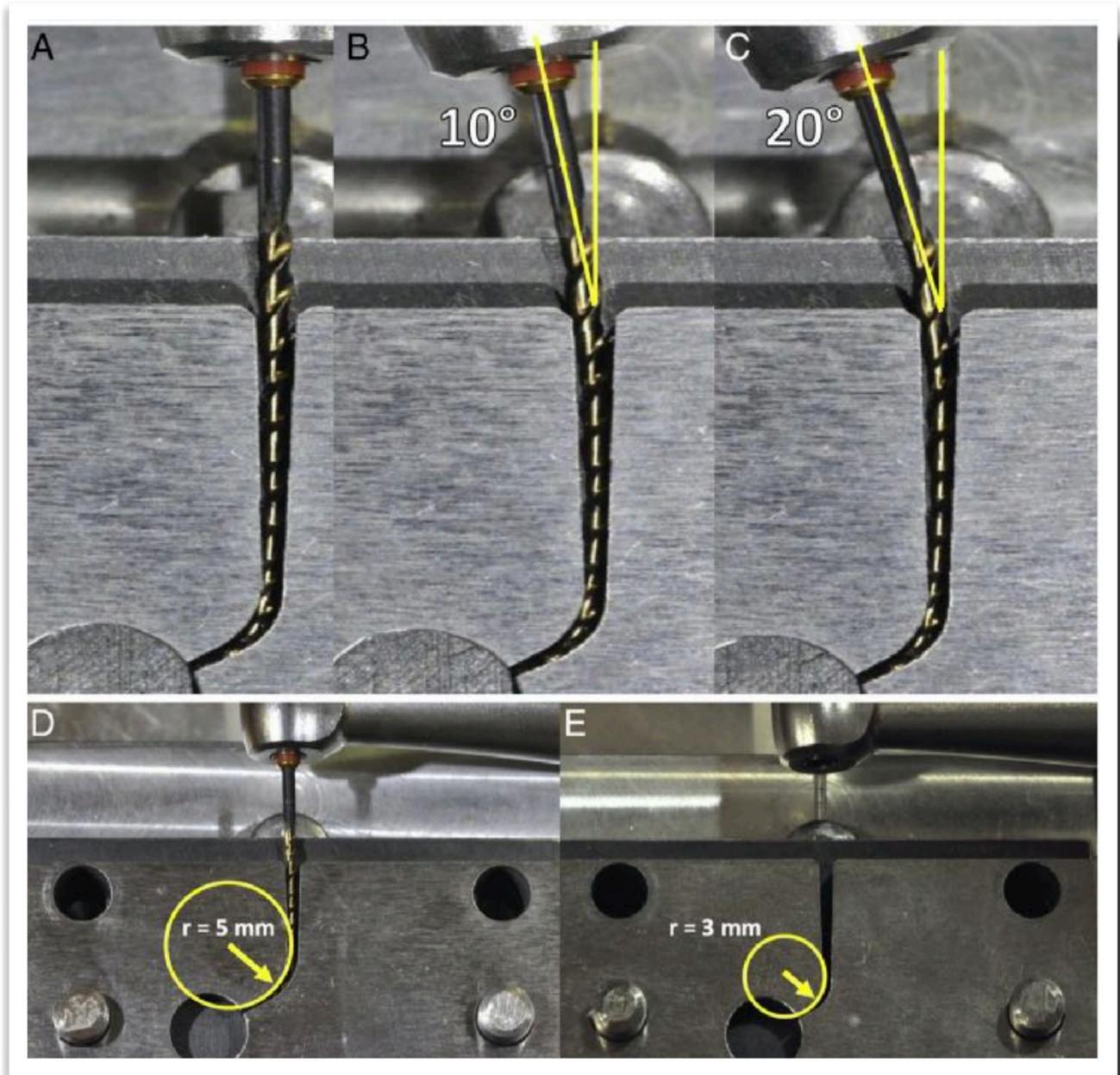
The angulated file access and/or severe curved canal curvature with a small radius could influence (reduce) cyclic fatigue resistance of heat-treated nickel-titanium instruments.

From the \*Department of General Surgery and Surgical-Medical Specialties, University of Catania, Catania, Italy; †Department of Conservative Dentistry, School of Dentistry, Dental and Life Science Institute, Dental Research Institute, Pusan National University, Yangsan, Korea; and ‡Department of Surgery, Medicine, Dentistry and Morphological Sciences with Transplant Surgery, Oncology and Regenerative Medicine Research (CHIMOMC), University of Modena and Reggio Emilia.

Nickel-titanium (NiTi) rotary instruments may exhibit a higher risk of intraoperative fracture within the root canal<sup>1</sup>. Fracture may occur due to torsional failure or cyclic fatigue<sup>2,3</sup>. Cyclic fatigue appears to be the more prevalent cause of crack propagation of canal<sup>4,5</sup>.

Several factors treatment, and metal instrument fracture is shaped curvatures<sup>6,7</sup> anatomic access con endodontics, the root NiTi instruments<sup>8</sup>.

Heat treatment characteristics of trad



**.05). Conclusions:** An inclined insertion into the canals decreased cyclic fatigue resistance of thermal-treated instruments with a .04 taper at all radii of curvature tested. The synergistic effect of a small radius of curvature and access angulation of heat-treated instruments decreases their fatigue resistance. (*J Endod* 2020;46:431–436.)



# GLIDEPATH



## Shaping ability of HyFlex EDM and ProTaper Gold files with or without using glide path files: An *in vitro* study

Maryam Gharechahi, Harir Ahmadi<sup>1</sup>, Maryam Forghanirad, Melika Hoseinzadeh<sup>2</sup>, Anahita Nouri<sup>3</sup>

Departments of Endodontics and <sup>3</sup>Prosthodontics, School of Dentistry, Mashhad University of Medical Science, <sup>2</sup>Dentist, Research Assistant, Dental Research Center, Mashhad Dental School, Mashhad University of Medical Sciences, <sup>1</sup>Dentist, Mashhad, Iran

### Abstract

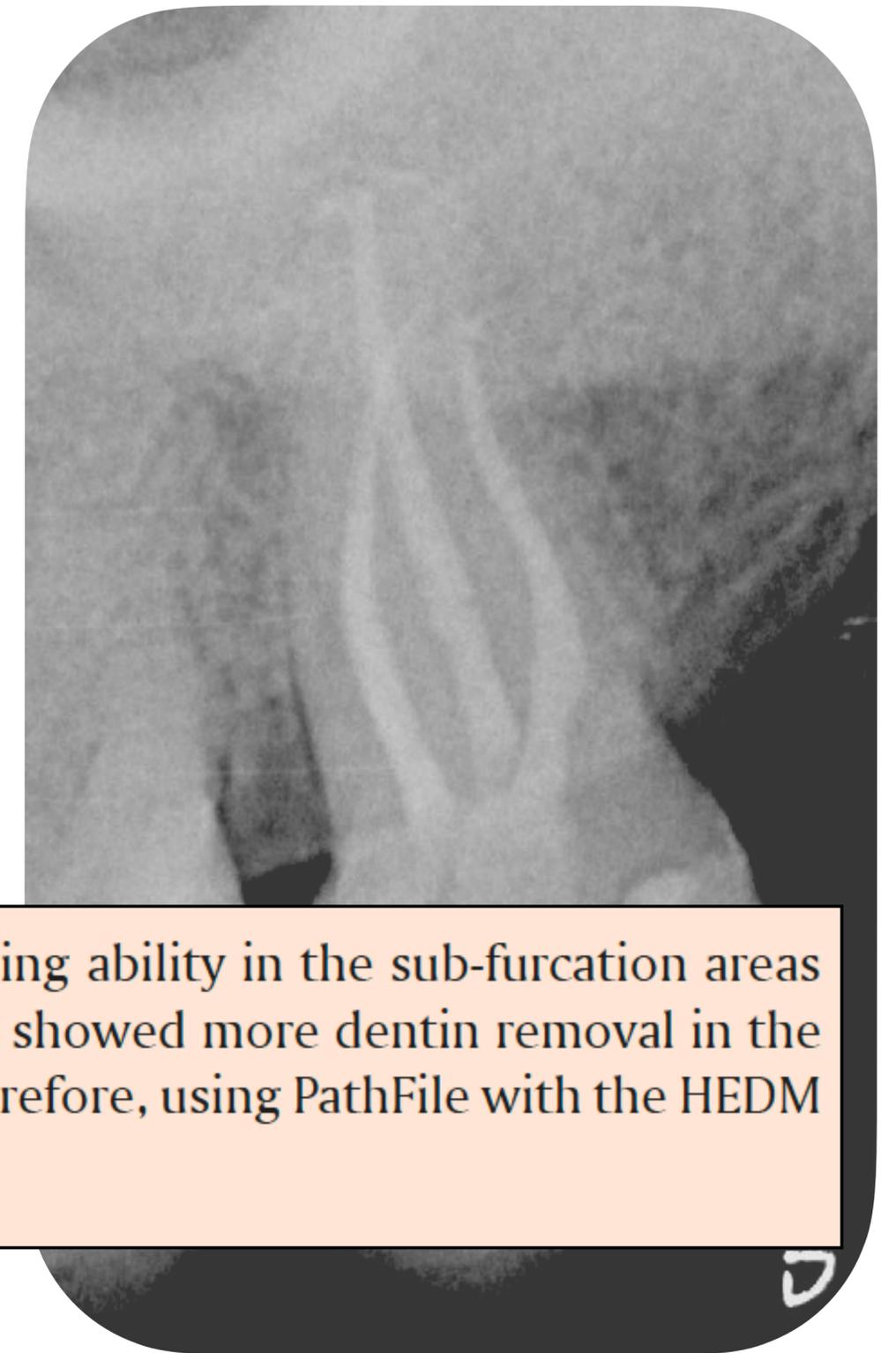
**Introduction:** The necessity of using a glide path before the canal preparation is inconclusive. Therefore, this study aimed to assess the shaping ability of two rotary systems in the maxillary first molars' first mesiobuccal canal (MB1), with or without employing the glide path files.

**Materials and Methods:** The MB1 canals of 100 extracted molars were randomly prepared using either HyFlex EDM (HEDM) or ProTaper Gold (PTG) systems ( $n = 50$  each). Half of the samples in each group were prepared using ProGlider (PG) or HyFlex EDM Glide (HEG). The cone-beam computed tomography scanning was conducted before and after the instrumentation. The canal transportation, centering ability,

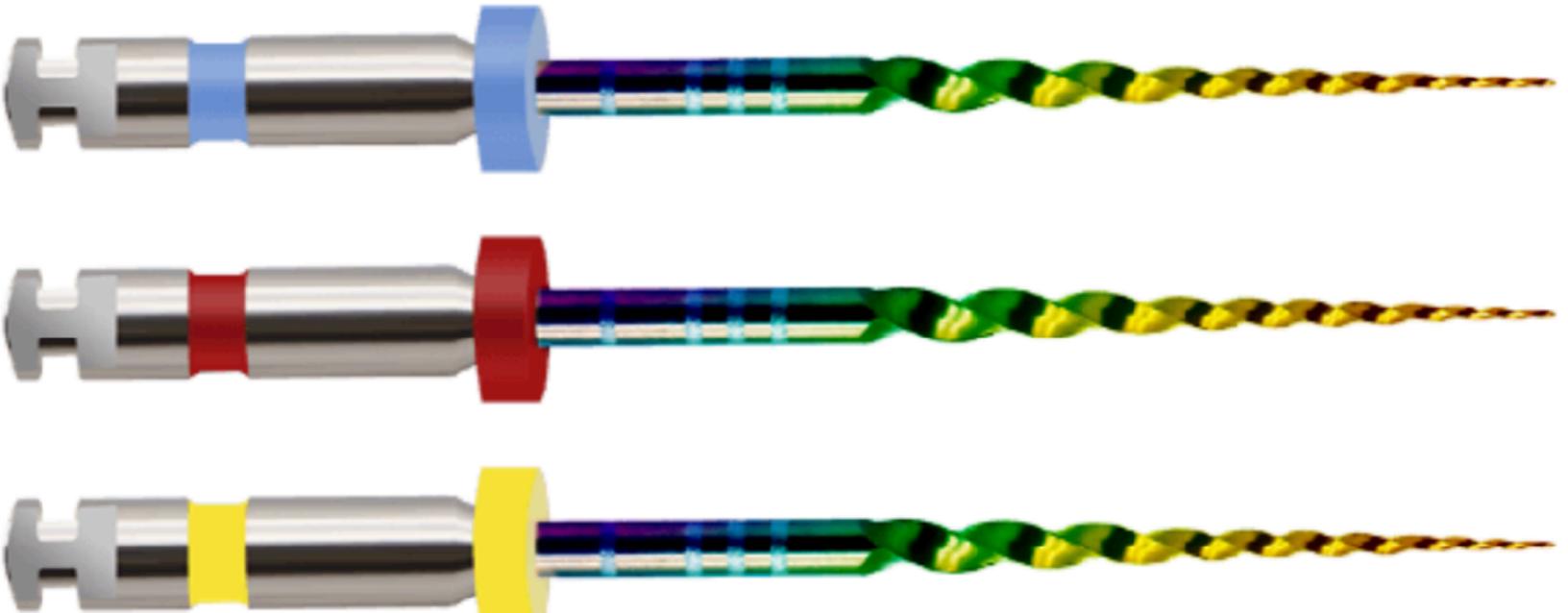
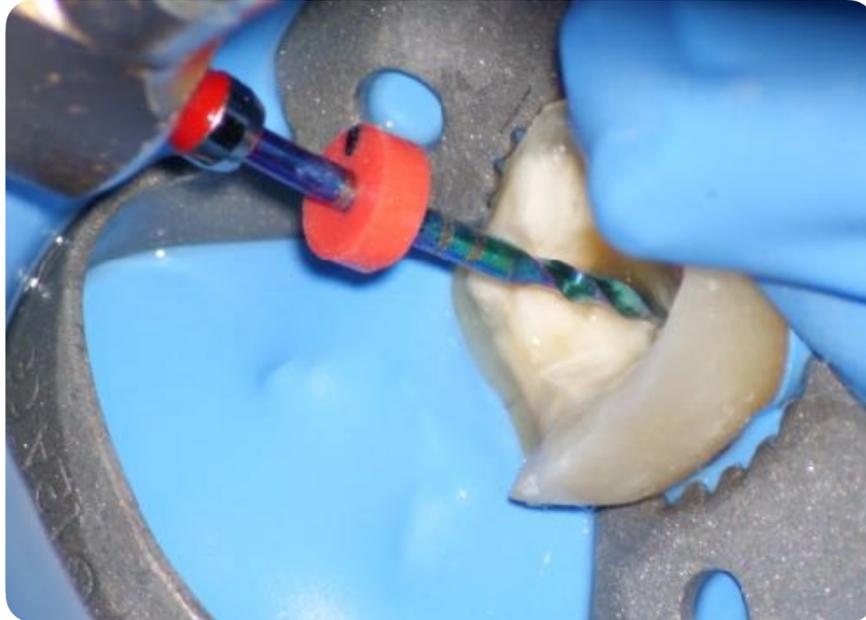
**Conclusions:** The HEDM system outperformed PTG regarding centering ability in the sub-furcation areas and canal transportation 2 mm below the furcation. However, HEDM showed more dentin removal in the middle region than PTG, which was resolved when HEG was used. Therefore, using PathFile with the HEDM system might be suggested.

and canal transportation 2 mm below the furcation. However, HEDM showed more dentin removal in the middle region than PTG, which was resolved when HEG was used. Therefore, using PathFile with the HEDM system might be suggested.

