



Title	Effect of conditioning and 1 year aging on the bond strength and interfacial morphology of glass-ionomer cement bonded to dentin
Author(s)	Hoshika, Shuhei; Ting, Shihchun; Ahmed, Zubaer et al.
Citation	Dental Materials, 37(1), 106-112 <a href="https://doi.org/10.1016/j.dental.2020.10.016">https://doi.org/10.1016/j.dental.2020.10.016</a>
Issue Date	2021-01
Doc URL	<a href="https://hdl.handle.net/2115/83743">https://hdl.handle.net/2115/83743</a>
Rights	© 2021. This manuscript version is made available under the CC-BY-NC-ND 4.0 license <a href="http://creativecommons.org/licenses/by-nc-nd/4.0/">http://creativecommons.org/licenses/by-nc-nd/4.0/</a>
Rights(URL)	<a href="https://creativecommons.org/licenses/by-nc-nd/4.0/">https://creativecommons.org/licenses/by-nc-nd/4.0/</a>
Type	journal article
File Information	Shuhei Hoshika_Dent Mater_37(1)_106-112.pdf



**Effect of conditioning and 1 year aging on the bond strength and interfacial morphology of glass-ionomer cement bonded to dentin**

Shuhei Hoshika<sup>a</sup>, Shihchun Ting<sup>b</sup>, Zubaer Ahmed<sup>c</sup>, Chen Fei<sup>d</sup>, Yu Toida<sup>e</sup>, Norihito Sakaguchi<sup>f</sup>, Bart Van Meerbeek<sup>g</sup>, Hidehiko Sano<sup>h</sup>, Sharanbir K Sidhu<sup>i</sup>

<sup>a</sup>Assistant professor, Department of Restorative Dentistry, Division of Oral Health Science, Hokkaido University Graduate School of Dentistry, Sapporo, Japan. Performed the experiments, wrote the manuscript.

<sup>b</sup>Researcher, Department of Restorative Dentistry, Division of Oral Health Science, Hokkaido University Graduate School of Dentistry, Sapporo, Japan. Performed the experiments

<sup>c</sup>Postdoctoral Researcher, Department of Restorative Dentistry, Division of Oral Health Science, Hokkaido University Graduate School of Dentistry, Sapporo, Japan. Performed the experiments

<sup>d</sup>PhD student, Department of Restorative Dentistry, Division of Oral Health Science, Hokkaido University Graduate School of Dentistry, Sapporo, Japan. Performed the statistics.

<sup>e</sup>Postdoctoral Researcher, Department of Restorative Dentistry, Division of Oral Health Science, Hokkaido University Graduate School of Dentistry, Sapporo, Japan. Performed the experiments

<sup>f</sup>Associate professor, Laboratory of Integrated Functional Materials, Center for Advanced Research of Energy and Materials, Hokkaido University, Faculty of Engineering, Sapporo, Japan. Analyzed chemical elements.

<sup>g</sup>Professor, KU Leuven BIOMAT, Department of Oral Health Sciences, KU Leuven (University of Leuven) & Dentistry, University Hospitals Leuven, Belgium. Supervised the project.

<sup>h</sup>Professor, Department of Restorative Dentistry, Division of Oral Health Science, Hokkaido University Graduate School of Dentistry, Sapporo, Japan. Contributed to discussion.

<sup>i</sup>Reader/Honorary Consultant in Restorative Dentistry, Institute of Dentistry, Barts and The London School of Medicine and Dentistry, Queen Mary University of London, London, United Kingdom. Contributed to discussion and proofread the manuscript.

Corresponding author: Sharanbir K Sidhu. Reader/Honorary Consultant in Restorative Dentistry, Institute of Dentistry, Barts and The London School of Medicine and Dentistry, Queen Mary University of London, London, United Kingdom.

<sup>[SEP]</sup>Turner Street <sup>[SEP]</sup>London E1 2AD <sup>[SEP]</sup>UK <sup>[SEP]</sup>

s.k.sidhu@qmul.ac.uk

Tel: +44 (0) 20 7882 8617<sup>[SEP]</sup>

Fax: +44 (0) 20 7882 7064

## 1 INTRODUCTION

2 With the help of numerous research and clinical evidence, we are now able to accomplish  
3 tooth adhesion to enamel and dentin to a satisfactory level by means of dental restorative  
4 materials such as resin-based composites and glass-ionomer cement (GIC). Contemporary  
5 focus is on ensuring materials are bioactive, tougher and self-reparable. The concept of  
6 biocompatibility has evolved to bioactivity, which is now a big trend in restorative  
7 dentistry[1].Dental restorative materials should be called “bioactive” only when they actively  
8 stimulate or direct tissue responses, and they can control interactions with microbiological  
9 species besides their primary function of restoring or replacing missing tooth structure [2].In  
10 this sense, bioactivity has two major aspects, which are remineralization and anti-microbial  
11 properties. Regarding remineralization, bioactive materials containing calcium phosphate [3],  
12 hydroxyapatite [4,5], calcium silicate [6,7] etc, were reported to have remineralization ability.  
13 Regarding the anti-microbial property, the release of compounds with antibiotic-like efficacy  
14 added to dental restorative materials such as quaternary ammonium compounds [8], zinc  
15 oxide nanoparticles [9] etc, were used to inhibit oral bacteria and biofilm.

16 GIC is one example of a dental bioactive material. It has both remineralization and anti-  
17 microbial ability [10-13] and has been used for dental restoration and the Atraumatic  
18 Restorative Treatment (ART) technique reliably for a long time [14,15]. Although resin  
19 composite is the major dental restorative material used nowadays, GICs are often used in  
20 clinical situations because of their technique simplicity, cost effectiveness and relative  
21 tolerance in the moist oral environment. Additionally, having no conversion shrinkage is an  
22 advantage compared with resin composite, and for relatively deep cavities it is still an ideal  
23 material for use [16,17]. Moreover, Peumans *et al* reported the lowest annual failure rate  
24 scores for GIC in vivo [18]. Although the bond strength of GIC may be much weaker  
25 compared with resin-based materials, the means by which GICs obtain such clinically  
26 satisfactory results is still not fully understood.

27 Some laboratory studies have reported improvement of the adhesion of GICs to tooth  
28 structure in terms of bond strength when surface pre-treatment is carried out [19,20]. In  
29 contrast, some other studies have reported certain GICs adhere to tooth structure without  
30 pre-treatment [21,22].

31 The purpose of this study was to assess the tooth-GIC adhesion by means of bond strength  
32 and interfacial morphology after 1 week and 1 year of aging, with and without surface pre-  
33 treatment. The null hypothesis tested in this study was that pre-treatment of dentin using a  
34 polyalkenoic acid conditioner did not affect the long-term durability of a conventional GIC.