**Keywords:** Canal transportation, centering ability, glide path, NiTi file, root canal preparation

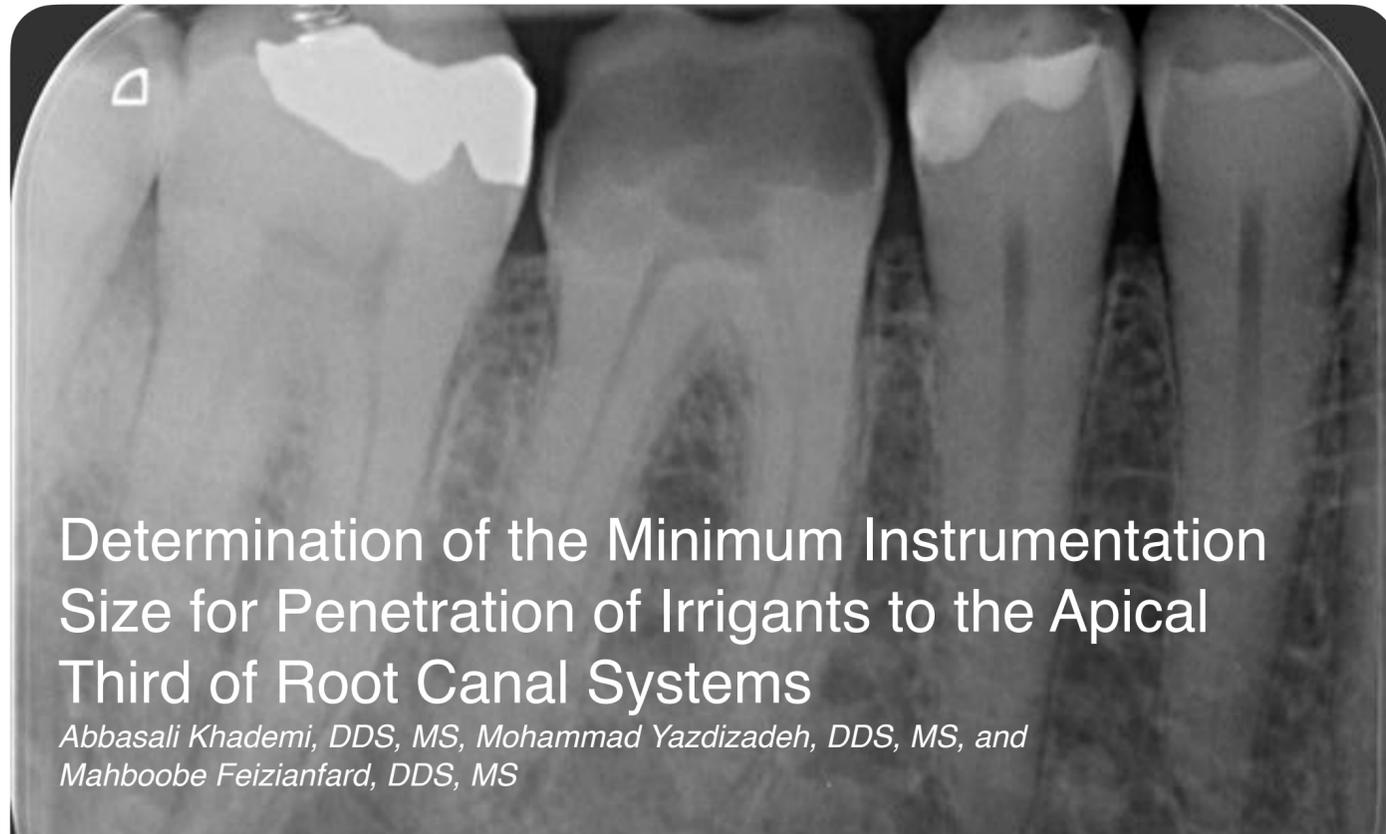


# SHAPING



# Preparation to size 30 offers minimum requirement for irrigation and obturation

## SHAPING



F 30.04

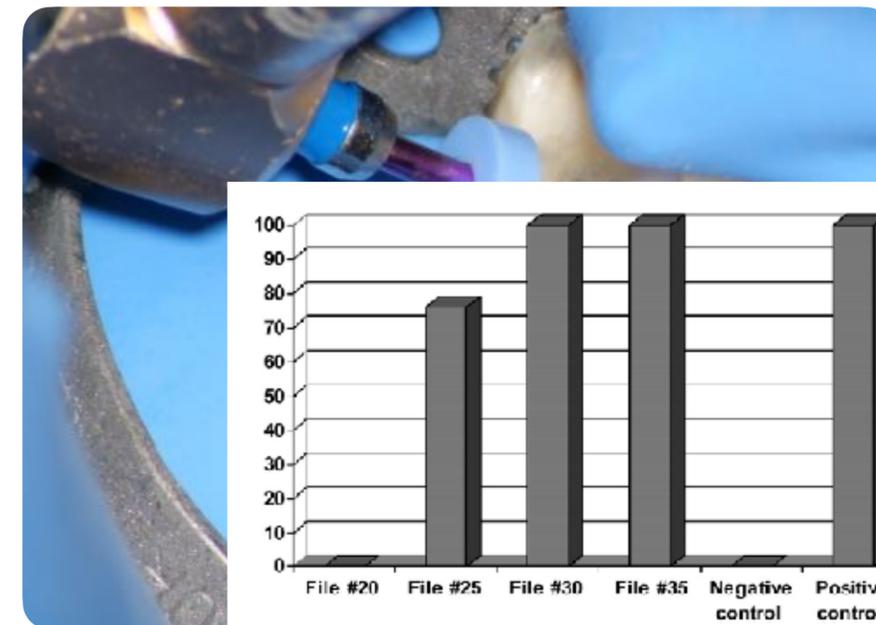
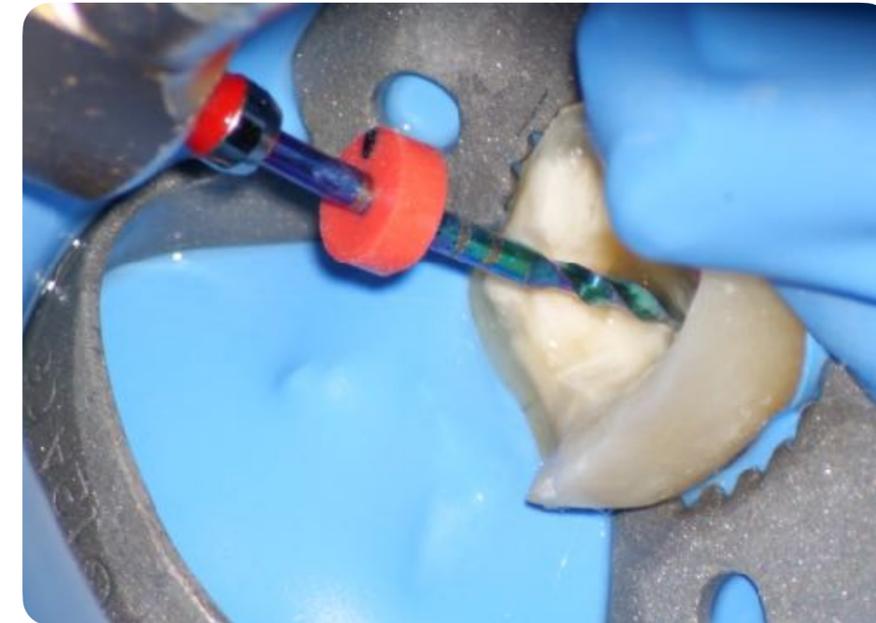
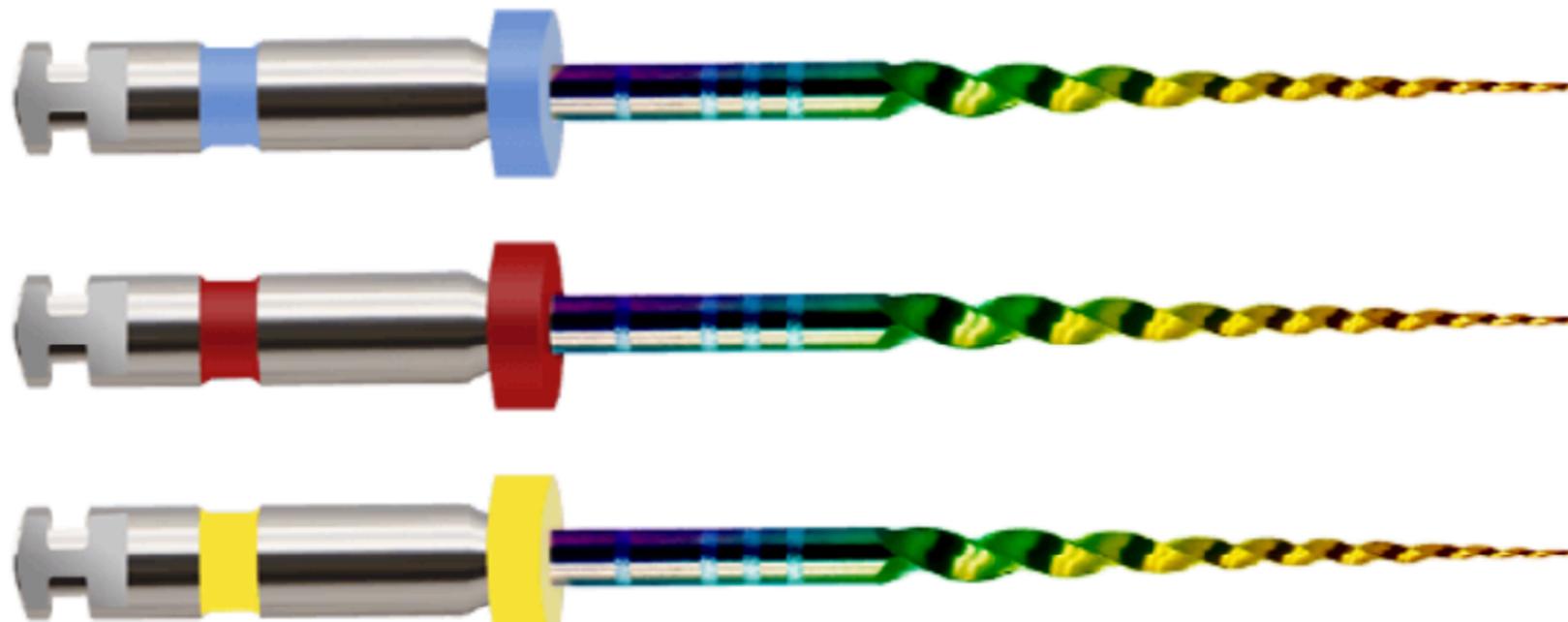
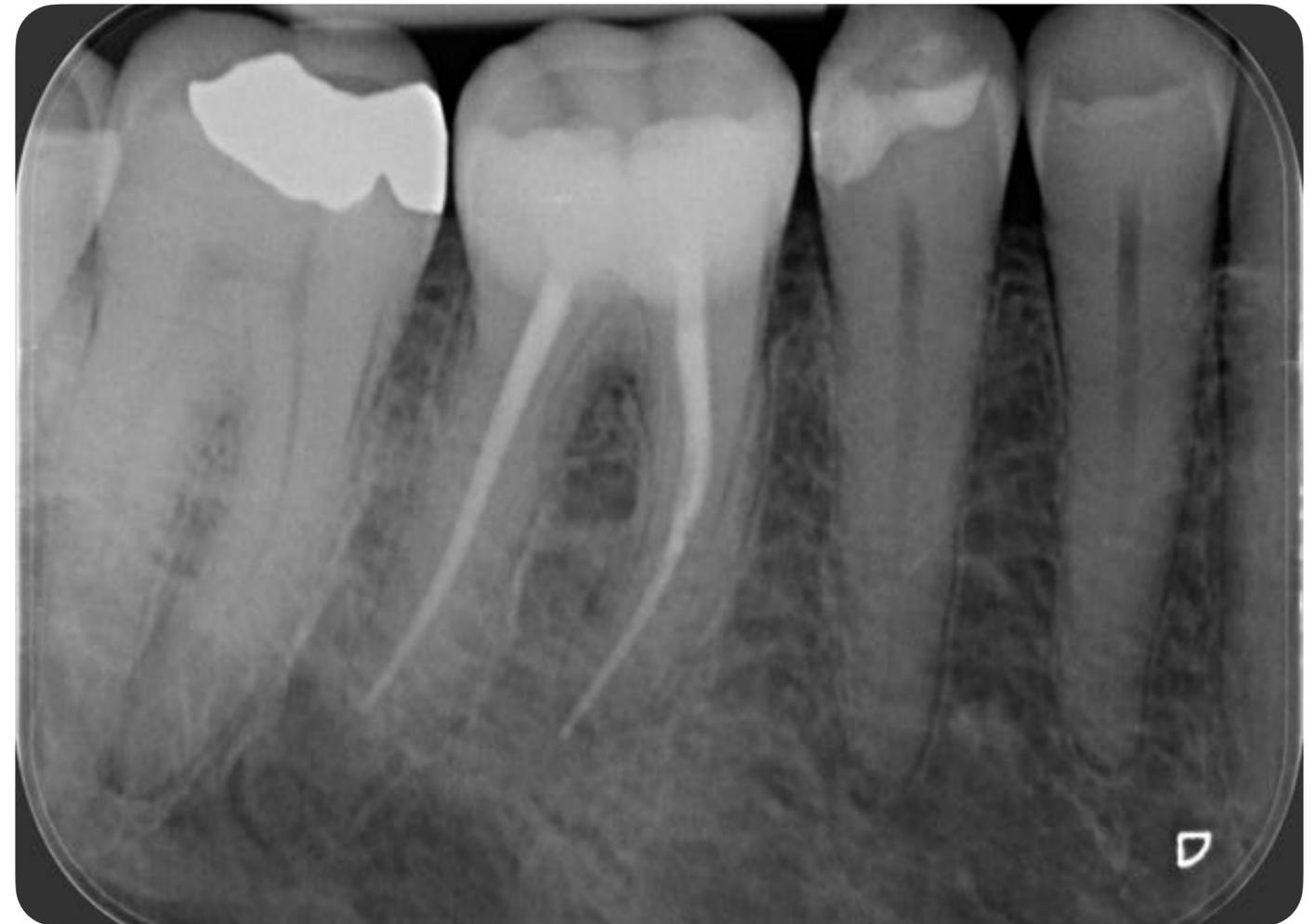


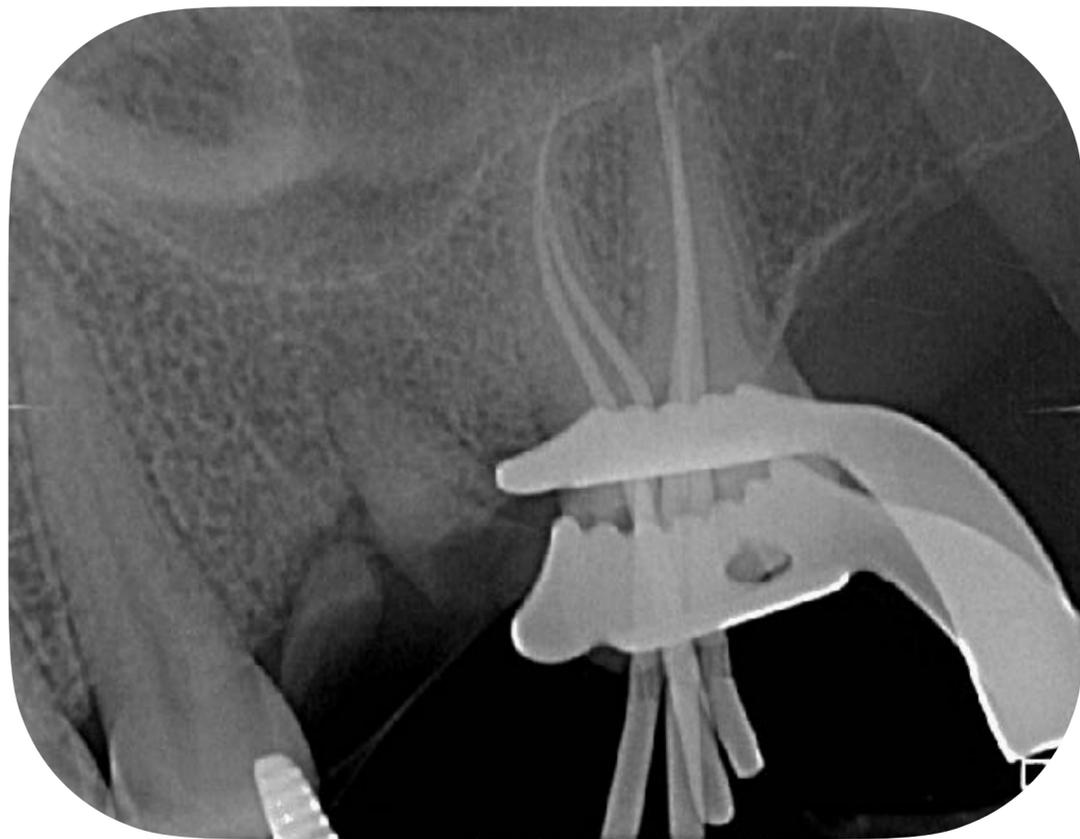
Figure 2. Smear layer removal from the apical third of the canal in six groups (percent).



**PRO FLEX NHA**  
NANO RIVESTITO ATTIVAZIONE TERMICA



**PRO FLEX NHA**  
NANO RIVESTITO ATTIVAZIONE TERMICA

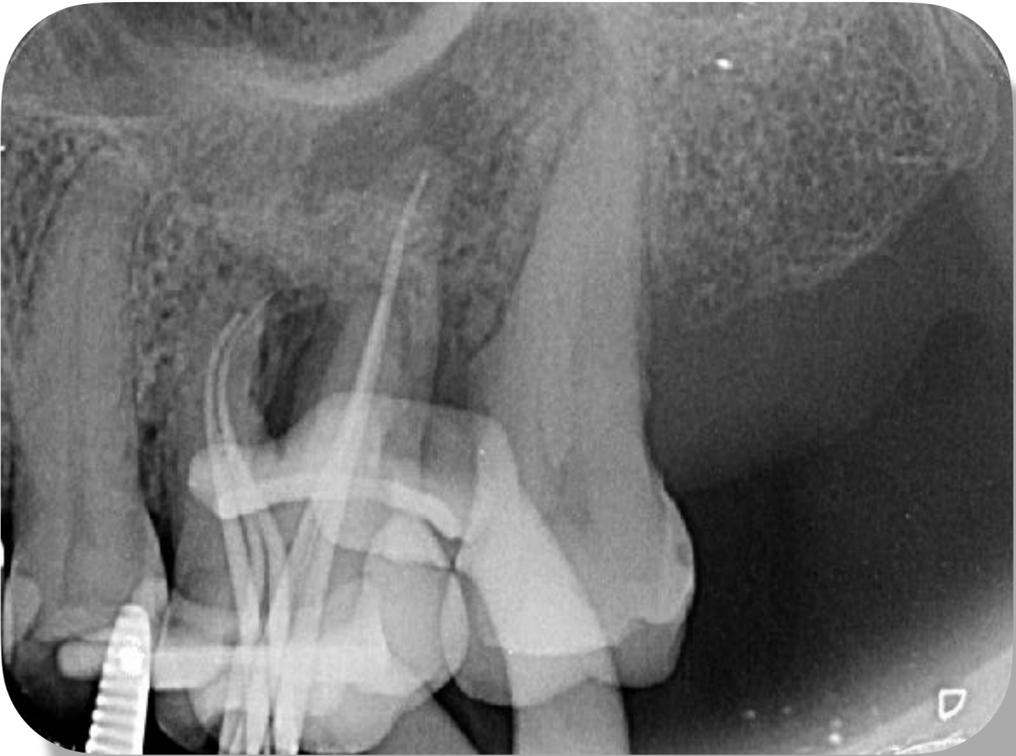




**PRO FLEX NHA**  
NANO RIVESTITO ATTIVAZIONE TERMICA



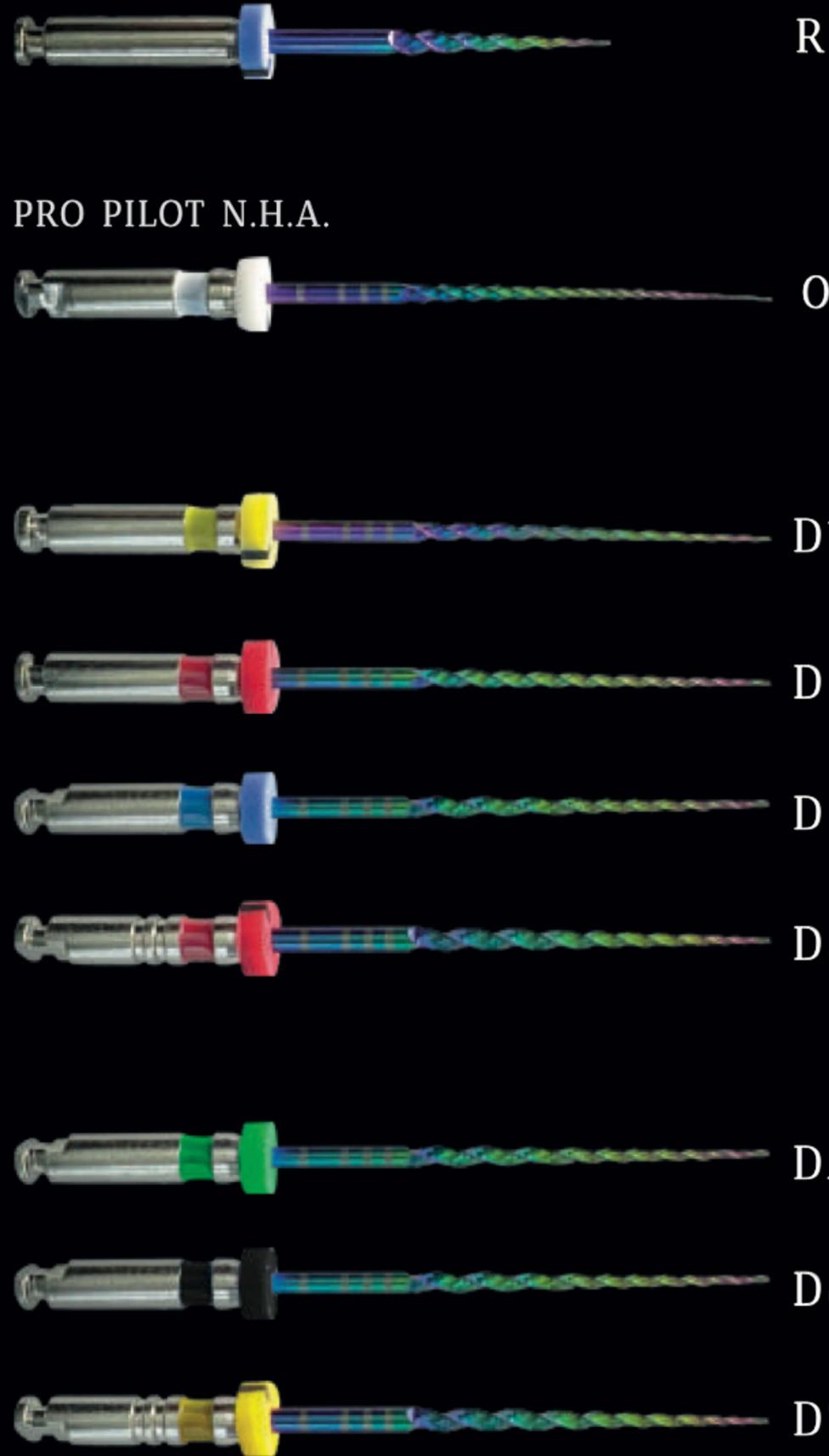
**PRO FLEX NHA**  
NANO RIVESTITO ATTIVAZIONE TERMICA



# ADVANTAGES HT ROTARY FILES

APERTURA  
SONDAGGIO  
SONDAGGIO + FINITURA  
SONDAGGIO  
FINITURA

OPENING  
PROBING  
PROBING + FINISHING  
PROBING  
FINISHING



- FLEXIBILITY ( CURVATURES)
- CONSERVATIVE APPROACH ( 0.4 SHAPING)
- MORE RESISTANT
- CUTTING EFFICENCY
- DEEP SHAPE ( 30.4...)

DENTAL WORLD

BIOCERAMIC SEALER

**IDRAULIC  
CONDENSATION  
-0,4 TAPER-**



High Biocompatibility

Non-toxic

Hydrophilic

Radiopacity

Adhesion to dentin

Dimensionally stable

Bioactive and Osteoinductive

Low inflammatory response

Hydroxyapatite formation

Antibacterial (basic pH)

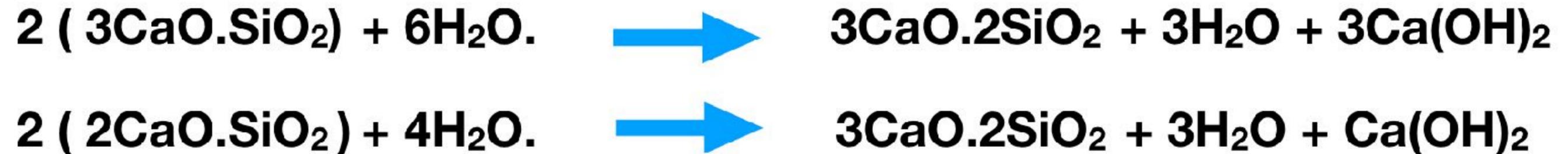
Easy to use and handle

## ADVANTAGES



# BIOCERAMIC SEALER: CHEMISTRY

## HYDRATATION



## PRECIPITATION REACTION



# SO MANY COMPOSITION!

Material	Abbreviation	Manufacturer	Ti
Mineral Trioxide Aggregate	MTA	Angelus Dental Solutions, Londrina, PR, Brazil	
Nano-hydroxiapatite	Nano-HA	Sigma-Aldrich, UK	
Biodentine (tricalcium silicate)	BD	Septodont, Saint Maurdes-Fosses, France	
Nex-Cem MTA	Nex MTA	GC, Tokyo, Japan	
Hydroxiapatite-Tricalcium Phosphate	HA-TCP	OSSTEM Implant Co., Ltd., New Zealand Zimmer, Warsaw, IN, USA N/S	1 1 1
ProRoot Mineral Trioxide Aggregate	PR-MTA	Dentsply Tulsa Dental Specialties, Tulsa, OK, USA	
Quick-Set2	-	Primus C	
TheraCal LC	TheraCal	Bisco Inc	
iRoot BP Plus	-	Innovativ Canada	
Calcium-enriched mixture	CEM	Bionique	
Hydroxyapatite	HA	N/S	
iRoot Fast Set root repair material	FS	Innovativ Canada	
MTA Plus	MTAP	Avalon B USA	
MTA Fillapex	MTAF	Angelus	
FillCanal	FC	Technew,	
iRoot BP	iRoot BP	Innovativ Canada	

Material	Manufacturer	Composition	Radiopacifier
ProRoot MTA	Dentsply Sirona (New York, USA)	Bismuth oxide, tricalcium silicate, dicalcium silicate, tricalcium aluminate and calcium sulfate	Bismuth oxide
MTA Angelus	Angelus (Londrina, Brazil)	Tricalcium silicate, dicalcium silicate, tricalcium aluminate, calcium oxide, bismuth oxide	Bismuth oxide
MTA Repair HP	Angelus (Londrina, Brazil)	Tricalcium silicate, dicalcium silicate, tricalcium aluminate, calcium oxide, calcium tungstate liquid, water and plasticizer	Calcium tungstate
Generex A	Dentsply Tulsa (Tulsa, USA)	Bismuth oxide, tricalcium silicate, dicalcium silicate, and tricalcium aluminate with a mixing gel containing sodium lauryl sulfate and other undisclosed ingredients	Bismuth oxide
Coramicrete-D	Tulsa Dental Specialties, (Argonne, USA)	Phosphosilicate ceramic, hydroxyapatite, cerium oxide, deionized water	Colloidal silica
Biodentine	Septodont (Saint-Maur-des-Fosses, France)	Tricalcium silicate, dicalcium silicate, calcium carbonate, calcium oxide, iron oxide and zirconium oxide	Zirconium oxide
EndoSequence Root Repair Material	Brasseler, (Savannah, USA)	Calcium silicate, monobasic calcium phosphate, zirconium oxide, tantalum oxide, filler agent	Zirconium oxide
EndoSequence BC Root Repair Material Fast Set Putty	Brasseler, (Savannah, USA)	Zirconium oxide, calcium silicate, monobasic calcium phosphate, calcium hydroxide and thickening agents	Zirconium oxide
RetroMTA	BioMTA (Seoul, Korea)	Calcium carbonate, silicon dioxide, aluminium oxide, calcium zirconia complex	Calcium hydroxide
TotalFill BC Root Repair Material (RRM)	FIG (Brasseler, Savannah, USA)	Calcium silicates, calcium phosphate monobasic, zirconium oxide, tantalum oxide and thickening agents	Zirconium oxide
NeoMTA Plus	Avalon Biomed (Inc. Bridenton, USA)	Tricalcium silicate, dicalcium silicate, and tantalum oxide liquid, water and proprietary polymers	Tantalum pentoxide

TABLE 1. Summary data for calcium silicate and calcium aluminate cements included in this review of bioactive dental materials