35

## 36 **2.MATERIALS AND METHODS**

### 37 **2.1. Micro-tensile bond strength ( $\mu$ TBS)**

38 The bond strength to dentin was determined using a standard micro-tensile bond strength  
39 test [23].The materials used in this study are shown in Table 1. Six human molars, stored in  
40 a 0.5% chloramine T solution, were used within 1 month of extraction. The protocol of this  
41 research was approved by the Commission for Medical Ethics of Hokkaido University.The  
42 extracted molars were sectioned at the mid-coronal portion to create a flat dentin surface by  
43 using a low-speed diamond saw (Isomet 1000, Buehler, Lake Bluff, IL, USA). A standard  
44 smear layer was produced using #600 grit silicon carbide paper. The teeth were randomly  
45 divided into two groups of three teeth each. Prior to the application of the GIC, the dentin  
46 surface of the specimens in one group was pre-treated with a polyalkenoic acid conditioner  
47 (Cavity Conditioner, GC, Tokyo, Japan). This contains 3% Aluminum chloride as well as  
48 20% polyalkenoic acid. The specimens in the other group did not receive any pre-treatment.  
49 The dentin surface was subsequently built up free-hand and in bulk with a conventional GIC  
50 (Fuji IX GP Extra, GC, Tokyo, Japan) to a height of 5-6 mm, followed by application of a  
51 surface sealer (GC Fuji Coat LC, GC, Tokyo, Japan) which was light-cured for 10 seconds.

52 After 1 week of storage in distilled water at 37°C, the specimens were sectioned  
53 perpendicular to the bonding surface, to obtain 1-mm<sup>2</sup> stick-shaped micro-specimens using

54 an Isomet saw. The specimens were then randomly assigned to four groups (10 specimens  
55 each) according to age/storage time: 1 week and 1 year, *i.e.* the 1 week specimens were  
56 tested after sectioning while the rest continued in storage to 1 year. This is based on the  
57 following power calculation: if the specimen is used as the statistical unit, an absolute 3 teeth  
58 per experimental group with appropriate consideration of tooth dependency are required [24].  
59 At the relevant time period, the micro-specimens were fixed to a jig with cyanoacrylate glue  
60 (Model Repair II Blue, Dentsply-Sankin, Ohtawara, Japan) and stressed in a testing device  
61 (EZ-test, Shimadzu, Kyoto, Japan) at a crosshead speed of 1 mm/min until failure  
62 occurred. The  $\mu$ TBS was calculated in MPa, derived by dividing the force applied (in N) at the  
63 time of fracture by the bonded area (in mm<sup>2</sup>). Statistical analysis was performed using one-  
64 way ANOVA ( $\alpha=0.05$ ) and *post hoc* Tukey-Kramer multiple comparisons tests. The mode of  
65 failure was determined by examining the fractured surface at a magnification of 50x using a  
66 stereo-microscope (Wild M5A, Heerbrugg, Switzerland).

67

## 68 **2.2. TEM interface characterization**

69 Additional GIC specimens were prepared for examination using TEM (H-800, Hitachi, Tokyo,  
70 Japan). For this, a further four teeth were randomly divided into two groups of two teeth  
71 each; the dentin was pre-treated with polyalkenoic acid conditioner in one group but not in  
72 the other. The procedure of bonding the GIC to dentin was the same as previously described  
73 in the  $\mu$ TBS test, before storage in distilled water for 1 week and 1 year at 37°C. The GIC-  
74 bonded dentin specimens were sectioned perpendicular to the GIC/dentin interface using an  
75 Isomet diamond saw. From each tooth, seven or eight rectangular sections, of approximately  
76 1 mm thickness each, were obtained. After storage for each time period, TEM sample  
77 preparation was performed in accordance with common procedures used for ultra-structural  
78 TEM examination of biological tissues [25]. This involved specimen fixation overnight in 2.5%  
79 glutaraldehyde in 0.1 M sodium cacodylate buffer at pH 7.4 and 4°C, followed by rinsing in  
80 0.1 M sodium cacodylate buffer for 1 min with 3 changes. Dehydration was carried out in  
81 ascending grades of ethanol (50%, 75%, 95%, 100%) for 10 min each, with 2 changes. This

82 was followed by immersion in 1:1 absolute ethanol-epoxy embedding resin for 30 min, and  
83 then resin infiltration in 100% epoxy embedding resin for another 4hrs. Finally, embedding of  
84 the resin-infiltrated samples in molds with 100% epoxy resin was carried out. Before being  
85 embedded, the specimens were oriented in the molds so that ultra-thin sections through the  
86 GIC/dentin interface could be cut from the dentin part from each original tooth. The epoxy  
87 blocks were polymerized in an oven at 60°C for a minimum of 48 hrs. Subsequently, non-  
88 demineralized, 70–90 nm thin sections were cut using a diamond knife (Diatome, Bienne,  
89 Switzerland) in an ultramicrotome (Ultracut UCT; Leica, Vienna, Austria). The GIC/dentin  
90 interface in each section was observed by TEM.

91

### 92 **2.3. Chemical element analysis**

93 To analyze the chemical elements of the GIC/dentin interface, a Field Emission Transmission  
94 Electron Microscope (FE-TEM) (JEM-2010F, JEOL, Tokyo, Japan) was used. The same  
95 specimens prepared for TEM observation were used for the FE-TEM observation as well.  
96 Images were captured and analyzed by STEM mode at 200kV.

97

## 98 **3. RESULTS**

### 99 **3.1. Micro-tensile bond strength ( $\mu$ TBS)**

100 The mean  $\mu$ TBSs are presented in Figure 1. No pre-testing failures (ptfs) were found in this  
101 study.

102 There was no significant difference in  $\mu$ TBS when Cavity Conditioner was used at each time  
103 period ( $p>0.05$ ). In addition, 1 year water storage did not show significant difference between  
104 conditioned and non-conditioned dentin in terms of  $\mu$ TBS results.

105

### 106 **3.2. SEM failure analysis**

107 At 1 week, the failure patterns were generally of a 'mixed' nature, involving areas that failed

108 at the interface and areas that failed cohesively within the GIC, for both the conditioned and  
109 non-conditioned groups. At 1 year, while the failure was still of a mixed nature, there was a  
110 tendency for more areas of cohesive failure. It appeared that aging of both conditioned and  
111 non-conditioned specimens caused them to fail slightly more frequently cohesively within the  
112 GIC.

113

### 114 **3.3. TEM interface characterization**

115 Representative TEM photomicrographs of unstained, non-demineralized sections of the  
116 GIC/dentin interface with polyalkenoic acid conditioning using Cavity Conditioner stored for 1  
117 week and 1 year are shown in (Figures 2 a&b), while GIC/dentin with non-conditioned  
118 interface for 1 week and 1 year are shown in Figures 3 a&b).

119 A shallow partially demineralized dentin layer (De) of about 0.5-1 $\mu$ m was seen at the dentin-  
120 conditioned interface (Figures 2 a&b). Hydroxyapatite (HAp) remained within this partially  
121 demineralized layer. On top of this layer, a seemingly matrix-rich layer (ML) was seen; this  
122 appeared to be of a few hundred nanometers for the 1 week specimens and of about 100  
123 nanometers for the 1 year specimens (Figures 2a&b). On top of the matrix-rich layer (ML), an  
124 intermediate layer (IL) of a few hundred nanometers was noted, and this zone was typically  
125 demarcated from the rest of the GIC matrix by small electron-lucent globules (Figures 2 a&b).  
126 Representative TEM photomicrographs of unstained, non-demineralized sections of the  
127 GIC/dentin interface without polyalkenoic acid conditioning stored for 1 week and 1 year are  
128 shown in Figures 3 a&b. The GIC was closely attached to the dentin surface without any  
129 intervening layers detected (Figures 3 a&b). No clear signs of bond degradation were  
130 observed after 1 year of water storage.