Generic Description	Commercial Trade Name	Manufacturer	Product Format	Indications for Use
Calcium silicate—PC-like Cements for	Grey ProRoot Mineral Trioxide Aggregate (PRMTA)	Dentsply/Tulsa, Dentsply International York, PA, USA	Powder/Liquid	Full caps, pulpotomy, root ending filing, repair of root resorption, repair of root perforations, apicalization
Calcium silicate—FC-like ranch-free or reduced	White ProRoot Mineral Trioxide Aggregate (WMTA)	Dentsply/Tulsa, Dentsply International	Powder/Liquid	Full caps, pulpotomy, root ending filing, repair of root resorption, repair of root perforations, apicalization
Calcium silicate—PC-like	MTA—Angelus	Angelus Indústria de Produtos Odontológicos S/A, Rua Wladimir Landgraf, 111, Londrina—PR—86201-216, Brazil	Powder/Liquid	Full caps, pulpotomy, root ending filing, repair of root resorption, repair of root perforations, apicalization
Calcium silicate (zirconium absent)	Bioceragrade	Innovative BioCeramik Inc, 3650 Wadsworth Mall, Vancouver, BC V6S 2L2, Canada	Powder/Liquid	Repair of root perforations, repair of root resorption, root end filling, apicalization, pulp capping
Calcium silicate (zirconium absent)	EndoSequence Root Repair Material	Brasseler USA, One Brasseler Boulevard, Savannah, GA 31419 USA	Single component—paste or putty	Repair of root perforations, repair of root resorption, root end filling, apicalization, pulp capping
Calcium silicate (zirconium absent)	iRoot BP	Innovative BioCeramik Inc	Single component—paste or putty	Procedural root resin material
Calcium silicate (zirconium absent)	iRoot SP	Innovative BioCeramik Inc	Single component—paste or putty	Root canal sealer
Tricalcium silicate	Biodentine	Septodont 1, 205 Grande Rue D'Alsace, St-Julien, Luxembourg	Powder/Liq, capsules/distribution	Full caps, pulpotomy, root ending filing, repair of root resorption, repair of root perforations, apicalization, liner/base, temporary restorative
			Powder/Liq, capsules/distribution	Permanent posterior restorative
			Powder/Liq, capsules/distribution	Permanent luting cement

Material	Brand	Abbreviation	Composition	Manufacturer
Bioceramic Sealer	iRoot SP Injectable Root Canal Sealer	iRoot SP	Tricalcium silicate, dicalcium silicate, calcium hydroxide, zirconium oxide, phosphate monobasic, filler and thickening agents	Innovative Bioceramik Inc. (IBC) Vancouver, British Columbia, Canada ----- Brasseler USA Dental LLC, Savannah, GA
	----- EndoSequence BC Sealer	EndoSequence Sealer		
	----- TotalFill BC Sealer	TotalFill Sealer		
Bioceramic Root Repair Material Paste	iRoot BP Injectable Root Repair Filling Material	iRoot BP	Tricalcium silicate, dicalcium silicate, zirconium oxide, tantalum pentoxide, calcium phosphate monobasic and filler agents	Innovative Bioceramik Inc. (IBC) Vancouver, British Columbia, Canada ----- Brasseler USA Dental LLC, Savannah, GA
	----- EndoSequence Root Repair Material (RRM) Paste	EndoSequence Paste		
	----- TotalFill BC RRM Paste	TotalFill Paste		
Bioceramic Root Repair Material Putty	iRoot BP Plus Injectable Root Repair Filling Material	iRoot BP Plus	Tricalcium silicate, dicalcium silicate, zirconium oxide, tantalum pentoxide, calcium phosphate monobasic and filler agents	Innovative Bioceramik Inc. (IBC) Vancouver, British Columbia, Canada ----- Brasseler USA Dental LLC, Savannah, GA
	----- EndoSequence Root Repair Material (RRM) Putty	EndoSequence Putty		
	----- TotalFill BC RRM Putty	TotalFill Putty		

Table 1

# Idraulic Condensation



Bioceramic Sealer

# Remake Root HT

Pre-mixed bioceramic sealant.

FLOW hydraulic cement based on calcium aluminosilicate.

- Generation of calcium hydroxide
- Three-dimensional adherent sealing
- Generation of hydroxyapatite
- Chemical bonding to gutta-percha and dentin
- Setting time: work (25 min.)
- Setting time: total (2.5 hours)
- No contraction
- Wet field activation
- Resistance 100 MPa

- Calcium aluminosilicate with high degree of purity
- Resin-free
- Eugenol-free
- Ready to use
- Pre-mixed injectable one-component paste
- Compatible with Thermafil

**AIE**  
 ACCADEMIA ITALIANA DI ENDODONZIA  
 COLLANA DI MONOGRAFIE

**OTTURAZIONE DEL  
 SISTEMA CANALARE**

MAURO VENTURI, FEDERICA FONZAR  
 GIANLUCA FUMEI, CARLO PIANA  
 Coordinamento scientifico  
 MAURO VENTURI



**PICCIN**



# HYDRAULIC CONDENSATION

**BIOCERAMIC**



**GUTTA CONE**

# IDRAULIC CONDENSATION

**BIOCERAMIC**

**FILLER**

**GUTTA  
CONE**

**CARRIER**

QUESTA TECNICA DI CHIUSURA NON RICHIEDE CONICITA' IMPORTANTI COME LA CONDENSAZIONE VERTICALE A CALDO

# ADVANTAGES BIO CERAMIC SEALER

- EASY TO LEARN AND USE
- CONSERVATIVE APPROACH (SHAPING AND FILLING)
- “EASY” RETREATMENT
- BIOCOMPATIBILITY
- LESS POST OP PAIN
- FASTER HEALING TIME



# BIO CERAMIC PUTTY

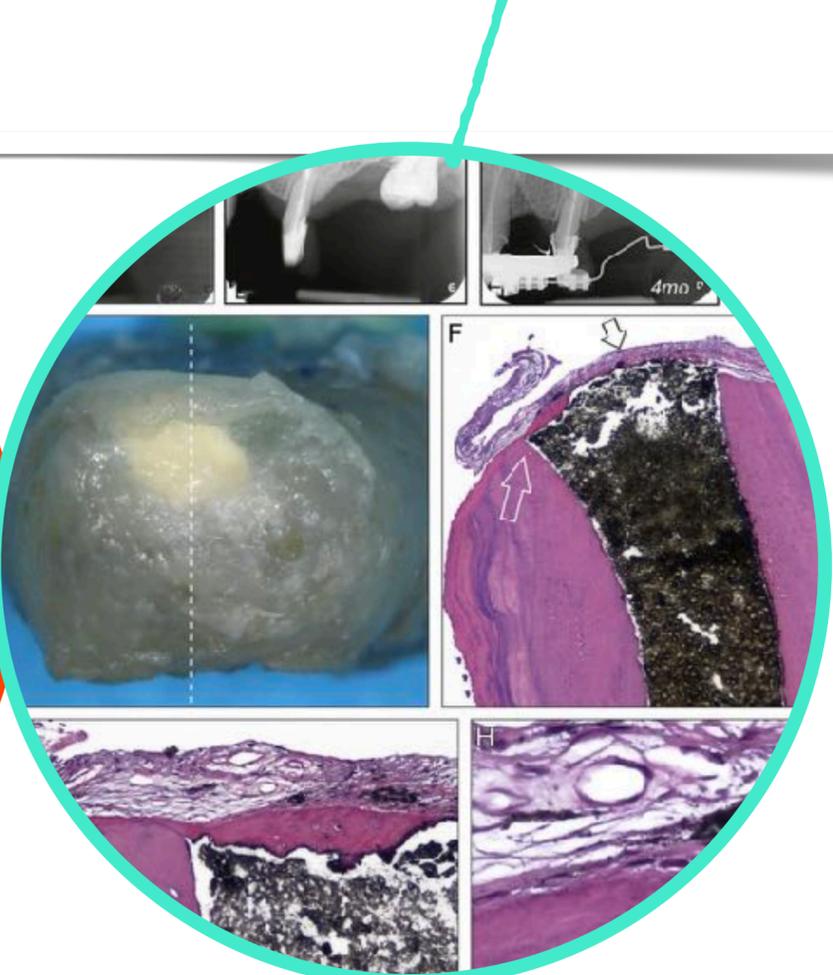
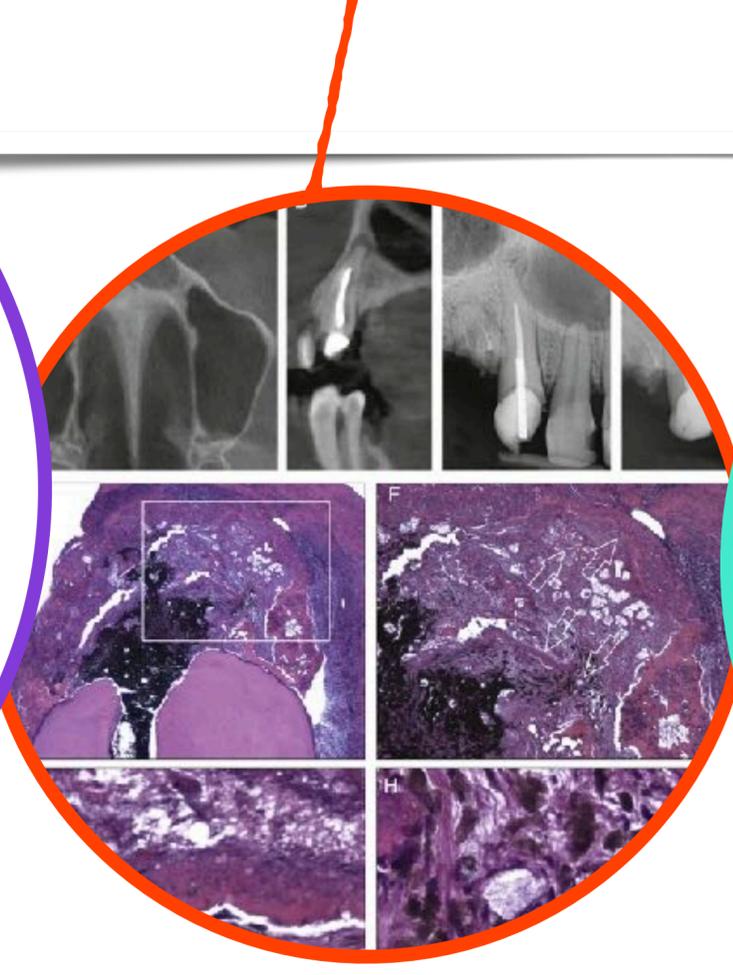
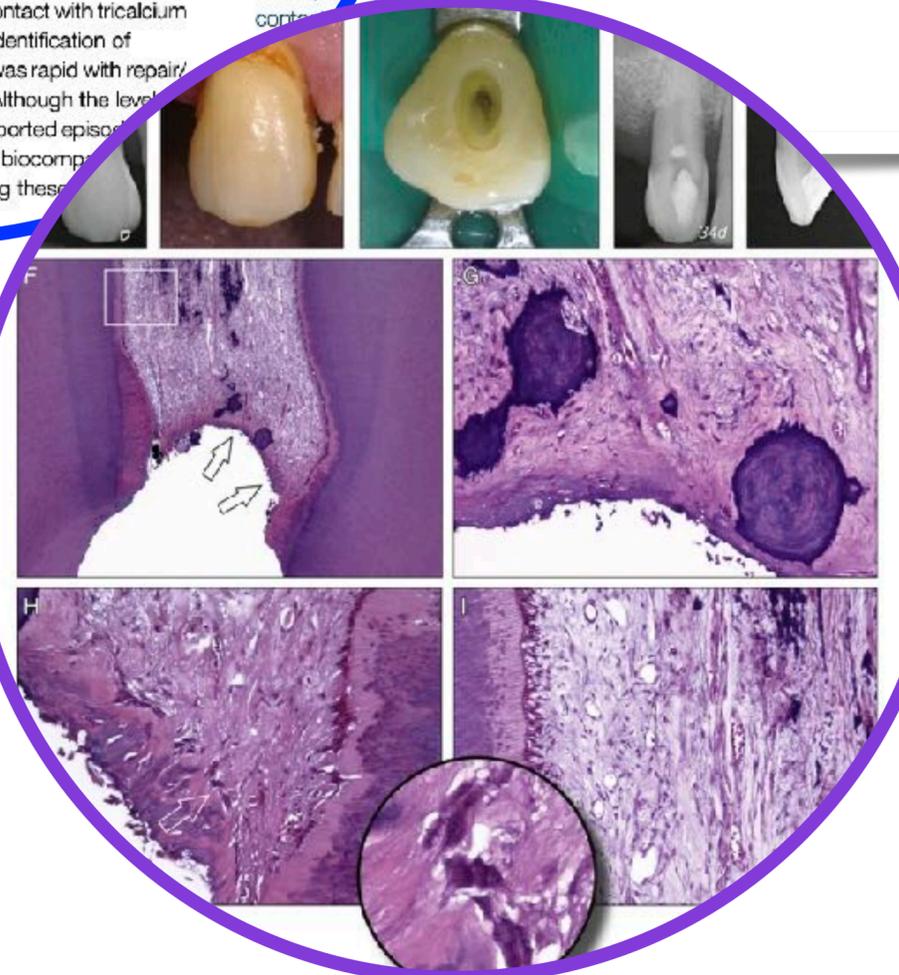
Use of Human  
 Apical Tissues to  
 Silicate-based  
 Cases: A Series of  
 Successfully Treated Cases

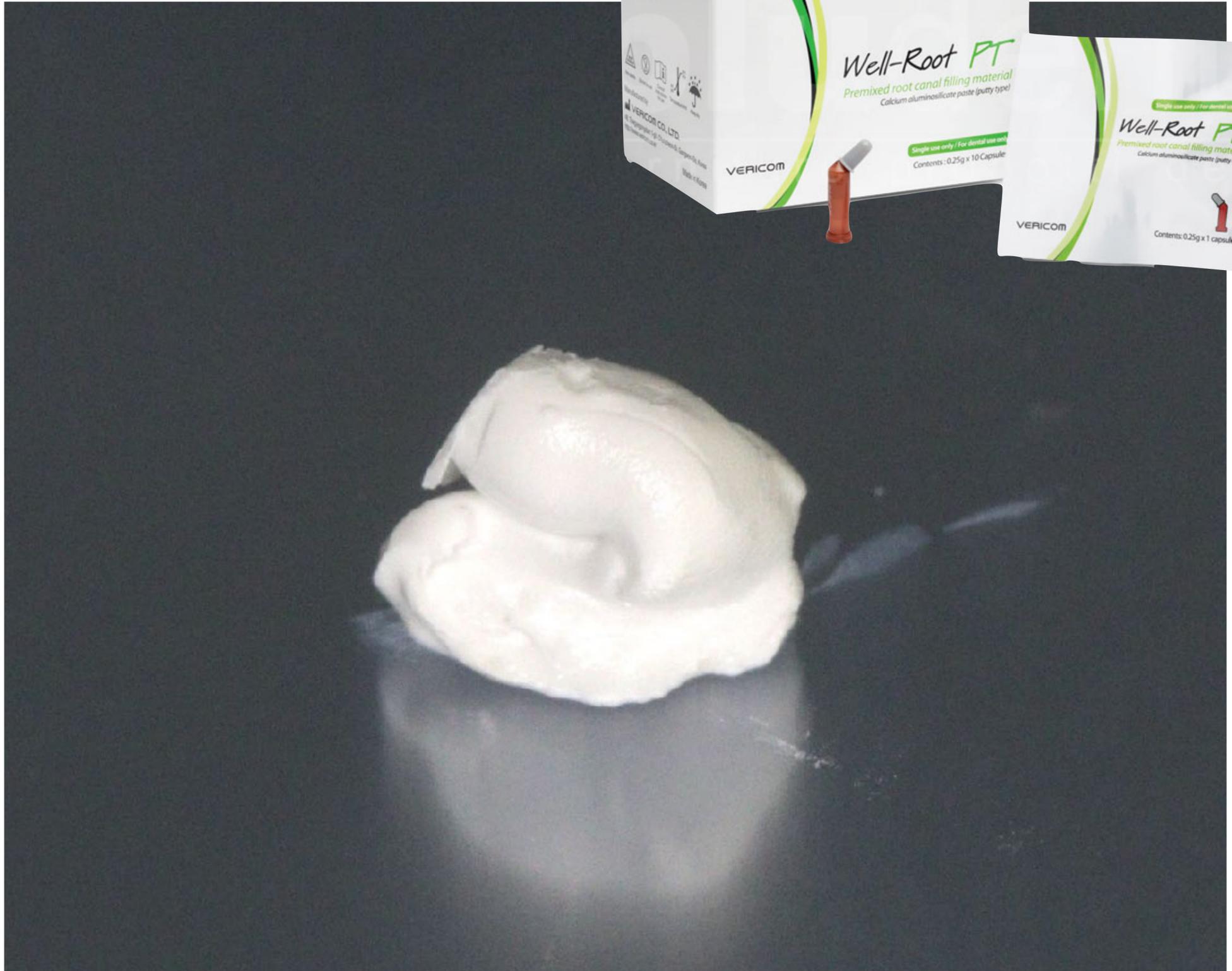
ical responses of human teeth that are treated successfully with tricalcium  
 d materials are extremely difficult to obtain because of the typical unavailability of  
 r histologic examination. The present case series reports histologic and  
 ogic findings of 3 human teeth that had undergone pulpotomy, orthograde  
 nd apicoectomy/root-end filling using tricalcium silicate-based endodontic  
 eeth were extracted after 34 days, 7 weeks, and 20 months, respectively,  
 al circumstances. The extracted teeth were processed, paraffin embedded,  
 d with hematoxylin-eosin or the modified Brown and Brenn technique, and  
 icroscopy. The recurrent observation for the 3 cases presented was the  
 ory or foreign body reactions of the host tissues in contact with tricalcium  
 after different observation periods despite the identification of  
 close to the site of operation. Wound healing was rapid with repair/  
 with cementum and new bone trabeculae. Although the level  
 because of the anecdotal nature of the reported episod  
 ent case series illustrate the highly biocomp  
 ased materials used in treating these

**SIGNIFICAN**

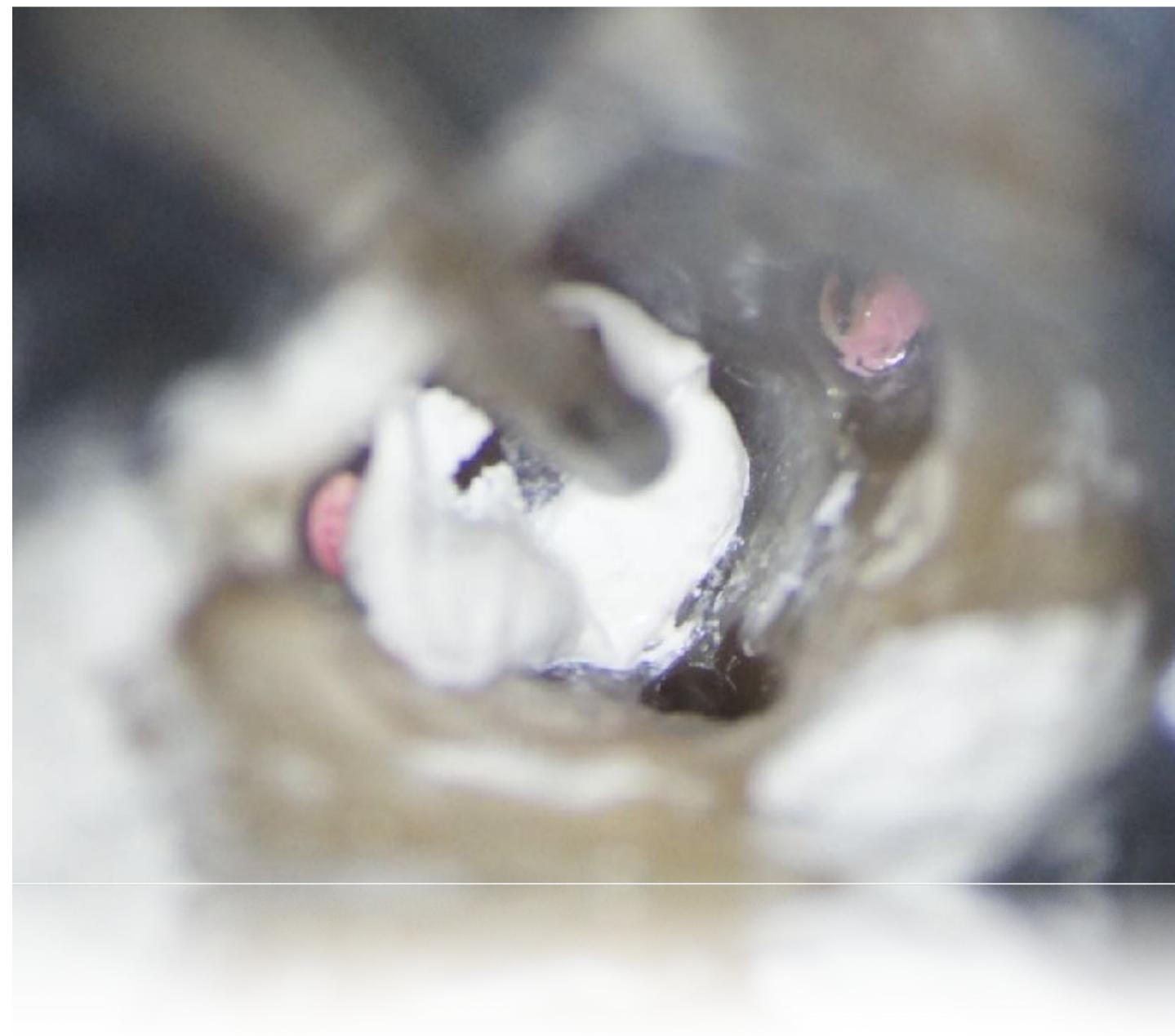
Confirmation of  
 biocompatibility  
 of the tricalcium  
 materials used  
 cases reported  
 enables clinic  
 materials w  
 when plac  
 cont

Confirmation of the **biocompatibility** and **bioactivity** of the  
 tricalcium silicate-based materials used in treating the  
 cases reported in this series enables clinicians to use  
 these materials with confidence when placing them in  
 direct contact with pulpal and periapical tissues.

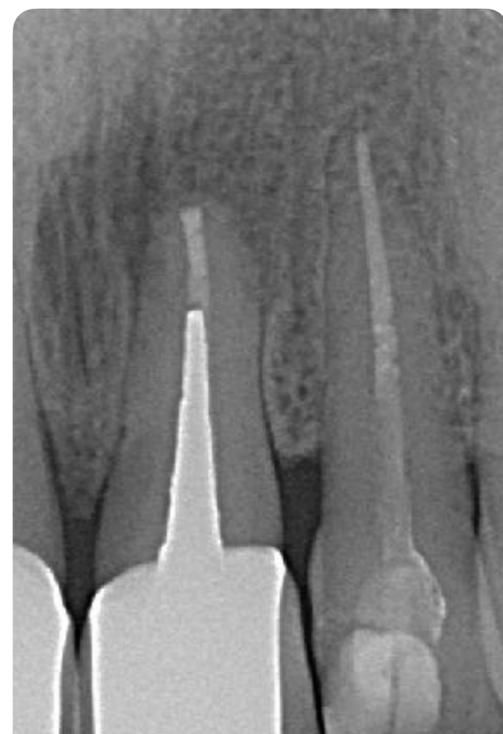
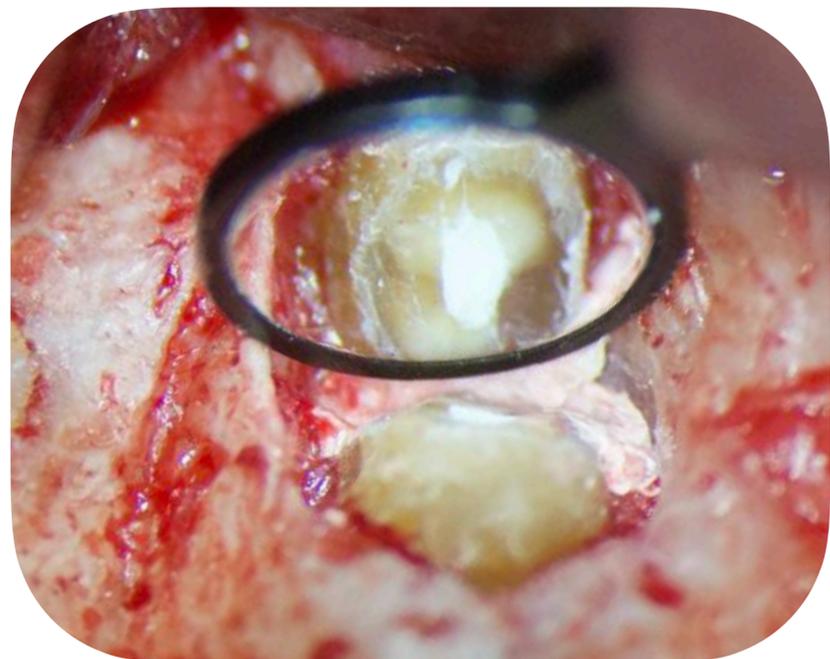
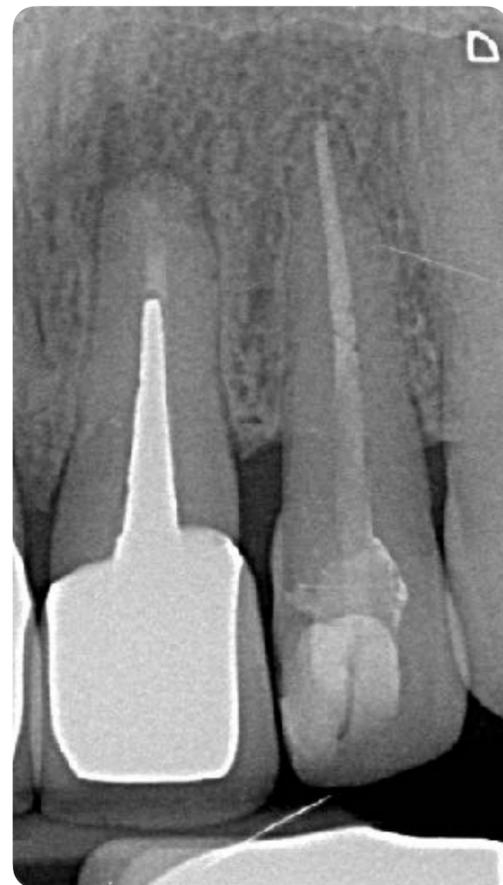