131

### 132 **3.4. Chemical element analysis**

133 The image of GIC/dentin interface with polyalkenoic acid conditioning for 1 week storage as  
134 captured by FE-TEM is shown in Figure 4. There were 3 plots made in this analysis. Plot 1  
135 indicated the GIC area, Plot 2 indicated the IL area and Plot 3 indicated the ML area.

136 Chemical compositions analyzed by STEM mode are shown in Figure 5. Plots 1 and 2  
137 showed the various components of GIC such as Si, Sr, Al. Plots 1, 2 and 3 showed almost  
138 the same tendency although Plot 3 showed more Ca content.

139

#### 140 **4. DISCUSSION**

141 The use of Cavity Conditioner did not make a significant difference to the  $\mu$ TBS. As cohesive  
142 failure within the GIC tends to occur over time, this may be the reason why there was no  
143 significant difference in  $\mu$ TBS. The fact is that there was no difference in  $\mu$ TBS even when  
144 polyalkenoic acid conditioning was carried out, although it does not mean that there are no  
145 advantages of surface conditioning. Polyalkenoic acid probably facilitates the calcium and  
146 phosphate ions from dentin for the ionic reaction with GIC because it removes the smear  
147 layer, increases the contact area and facilitates wetting of the surface [26-28]. Hence, it may  
148 be difficult to evaluate the quality of the interface by means of only  $\mu$ TBS in this case.

149 From the TEM photomicrographs of Figure 2a and Figure 2b, in the conditioned specimens,  
150 we can observe different layers moving outwards from the dentin towards the bulk of the  
151 GIC: a partially demineralized layer (De), a matrix-rich layer (ML) and a further intermediate  
152 layer (IL). The De layer, within which HAp remained, is immediately adjacent to the  
153 unaffected dentin. Beyond this, there is a zone (ML) that is reasonably well-defined; it may  
154 be a zone that arises due to interaction between the acid-affected dentin layer and the glass  
155 component of the glass-ionomer. This interaction was confirmed by the presence of more Ca  
156 in the ML as detected by the chemical element analysis. The ML is followed by the next layer,  
157 which appears to contain more unreacted glass. The differentiation of layers at the  
158 conditioned interface is likely, given the high viscosity of the setting glass-ionomer material.

159 The widths of the De and IL layers were almost the same in the 1 week and 1 year samples.

160 In contrast, the dimensions of the ML reduced over time. This phenomenon may be ascribed  
161 to the maturing effect of GIC, especially as with the use of polyalkenoic acid conditioning, the

162 calcium and phosphate ions' reaction with GIC was activated and the remineralizing effect  
163 may have been promoted as well. The increase of apatite formation and mechanical property  
164 could be expected, but this has to be confirmed in further work. There were no signs of  
165 interface degradation comparing the 1 week and 1 year (Figure 2a and Figure 2b) interfaces  
166 observed.

167 From the TEM photomicrographs of un-conditioned specimens (Figures 3 a&b), we can  
168 observe the GIC area and dentin area without any intervening differentiation or layers; there  
169 was no significant difference in  $\mu$ TBS compared with the polyalkenoic acid conditioned group.  
170 It is possible that there was an ultra-thin demineralized layer at the interface which could not  
171 be seen in these TEM photomicrographs. There was again no clear sign of degradation  
172 between the 1 week and 1 year specimens (Figure 3a and Figure 3b).

173 From the chemical element analysis, 3 areas were chosen, which were estimated areas: De  
174 (Plot 1), IL (Plot 2) and ML (Plot 3) areas. Basically, the composition of GIC includes a  
175 polymeric water-soluble acid, glass, and water [29]. The glass components were either of the  
176  $\text{SiO}_2\text{-Al}_2\text{O}_3\text{-CaF}_2$  system or the more complex  $\text{SiO}_2\text{-Al}_2\text{O}_3\text{-P}_2\text{O}_5\text{-CaO-CaF}_2$  system, also  
177 calcium has been substituted by strontium [30]. The components of the GIC material such as  
178 Si, Al, Sr, Ca were detected from all 3 plots, indicating the presence of GIC components in  
179 the IL and ML. The ML appears to be a mixture of GIC and dentin tissue, which has been  
180 unknown until now. The IL is a reaction layer which is probably formed by polyalkenoic acid  
181 and HAp. Due to the ionic exchange of fluorine and strontium, GIC has a remineralization  
182 effect on demineralized tooth in terms of quantitative analysis of the mineral content of the  
183 remineralized structures, and their mechanical properties were previously described [31-35].

184 Partial caries removal or incomplete caries removal is more demanding based on scientific  
185 evidence [36-38]. For those situations, using the stepwise removal and selective removal  
186 technique, GIC is recommended as it has similar bond strength to both normal and caries-  
187 affected dentin [39,40]. GIC has superior clinical survival results for deep dentin and hyper-  
188 mineralized dentin as well [18,41]. This is because of its resilience, low polymerization  
189 shrinkage and good sealing ability.

190 From the results of the  $\mu$ TBS test, pre-treatment of dentin using a polyalkenoic acid  
191 conditioner did not affect the long-term durability of a conventional GIC; hence, the null  
192 hypothesis should be accepted.

193 Further research will provide an understanding of the remineralizing effect of GIC on caries-  
194 affected dentin using polyalkenoic acid.

195

## 196 **5. CONCLUSION**

197 Aging did not reduce the bond strength of the conventional GIC to dentin whether the surface  
198 was pre-treated with a polyalkenoic acid conditioner or not. Conditioning of dentin appears to  
199 increase the durability of the GIC to dentin.

200

201 This research did not receive any specific grant from funding agencies in the public,  
202 commercial, or not-for-profit sectors.

203

204   **REFERENCES**

205   1Bachoo IK, Seymour D, Brunton P. A biocompatible and bioactive replacement for dentine:  
206   is this a reality? The properties and uses of a novel calcium-based cement.Br Dent J.  
207   2013;214(2):E5.

208   2Imazato S. Bio-active restorative materials with antibacterial effects: new dimension of  
209   innovation in restorative dentistry.Dent Mater J. 2009;28:11-9.

210   3 Zhao J, Liu Y, Sun WB, Zhang H. Amorphous calcium phosphate and its application in  
211   dentistry. Chem Cent J. 2011;5:40.

212   4Tschoppe P, Zandim DL, Martus P, Kielbassa AM. Enamel and dentine remineralization by  
213   nano-hydroxyapatite toothpastes. J Dent. 2011;39:430-7.

214   5 Venkatesan J, Kim SK. Nano-hydroxyapatite composite biomaterials for bone tissue  
215   engineering--a review. J Biomed Nanotechnol. 2014;10:3124-40.