# Perforation



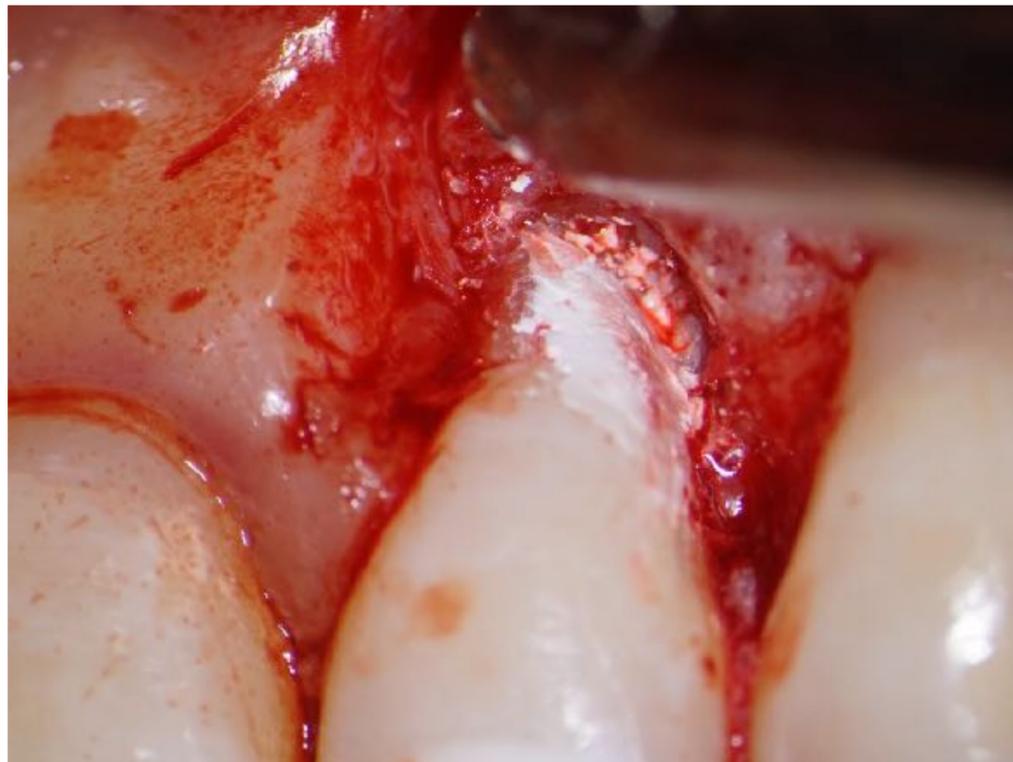
# SYRGERY





GENNAIO 2021

RRM



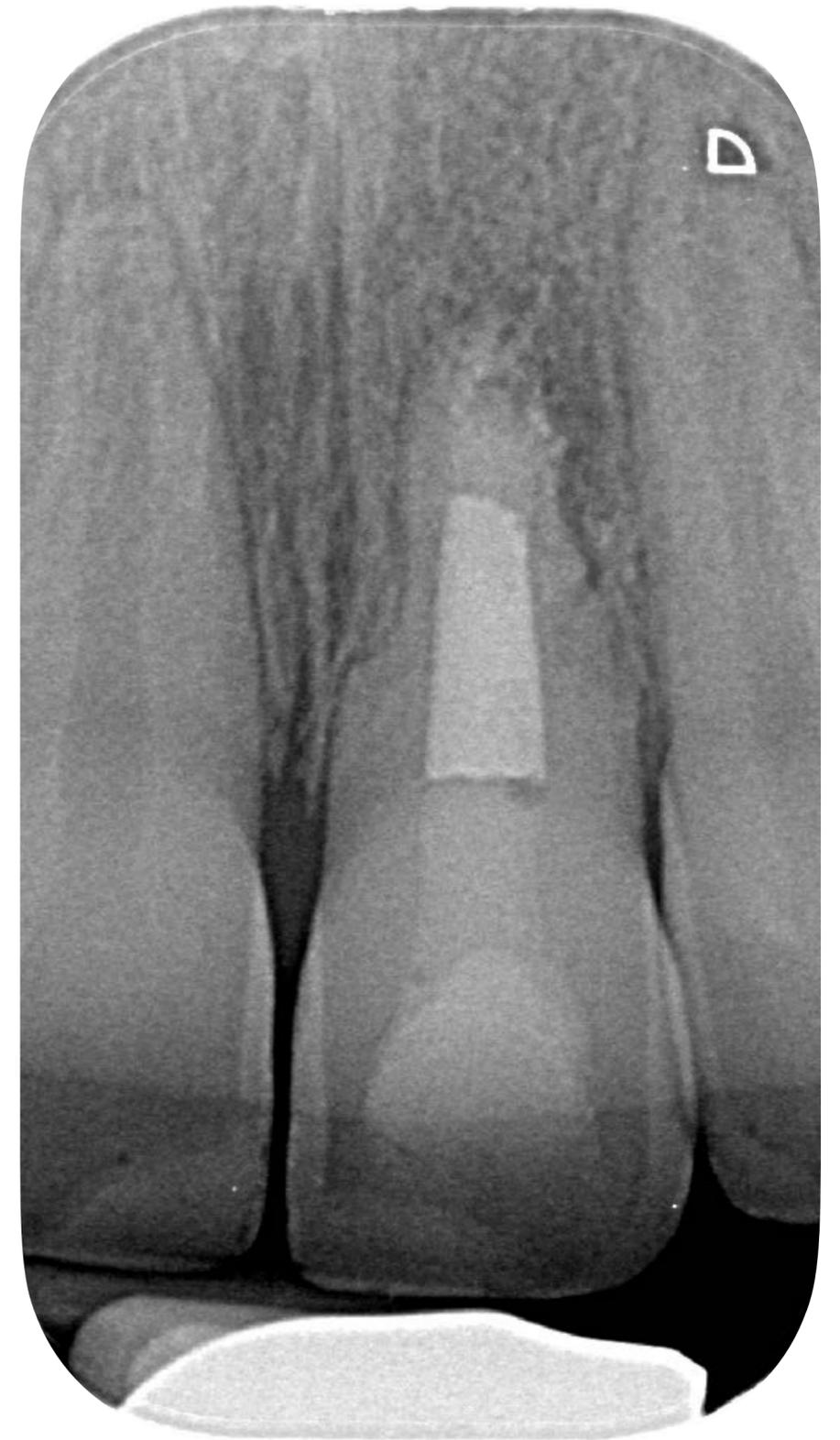


GenMaio 2021



Febbraio 2023

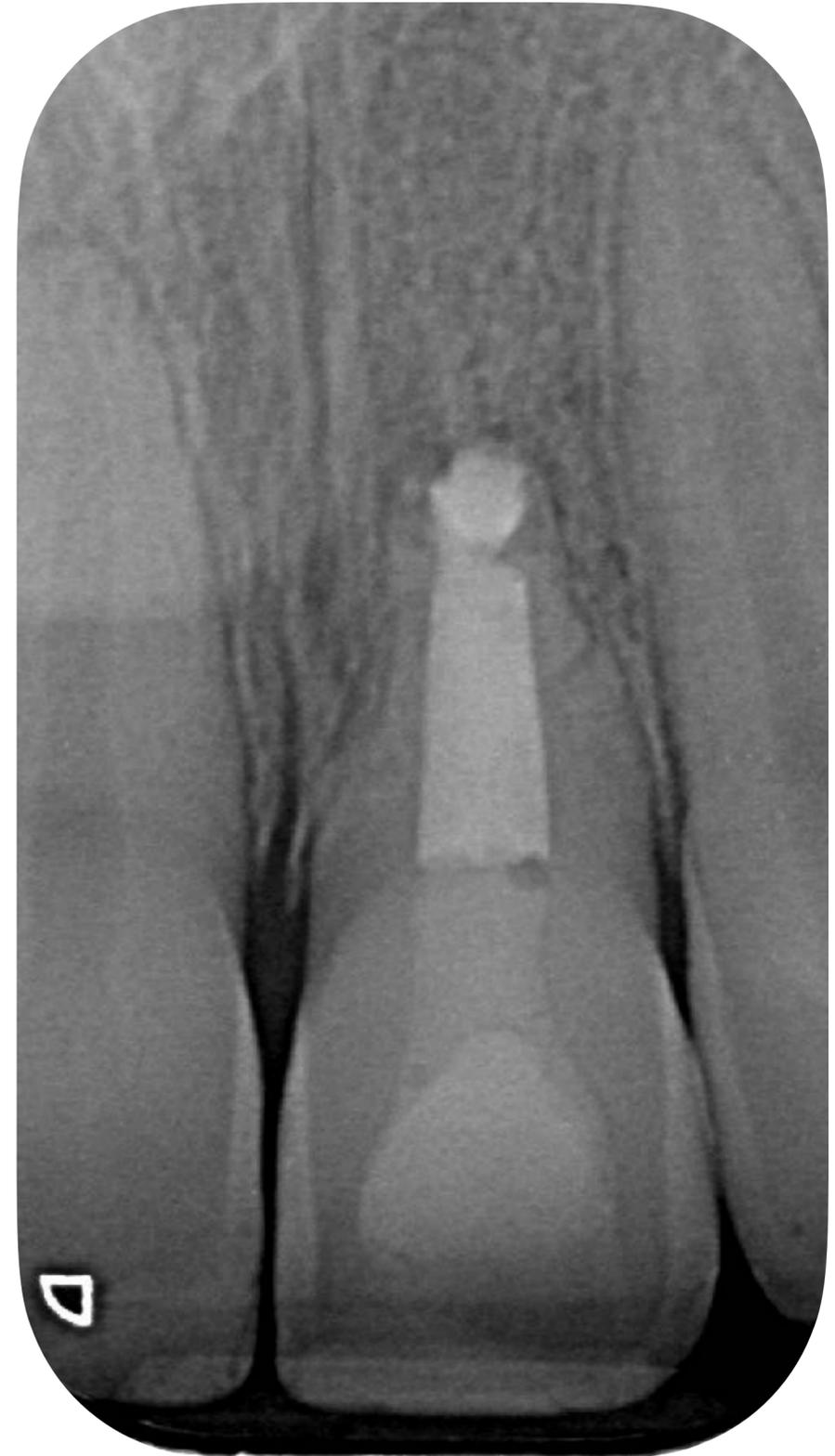
2019



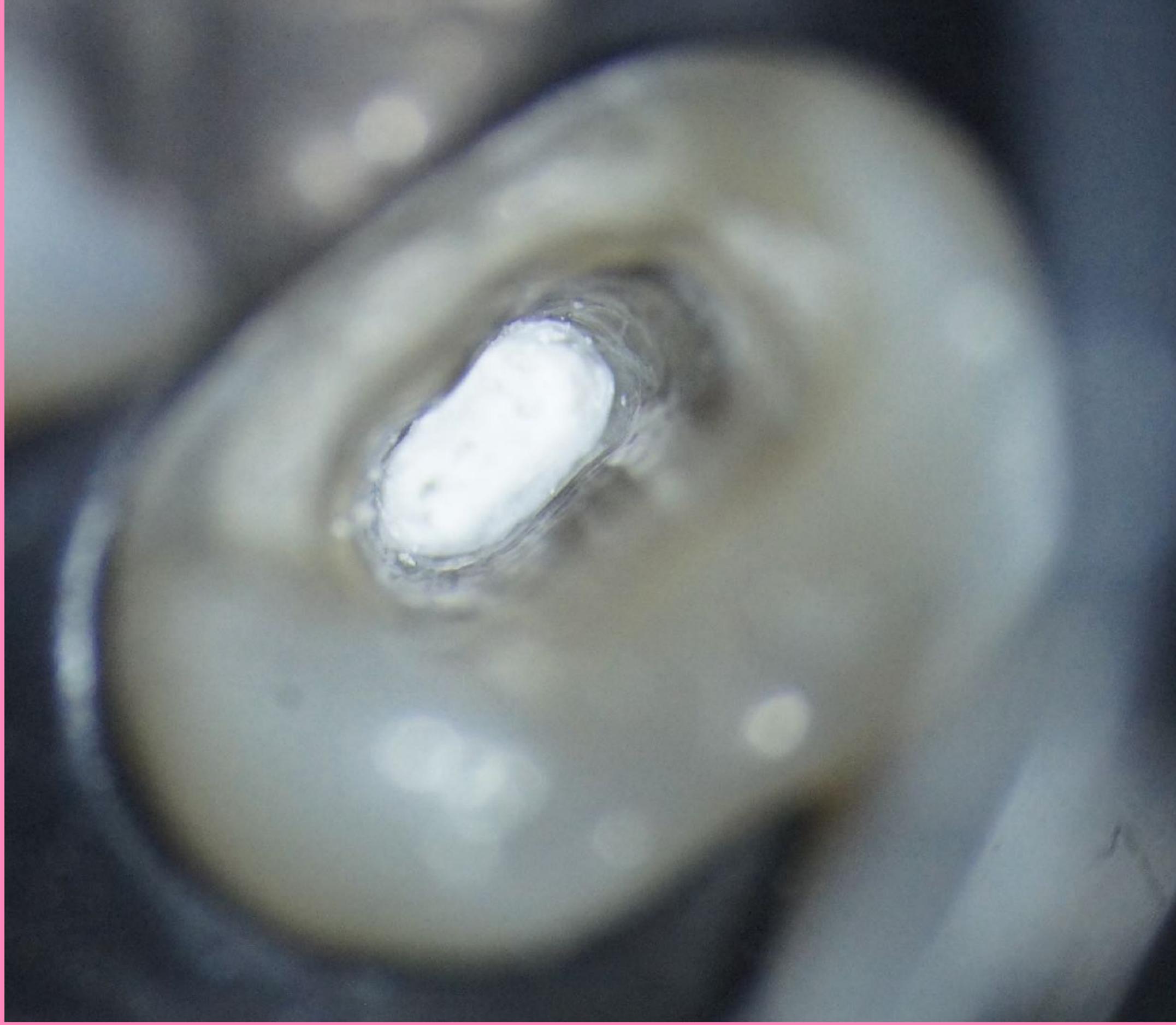
2022



2024

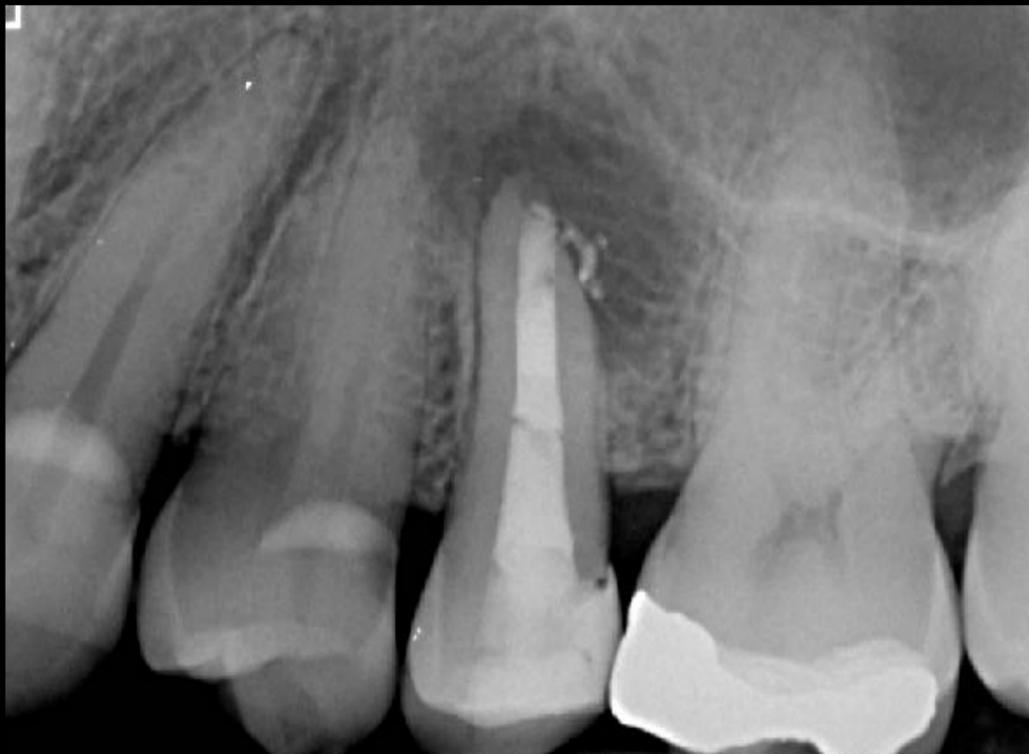
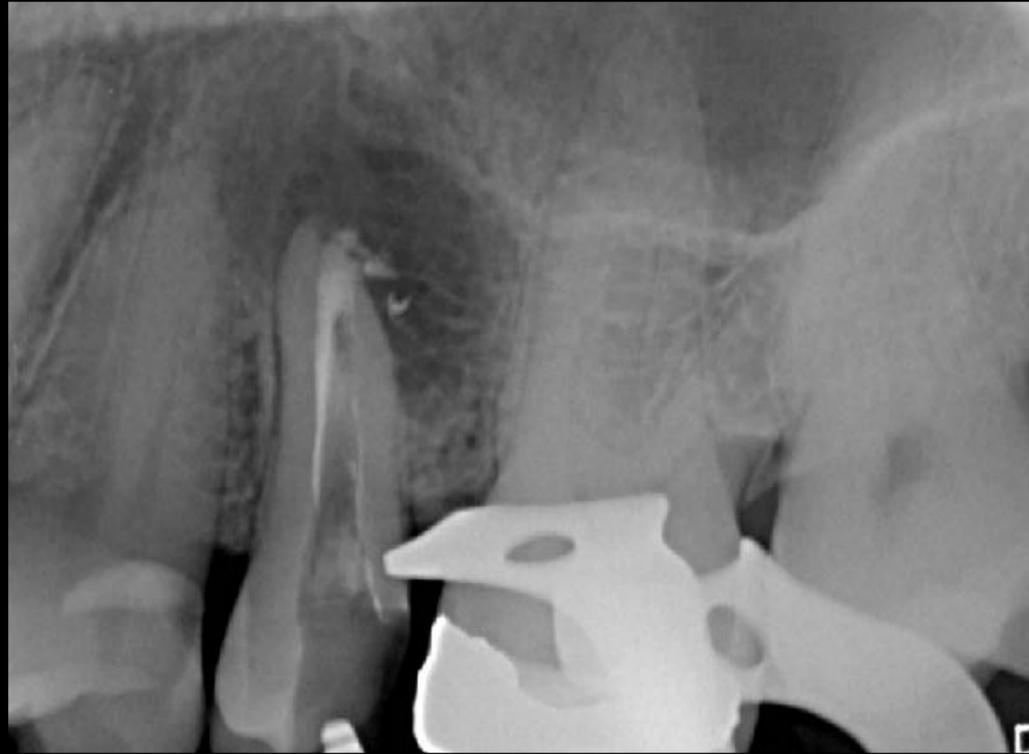
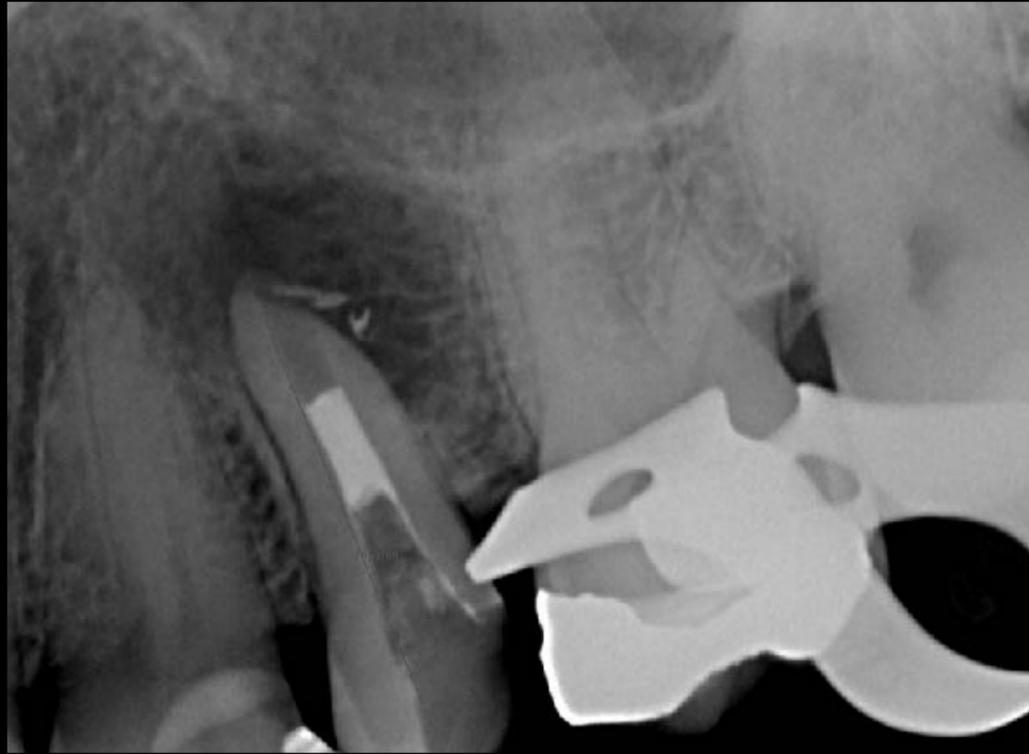