216   6 Han L, Okiji T. Bioactivity evaluation of three calcium silicate-based endodontic  
217   materials.IntEndod J. 2013;46:808-14.

218   7Niu LN, Jiao K, Wang TD, Zhang W, Camilleri J, Bergeron BE, Feng HL, Mao J, Chen JH,  
219   Pashley DH, Tay FR. A review of the bioactivity of hydraulic calcium silicate cements. J Dent.  
220   2014;42:517-33.

221   8Imazato S, Ma S, Chen JH, Xu HH. Therapeutic polymers for dental adhesives: loading  
222   resins with bio-active components. Dent Mater. 2014;30:97-104.

223   9AydinSevinç B, Hanley L. Antibacterial activity of dental composites containing zinc oxide  
224   nanoparticles.J Biomed Mater Res B ApplBiomater. 2010;94:22-31.

225 10 da Silva RC, Zuanon AC, Spolidorio DM, Campos JA. Antibacterial activity of four glass  
226 ionomer cements used in atraumatic restorative treatment. *J Mater Sci Mater Med.*  
227 2007;18:1859-62.

228 11 Luczaj-Cepowicz E, Marczuk-Kolada G, Zalewska A, Pawińska M, Leszczyńska K.  
229 Antibacterial activity of selected glass ionomer cements. *Postepy Hig Med Dosw (Online).*  
230 2014;68:23-8

231 12 Naik RG, Dodamani AS, Khairnar MR, Jadhav HC, Deshmukh MA. Comparative  
232 assessment of antibacterial activity of different glass ionomer cements on cariogenic  
233 bacteria. *Restor Dent Endod.* 2016;41:278-82

234 13 Tüzüner T, Dimkov A, Nicholson JW. The effect of antimicrobial additives on the properties  
235 of dental glass-ionomer cements: a review. *Acta Biomater Odontol Scand.* 2019;5:9-21.

236 14 Frencken JE. Atraumatic restorative treatment and minimal intervention dentistry. *Br Dent J.*  
237 2017;223:183-9.

238 15 Smales RJ, Gao W. In vitro caries inhibition at the enamel margins of glass ionomer  
239 restoratives developed for the ART approach. *J Dent.* 2000;28:249-56.

240 16 Francois P, Vennat E, Le Goff S, Ruscassier N, Attal JP, Dursun E. Shear bond strength  
241 and interface analysis between a resin composite and a recent high-viscous glass ionomer  
242 cement bonded with various adhesive systems. *Clin Oral Investig.* 2019;23:2599-608.

243 17 Paula AM, Boing TF, Wambier LM, Hanzen TA, Loguercio AD, Armas-Vega A, Reis  
244 A. Clinical Performance of Non-Carious Cervical Restorations Restored with the "Sandwich  
245 Technique" and Composite Resin: A Systematic Review and Meta-analysis. *J Adhes Dent.*  
246 2019;21:497-508.

247 18Peumans M, De Munck J, Mine A, Van Meerbeek B. Clinical effectiveness of  
248 contemporary adhesives for the restoration of non-cariou cervical lesions. A systematic  
249 review. Dent Mater. 2014;30:1089-103.

250 19 Cook NB, Feitosa SA, Patel A, Alfawaz Y, Eckert GJ, Bottino MC. Bonding ability of  
251 paste-paste glass ionomer systems to tooth structure: in vitro studies. Oper Dent.  
252 2015;40:304-12.

253 20 Powis DR, Follerås T, Merson SA, Wilson AD. Improved adhesion of a glassionomer  
254 cement to dentin and enamel. J Dent Res 1982;61:1416–22.

255 21 Hewlett ER, Caputo AA, Wrobel DC. Glass ionomer bond strength and treatment of dentin  
256 with polyacrylic acid. J Prosthet Dent 1991;66:767–72.

257 22Tanumiharja M, Burrow MF, Tyas MJ. Microtensile bond strengths of glass ionomer  
258 (polyalkenoate) cements to dentine using four conditioners. J Dent 2000;28:361-6.

259 23 Sano H, Shono T, Sonoda H, Takatsu T, Ciucchi B, Carvalho R, Pashley DH.  
260 Relationship between surface area for adhesion and tensile bond strength--evaluation of a  
261 micro-tensile bond test. Dent Mater 1994;10:236-40.

262 24Steve Armstrong, Lorenzo Breschi, MutluÖzcan, Frank Pfefferkorn, Marco Ferrari, Bart  
263 Van Meerbeek. Academy of Dental Materials Guidance on in Vitro Testing of Dental  
264 Composite Bonding Effectiveness to Dentin/Enamel Using Micro-Tensile Bond Strength  
265 ( $\mu$ TBS) Approach. Dent Mater 2017;33:133-43.

266 25 Van Meerbeek B, Yoshida Y, Lambrechts P, Vanherle G, Duke ES, Eick JD, Robinson SJ.  
267 A TEM study of two waterbased adhesive systems bonded to dry and wet dentin. J Dent Res  
268 1998;77:50-9.

269 26 Erickson RL, Glasspoole EA. Bonding on tooth structure: A comparison of glass-ionomer  
270 and composite-resin systems. J Esth Dent 1994;6:227-44.

271 27 Hoshika S, De Munck J, Sano H, Sidhu SK, Van Meerbeek B. Effect of Conditioning and  
272 Aging on the Bond Strength and Interfacial Morphology of Glass-ionomer Cement Bonded to  
273 Dentin. J Adhes Dent. 2015;17:141-6.

274 28 Pereira LC, Nunes MC, Dibb RG, Powers JM, Roulet JF, Navarro MF. Mechanical  
275 properties and bond strength of glass-ionomer cements. J Adhes Dent. 2002;4:73-80.

276 29 McLean JW, Nicholson JW, Wilson AD. Guest Editorial: Proposed nomenclature for  
277 glass-ionomer dental cements and related materials. Quintessence Int. 1994;25:587-9.

278 30 Sidhu SK, Nicholson JW. A Review of Glass-Ionomer Cements for Clinical Dentistry. J  
279 Funct Biomater. 2016;7:E16.

280 31 Aykut-Yetkiner A, Simşek D, Eronat C, Ciftçioğlu M. Comparison of the remineralisation  
281 effect of a glass-ionomer cement versus a resin composite on dentin of primary teeth. Eur J  
282 Paediatr Dent. 2014;15:119-21.

283 32 Bertassoni LE, Habelitz S, Kinney JH, Marshall SJ, Marshall GW Jr. Biomechanical  
284 perspective on the remineralization of dentin. Caries Res. 2009;43:70-7.

285 33 Hatibovic-Kofman S, Suljak JP, Koch G. Remineralization of natural carious lesions with a  
286 glass ionomer cement. Swed Dent J. 1997;21:11-7.

287 34 Ngo HC, Mount G, McIntyre J, Tuisuva J, Von Doussa RJ. Chemical exchange between  
288 glass-ionomer restorations and residual carious dentine in permanent molars: an in vivo  
289 study. J Dent;34:608-13

290 35Smales RJ, Ngo HC, Yip KH, Yu C. Clinical effects of glass ionomer restorations on  
291 residual carious dentin in primary molars. *Am J Dent.* 2005;18:188-93.

292 36 David S Alleman, Pascal Magne. A Systematic Approach to Deep Caries Removal End  
293 Points: The Peripheral Seal Concept in Adhesive Dentistry. *Quintessence Int.* 2012;43:197-  
294 208.

295 37Edwina A M Kidd. Clinical Threshold for Carious Tissue Removal. *Dent Clin North Am.*  
296 2010;54:541-9.

297 38 F Schwendicke, C E Dörfer, S Paris. Incomplete Caries Removal: A Systematic Review  
298 and Meta-Analysis. *J Dent Res.* 2013;92:306-14.

299 39H A El-Deeb, E H Mobarak. Microshear Bond Strength of High-viscosity Glass-ionomer to  
300 Normal and Caries-affected Dentin Under Simulated Intrapulpal Pressure. *Oper Dent.*  
301 2018;43:665-73.

302 40 Leo Tjäderhane, Arzu Tezvergil-Mutluay. Performance of Adhesives and Restorative  
303 Materials After Selective Removal of Carious Lesions: Restorative Materials With Anticaries  
304 Properties. *Dent Clin North Am.* 2019;63:715-29.

305 41 Françoise H van de Sande, Paulo A Da Rosa Rodolpho, Gabriela R Basso, Rômulo Patias,  
306 Quéren F da Rosa, Flávio F Demarco, Niek J Opdam, Maximiliano S Cenci. 18-year Survival  
307 of Posterior Composite Resin Restorations With and Without Glass Ionomer Cement as  
308 Base. *Dent Mater.* 2015;31:669-75.

## Legends to figures

**Figure 1:** Micro-tensile bond strength of GIC bonded to polyalkenoic acid conditioned (Cavity Conditioner) and non-conditioned dentin for 1 week and 1 year. Mean  $\mu$ TBS are presented in MPa.  $n=10$ . The same letters indicate no statistically significant difference ( $p>0.05$ ).

**Figure 2:** Representative TEM photomicrographs of unstained, non-demineralized sections of the GIC/dentin interface with polyalkenoic acid conditioning using Cavity Conditioner stored for 1 week and 1 year. (a,b) A partially demineralized dentin layer (De) of about 0.5-1  $\mu$ m was seen at the dentin-conditioned interface (a,b). Hydroxyapatite (HAp) remained within this partially demineralized layer. On top of the partially demineralized layer, a matrix-rich layer (ML) of a width of a few hundred nanometers at 1 week and about 100 nanometers at 1 year was seen (a,b). On top of the matrix-rich layer, an intermediate layer (IL) of a few hundred nanometers was deposited, and this zone was typically demarcated from the GIC matrix by small electron-lucent globules (a,b). [GI = Glass ionomer cement; IL = Intermediate Layer; ML = Matrix-rich Layer; De = Demineralized Layer; Ud = Unaffected dentin.]

**Figure 3:** Representative TEM photomicrographs of unstained, non-demineralized sections of the GIC/dentin interface without polyalkenoic acid conditioning stored for 1 week and 1 year (a,b). The GIC material was closely attached to the dentin surface without a smear layer and no other layer could be detected (a,b). The bond appeared intact. There were no clear signs of bond degradation after 1 year of water storage. [GI = Glass ionomer cement; Ud = Unaffected dentin.]

**Figure 4:** The image of GIC/dentin interface with polyalkenoic acid conditioning after 1 week storage as captured by FE-TEM. Plot 1 indicated the GIC area, Plot 2 indicated the IL area and Plot 3 indicated the ML area.

**Figure 5:**Chemical compositions were analyzed by STEM mode. Plots 1 and 2 showed the components of GIC such as Si, Sr, Al. Plots 1, 2 and 3 showed almost the same tendency while Plot 3 showed more Ca content.