# APICAL PLUG

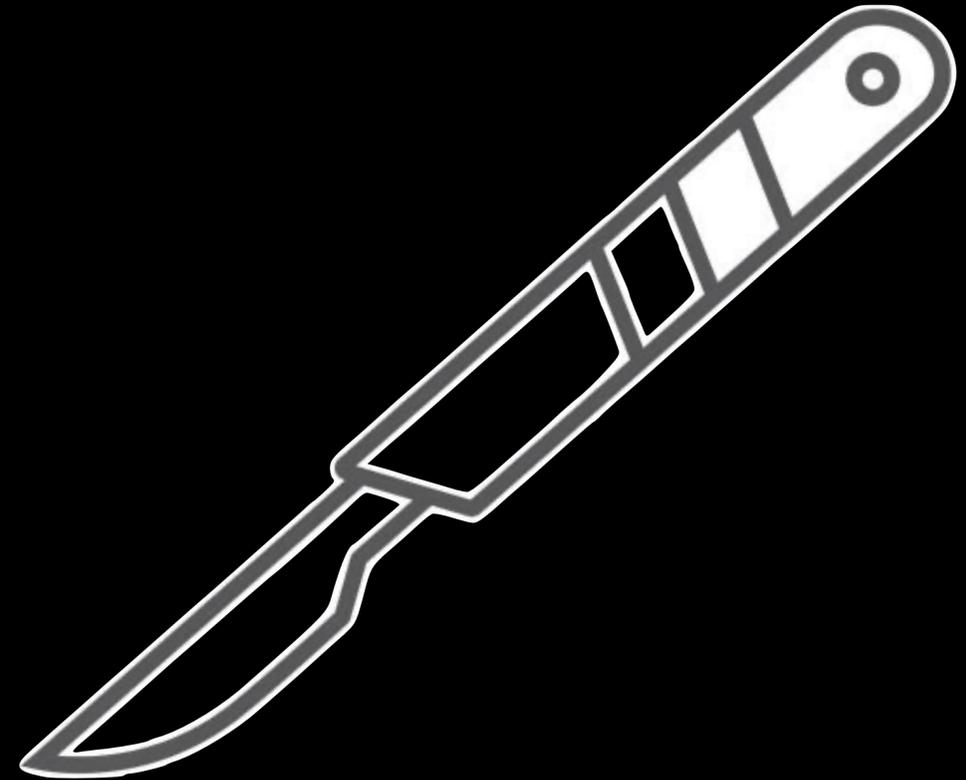
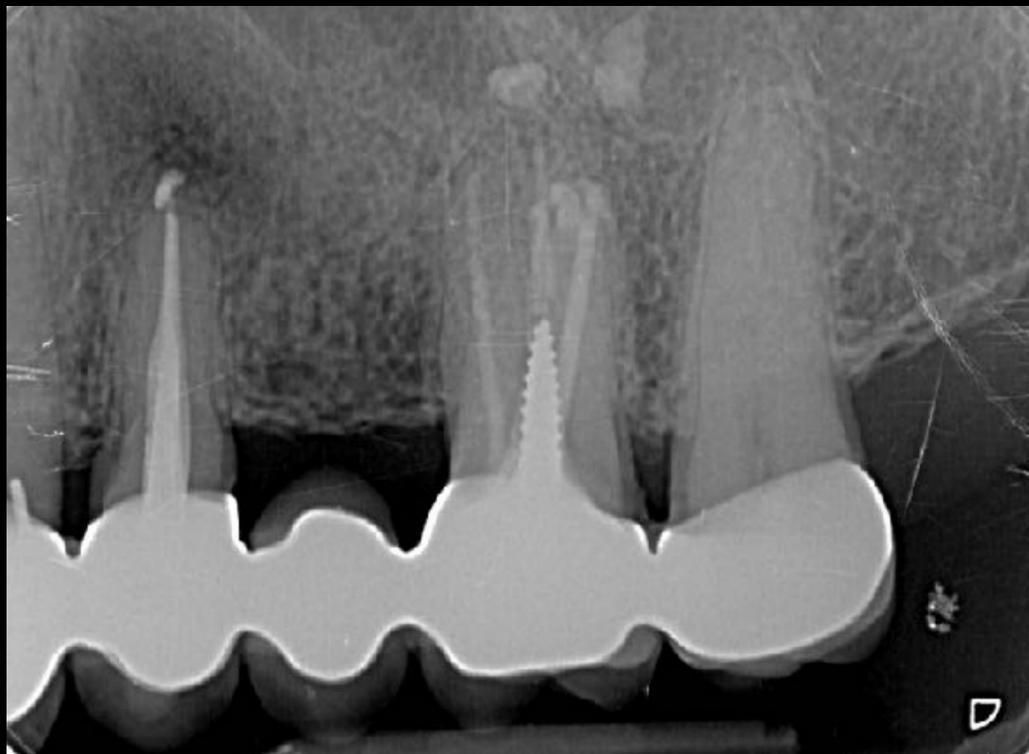
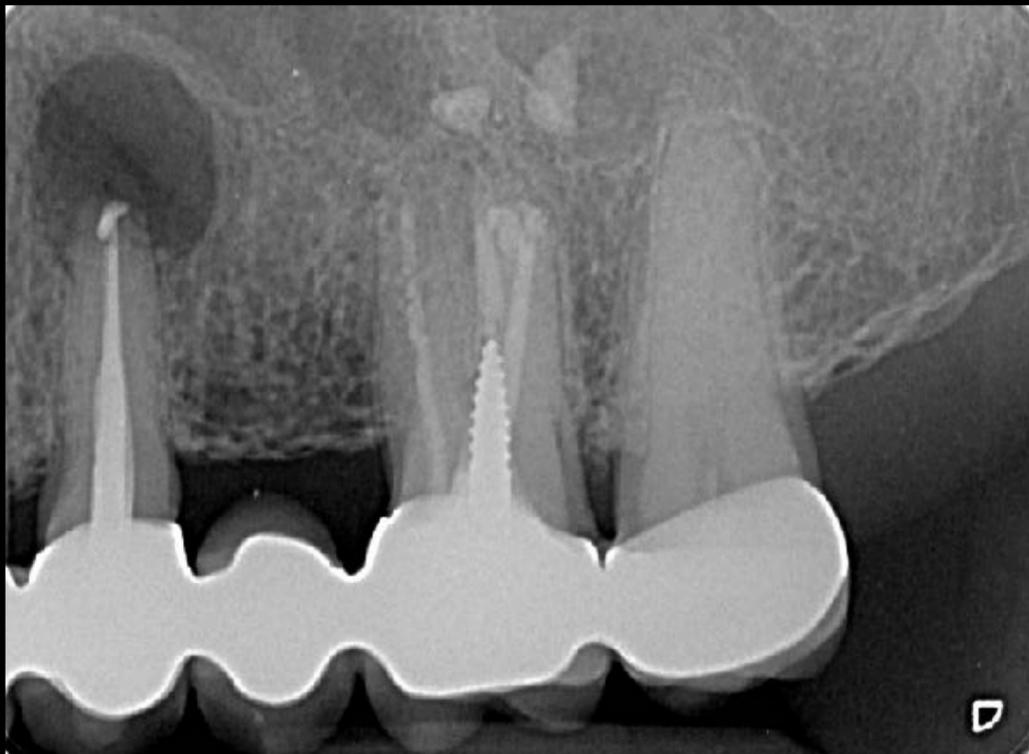
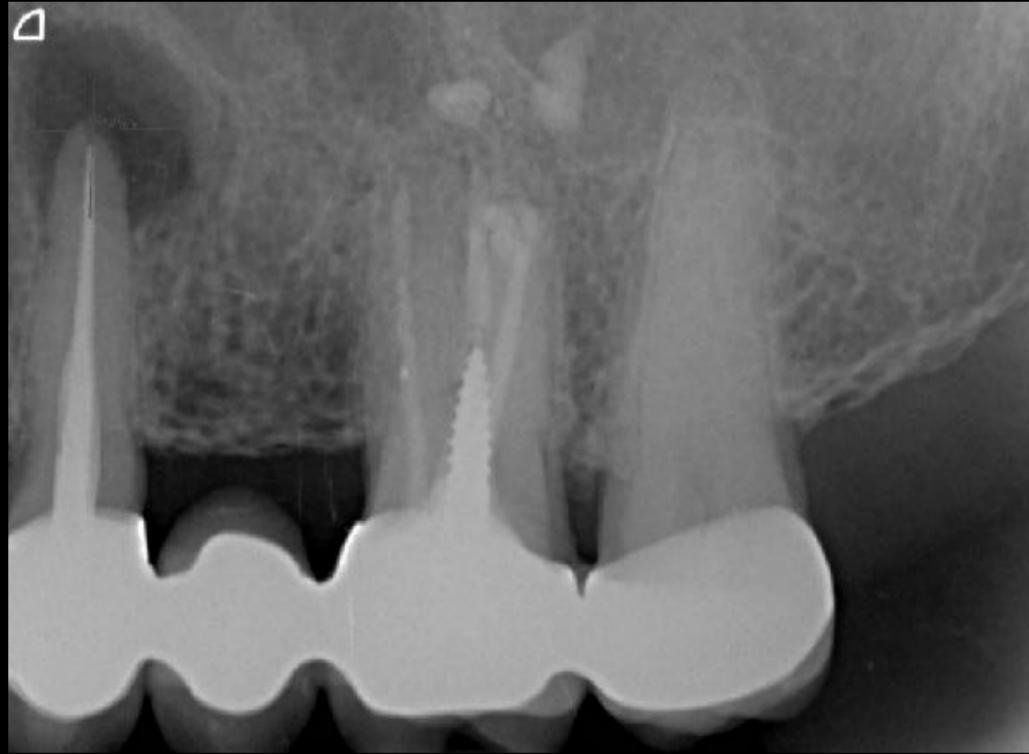
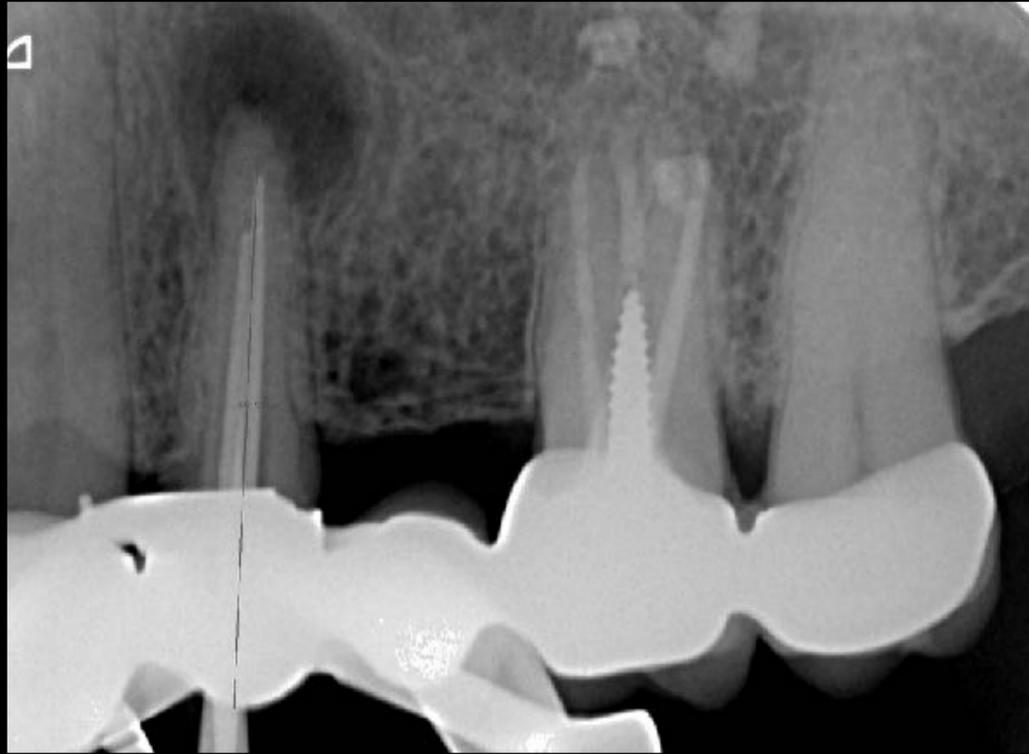
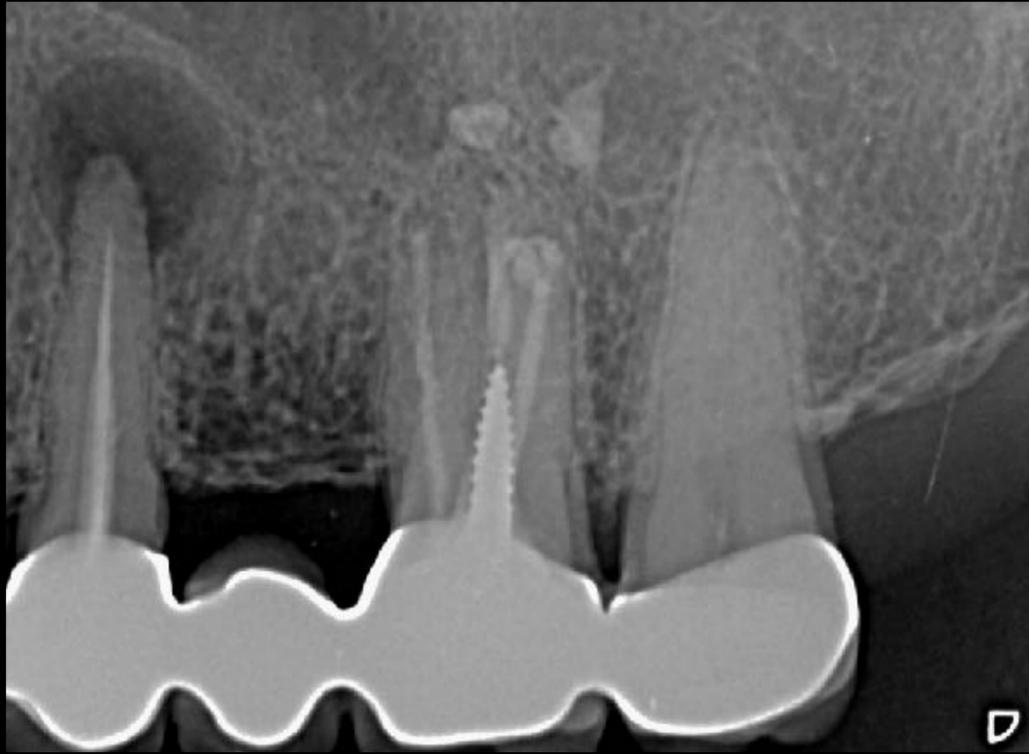