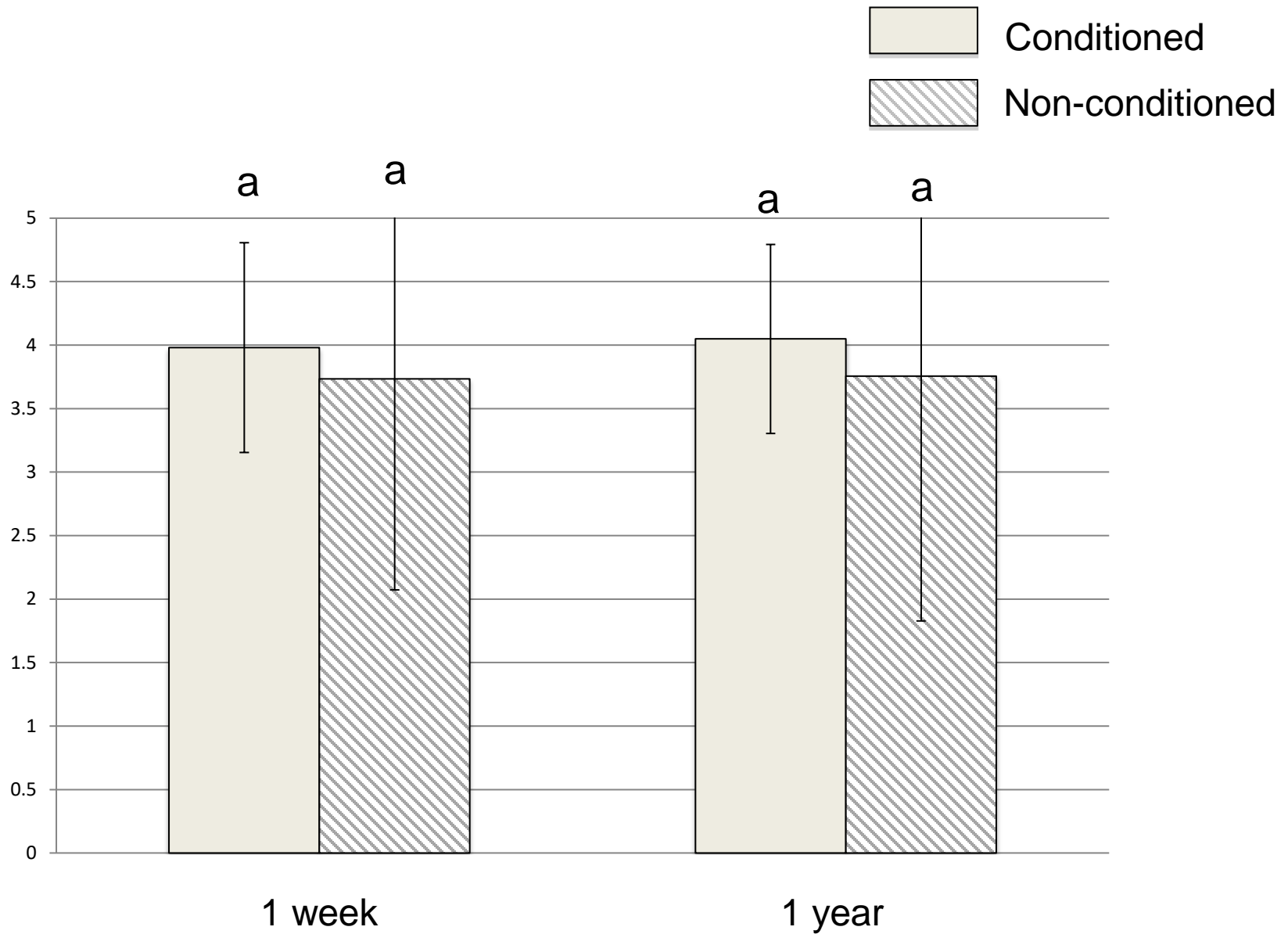
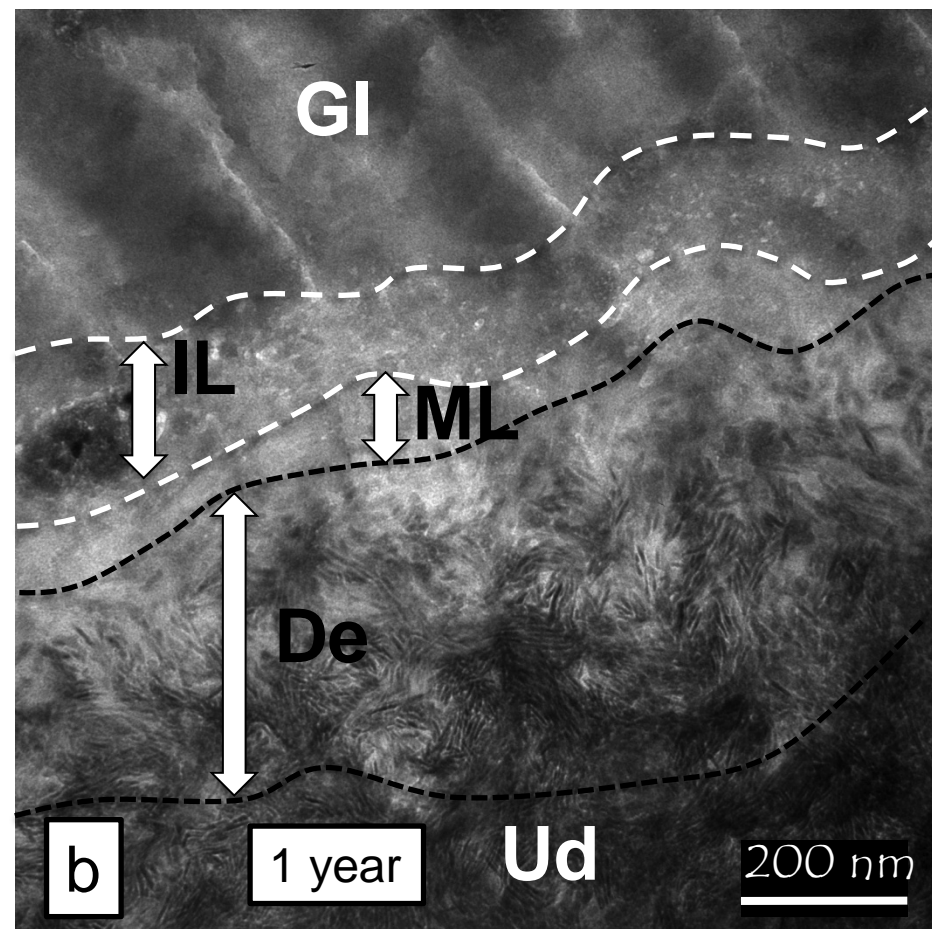
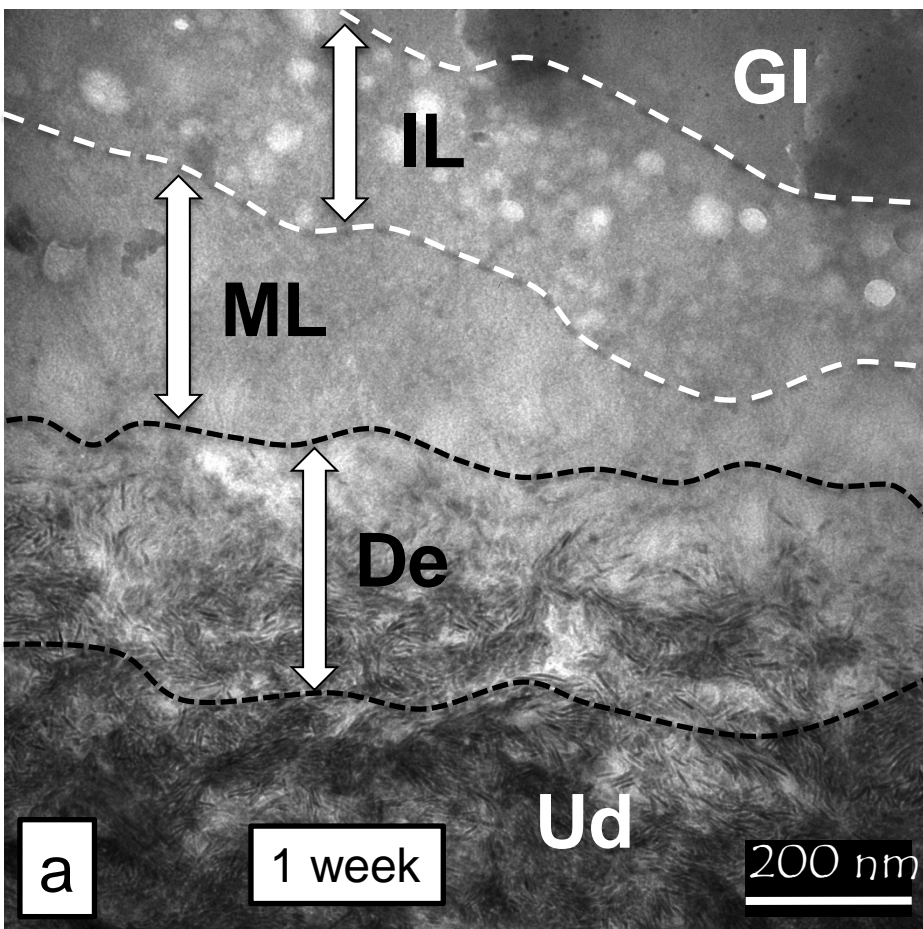
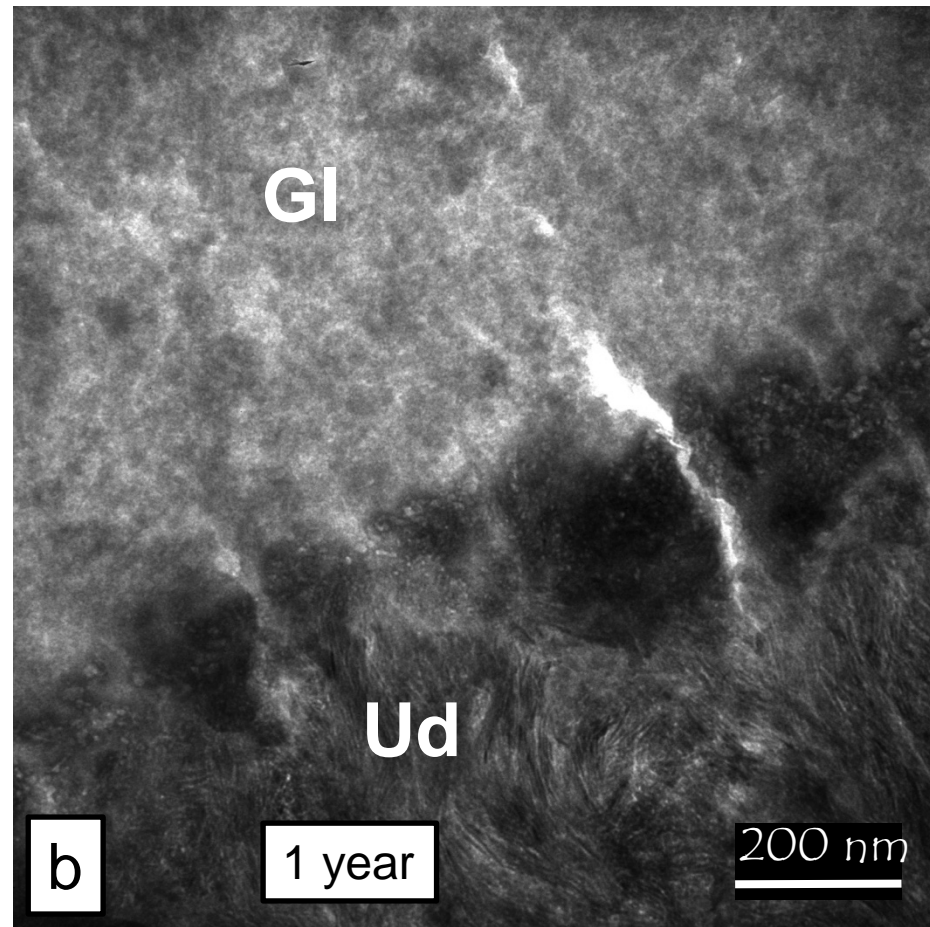
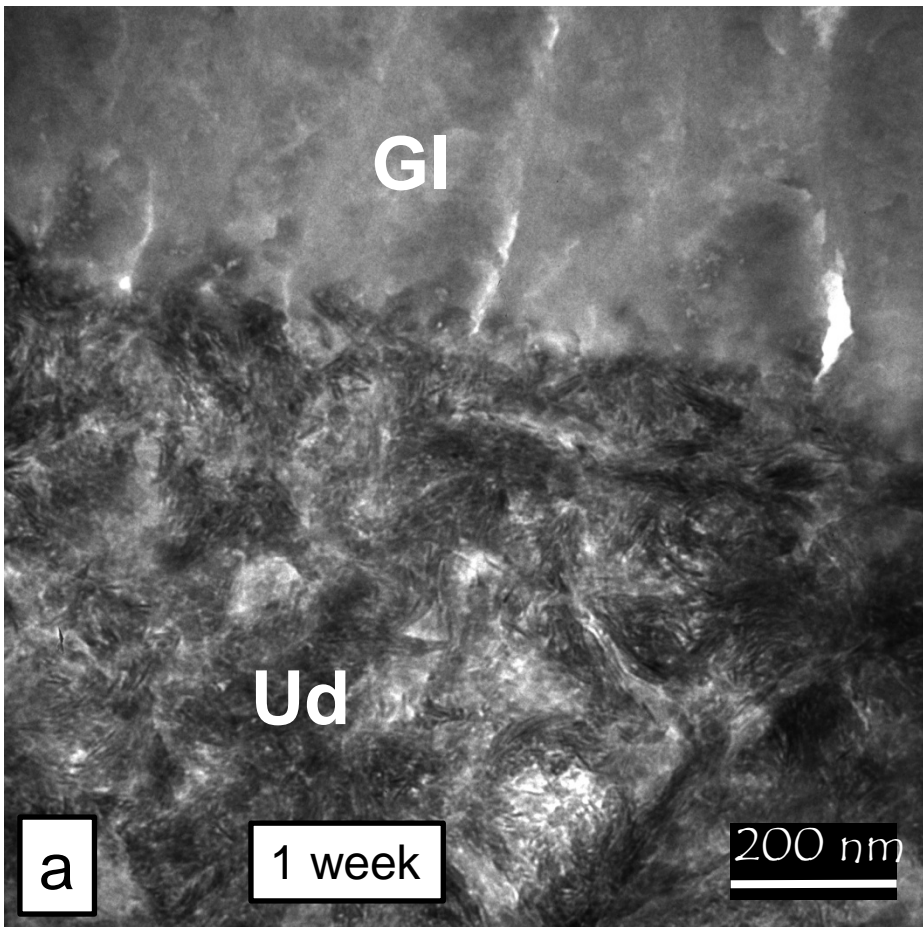