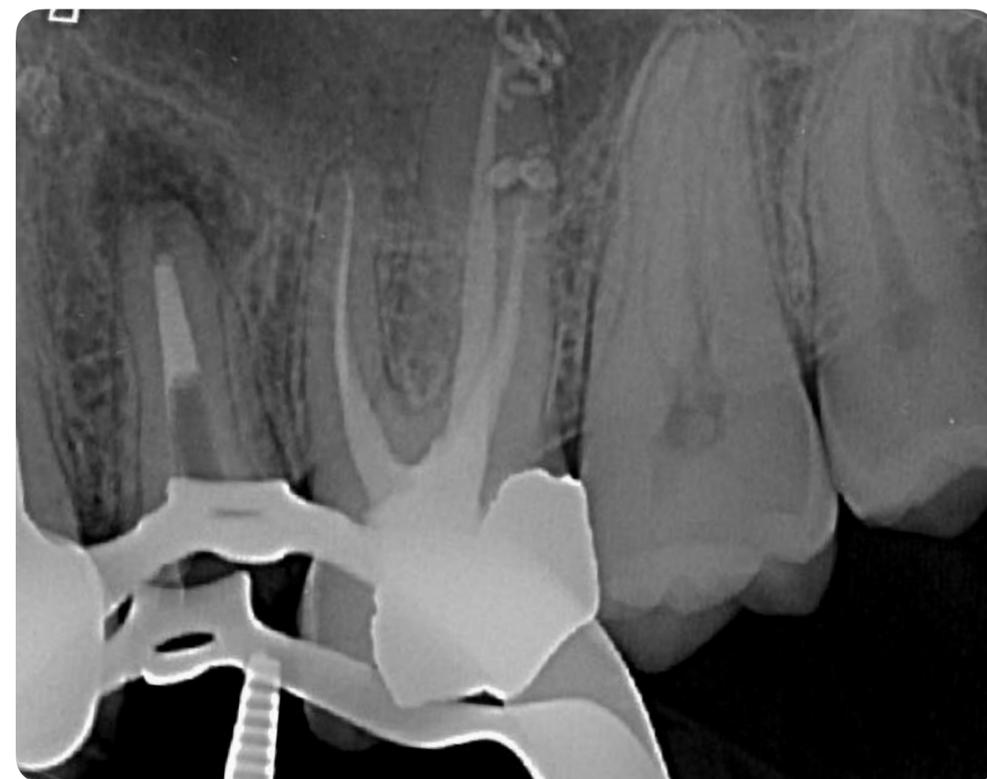
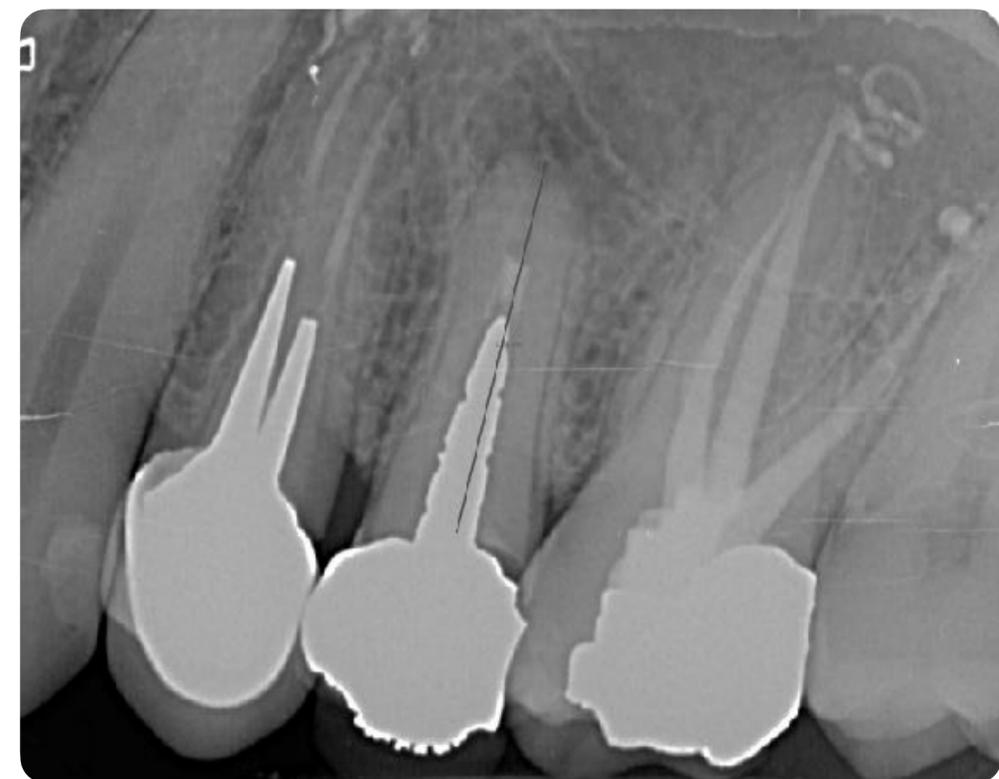
# APICAL PLUG: VIDEO





**APICAL PLUG**





**APICAL PLUG**

# ADVANTAGES BIO CERAMIC PUTTY

- EASY TO USE
- APICAL SURGERY, RESORPTION, APICAL PLUG
- BIOCOMPATIBILITY
- LESS POST OP PAIN
- FASTER HEALING TIME



**RESTO**



**Fill Stains Pink**



# Dentine Preservation

**CAVITY ACCESS**

**SHAPING**

**POST-SPACE**

**RESTORATION**

[J Prosthet Dent](#). 2008 Apr;99(4):267-73. doi: 10.1016/S0022-3913(08)60059-1.

**Residual dentin thickness in bifurcated maxillary first premolars after root canal and post space preparation with parallel-sided drills.**

[Pilo R](#), [Shapenco E](#), [Lewinstein I](#).

[Int Endod J](#). 2009 Dec;42(12):1071-6. doi: 10.1111/j.1365-2591.2009.01632.x.

**Micro-computed tomography of tooth tissue volume changes following endodontic procedures and post space preparation.**

[Ikram OH](#), [Patel S](#), [Sauro S](#), [Mannocci F](#).

[J Endod](#). 2006 Mar;32(3):202-5.

**Residual dentin thickness in bifurcated maxillary premolars after root canal and dowel space preparation.**

[Katz A](#), [Wasenstein-Kohn S](#), [Tamse A](#), [Zuckerman O](#).

# Kirkevang

## IEJ 2001

“Inadequate root canal and coronal restorations were associated with an increased incidence of AP.”

Periapical status and quality of root fillings and coronal restorations in a Danish population

# Hommez

## IEJ 2002

The importance of a good coronal restoration, as well as of a good root filling should be emphasized as the technical quality of both influencing the periapical status.

Periapical health related to the quality of coronal restorations and root fillings

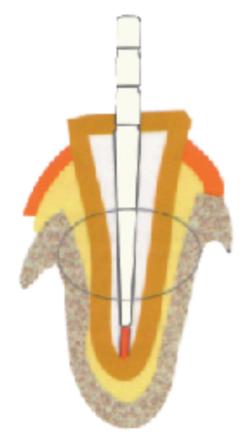
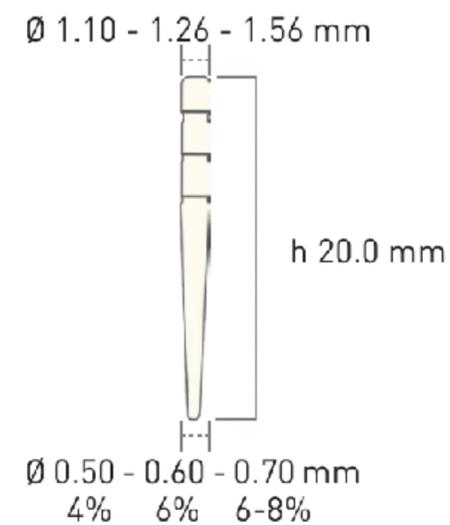
# ADHESIVE



*5<sup>th</sup> generation one component nano filled light-cured bonding system; acetone-based*

*It allows direct and indirect restoration procedures, with minimum and uniform thicknesses; dental desensitizer*





*Variable taper endodontic posts made of radiopaque fiberglass and carbon fiber, with retention notches and micro-sandblasted and pre-silanized surface*

*Recommended for narrow roots and for the preparation with endodontic Ni-Ti instruments*

**POST**



*Dual cured cement (auto – photo) recommended for the cementation of bridges, crowns, posts, inlay, onlay and ceramic, metal, composite and zirconia screws.*

*Uniform cementation*

*Multiple cementation*

*Continuous fluoride ions release*

*Easy application and removal*

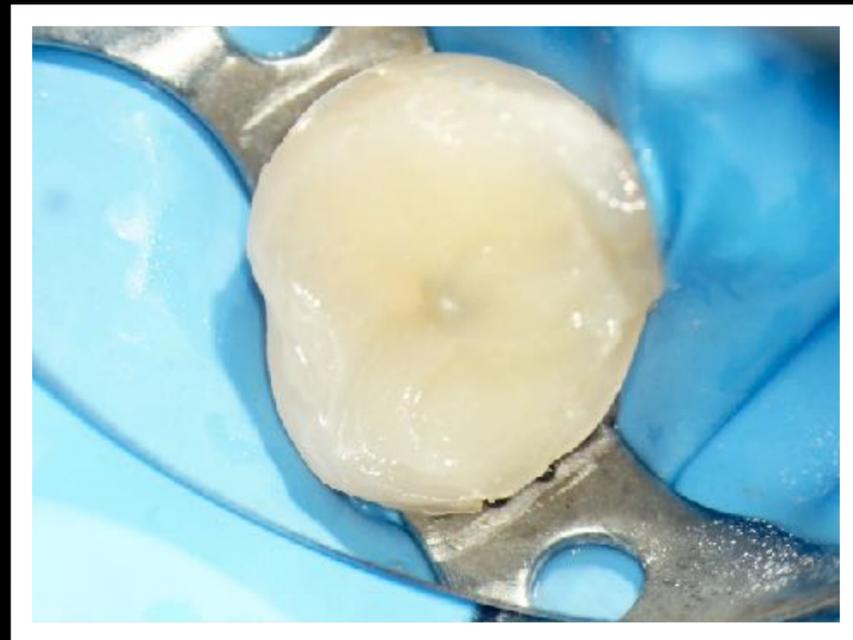
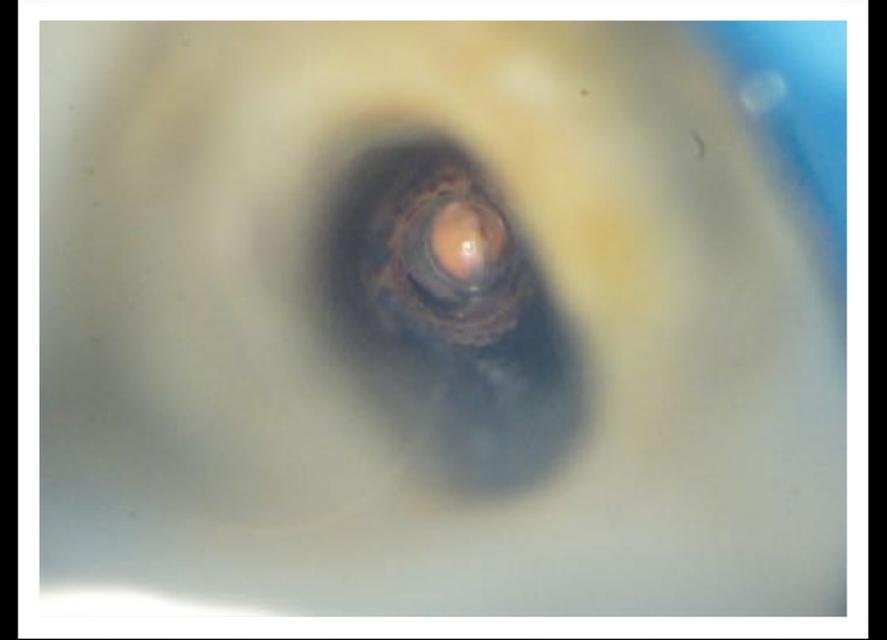
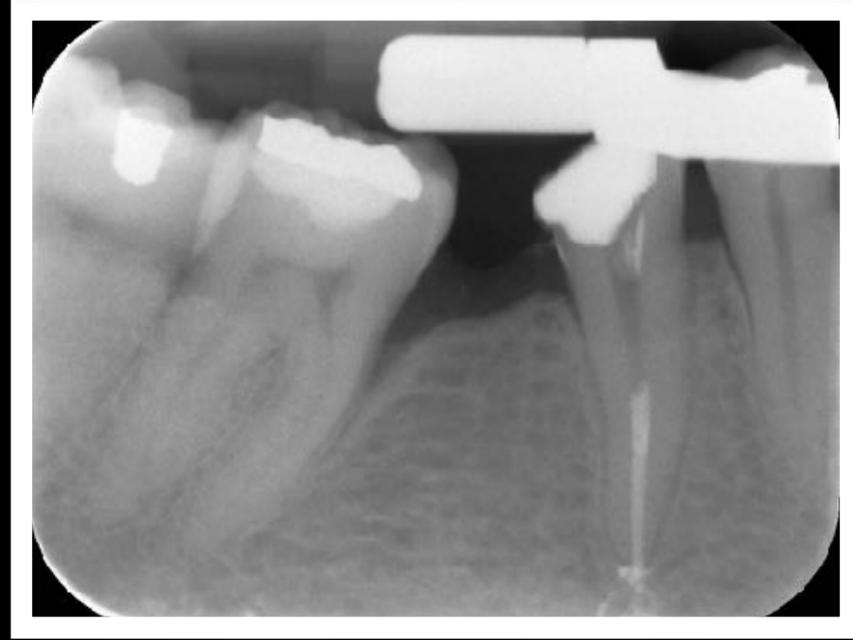
*Minimum thickness*

**CEMENT**

# COMPOSITE



# Endo-resto



ricostruzione premolare





# KEY POINT



**MINIMALLY INVASIVE ENDODONTIC**

**ACHIEVEMENT OF BIOLOGICAL AND MECHANICAL GOALS**

**NANO COATED HEAT TREATED ROTARY FILES**

**BIOCERAMIC SEALERS**





[GFUMEI@TISCALI.IT](mailto:GFUMEI@TISCALI.IT)



[DRGFUMEIENDODONTICS](#)



[WWW.SHAPE-IT-ENDO.SOCIALACADEMY.COM](http://WWW.SHAPE-IT-ENDO.SOCIALACADEMY.COM)

 ShapelT

 Shape IT endo

 Shape IT



 ShapelTendo

 Shape IT





# 1 STEP

**Working length**



# II STEP

**Opener Preflaring**  
**20-10**



400 rpm  
T 2,5 Ncm

# III STEP

**GLYDER Glide path**  
**15/2-6**



300 rpm  
T 1,8 Ncm

# IV STEP



**Shaping**

**20.4**

**25.4**

**30.4**

**25.6**

400 rpm

T 2,5 Ncm