Fig 1



GI: Glass ionomer cement  
IL: Intermediate Layer  
ML: Matrix-rich Layer  
De: Demineralized Layer  
Ud: Unaffected Dentin

Fig 2



GI: Glass ionomer cement  
Ud: Unaffected Dentin

Fig 3

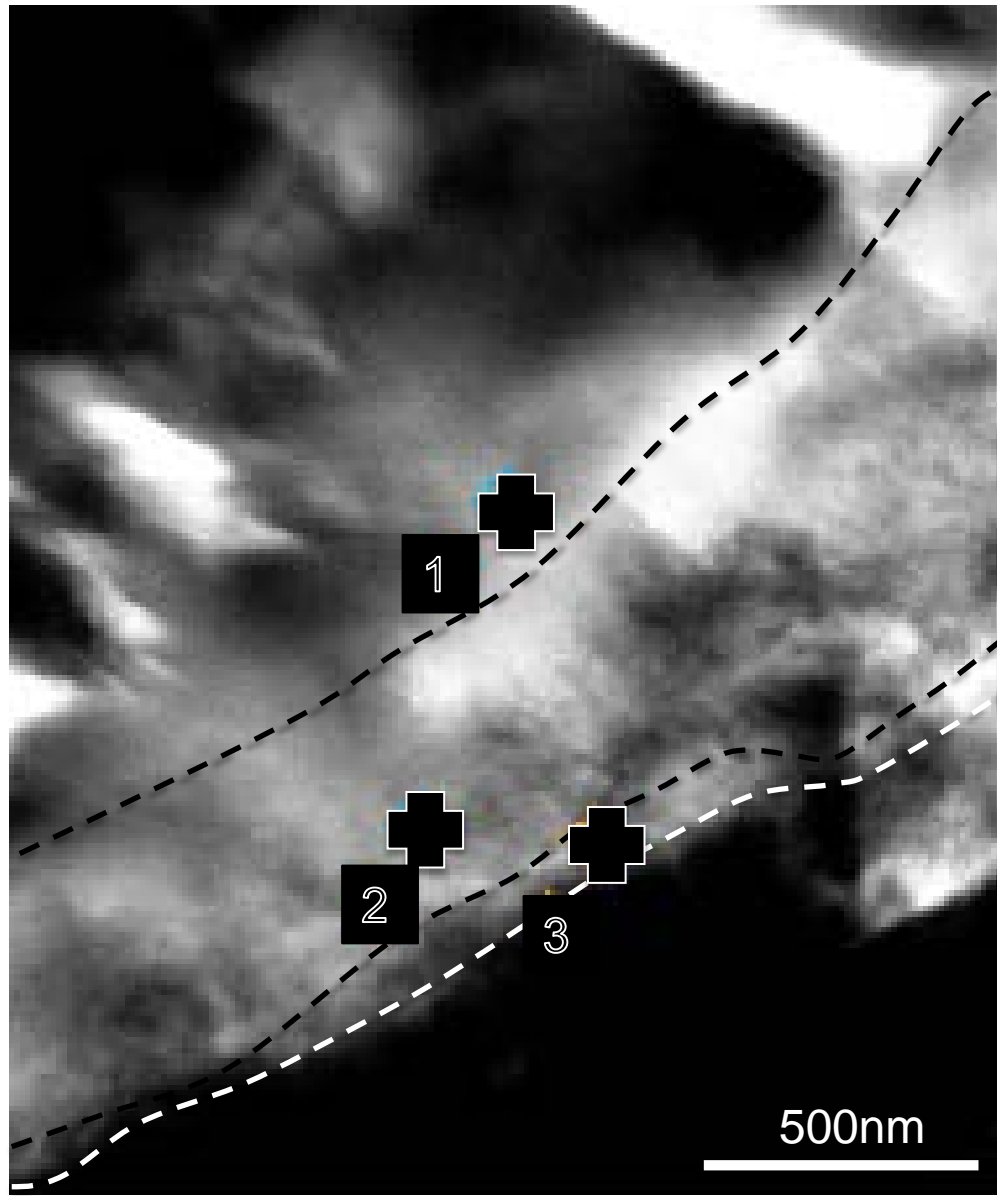


Fig 4

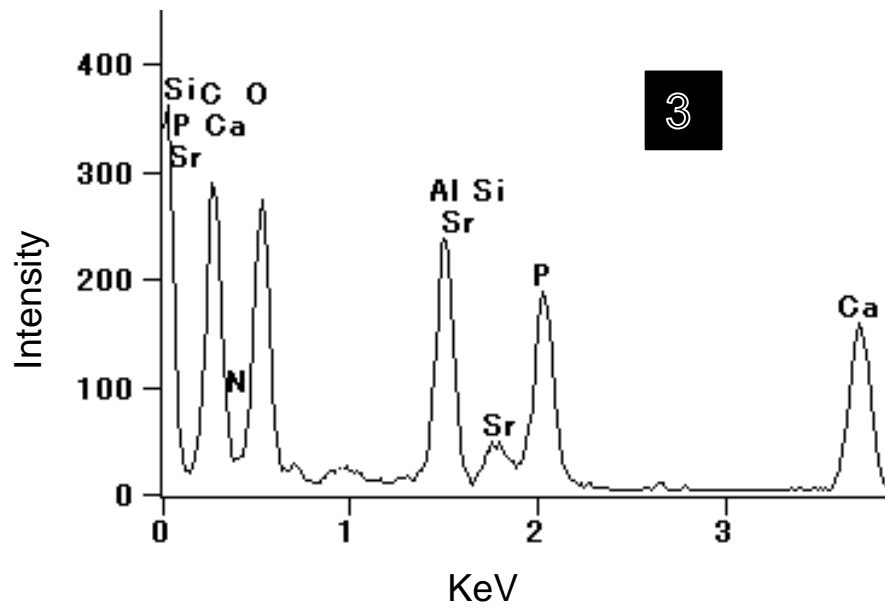
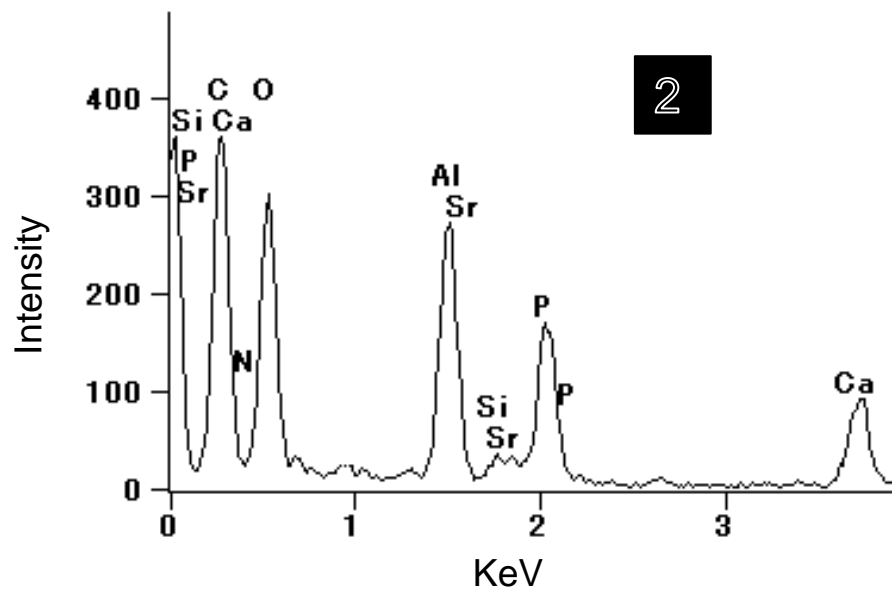
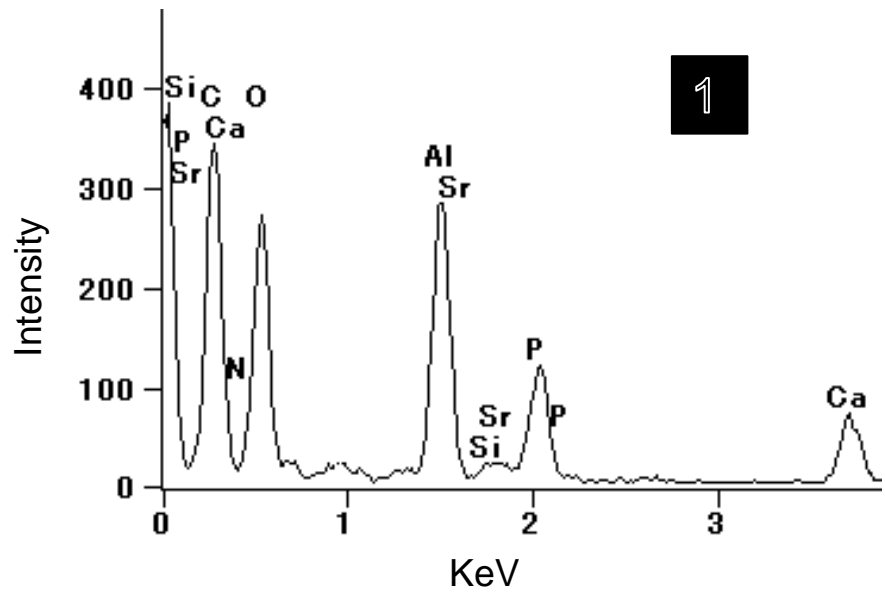


Fig 5