Stimulatory Effects of CO₂ Laser, Er:YAG Laser and Ga-Al-As Laser on Exposed Dentinal Tubule Orifices

Satoshi Matsui¹*, Masahiro Kozuka², Jyunichi Takayama³, Kana Ueda², Hiroko Nakamura², Ko Ito³, Masaru Kimura⁴, Hiroshi Miura², Yasuhisa Tsujimoto³, Toshirou Kondoh³, Takuji Ikemi⁴, and Kiyoshi Matsushima²

¹Department of Clinical Oral Physiology, Nihon University School of Dentistry at Matsudo, 870-1, Sakaecho, Nishi-2, Matsudo, Chiba 271-8587, Japan
²Department of Endodontics, Nihon University School of Dentistry at Matsudo, 870-1, Sakaecho, Nishi-2, Matsudo, Chiba 271-8587, Japan
³Department of Maxillofacial Surgery, Nihon University School of Dentistry at Matsudo, 870-1, Sakaecho, Nishi-2, Matsudo, Chiba 271-8587, Japan
⁴Department of Dental Caries Control and Aesthetic Dentistry, Nihon University School of Dentistry at Matsudo, 870-1, Sakaecho, Nishi-2, Matsudo, Chiba 271-8587, Japan

Received 13 September, 2006; Accepted 9 October, 2007

Summary We investigated the effects of lasers irradiation on the exposed dentinal tubule. Human tooth specimens with exposed dentinal tubule orifices were used. Three types of lasers (CO₂ laser, Er:YAG laser and Ga-Al-As laser) were employed. The parameters were 1.0 W in continuous-wave mode with an irradiation time of 30 s for the CO₂ laser, 30 mJ in continuous-wave mode with an irradiation time of 60 s for the Er:YAG laser, and 1.0 W in continuous-wave mode with an irradiation time of 60 s for the Ga-Al-As laser. A non-irradiated group was used as a control. After laser irradiation, the dentinal surface of each sample was observed using SEM. Afterwards, all samples were immersed in methylene blue dye solution in order to evaluate the penetration of the dye solution and observe the change in dentinal permeability after laser irradiation. SEM observation showed that the control group had numerous exposed dentinal tubule orifices, whereas these orifices were closed in the laser-irradiated groups. There was consistent dye penetration into the pulp chamber in the control group, whereas no dye penetration was evident in the laser-irradiated groups. Therefore, laser appears to be a promising treatment for reducing permeation through exposed dentinal tubules.

Key Words: laser irradiation, SEM observation, free radical, dentinal tubules, dentinal hypersensitivity

Introduction

Dentinal hypersensitivity may occur due to loss of the covering enamel and/or cementum after gingival recession, resulting in exposure of the cervical dentine with patency of the dentinal tubules. Dentin surface was dissolved by acids or active oxygen (H₂O₂) [1], and then dentinal tubule was exposed. It is thought that this condition will be occurred the dentinal hypersensitivity. However, the exact mechanism responsible for dentinal hypersensitivity is still unclear. The hydrodynamic theory [2], which the most widely accepted hypothesis, considers that the stimulus causing convective fluid flow in the dental tubules is related to the permeability
of dentin. Therefore, one method of treatment is to block the exposed dentinal tubules, and the other is to reduce the excitability of sensory nerves. Pashley et al. [3, 4] reported that potassium oxalate was effective for treatment of dentinal hypersensitivity. However, as potassium oxalate dissolves in a relatively short time, any beneficial effect is thought to be only short-term [5]. Recently, the clinical use of lasers has increased, and lasers are now employed frequently for endodontic treatment [6–8]. Energy from the long-wavelength, non-penetration type CO$_2$ and Er:YAG lasers is absorbed by water, and is used for surgical applications, treatment of dentinal hypersensitivity, and root canal therapy [9–13]. On the other hand, energy from the short-wavelength penetration-type Nd:YAG and Ga-Al-As lasers is not absorbed by water, and therefore suited for coagulation of deep tissue in the body, as well as for surgical treatment, formation of hard tissue, treatment of dentinal hypersensitivity and root canal therapy [6, 8, 13–20]. Zhang et al. [11] reported that CO$_2$ laser irradiation is useful for treatment of cervical dentinal hypersensitivity without thermal damage to the pulp. Lan et al. [16] reported that Nd:YAG laser treatment can be used to seal exposed dentinal tubules. However, issues such as the effects of laser irradiation on dentinal hypersensitivity have received little attention. Therefore, our research has focused on the transmission of photochemical energy to dentin via three types of lasers. Accordingly, we have performed in vitro investigations of dentinal hypersensitivity using three types of laser irradiation.

The purpose of this study was to evaluate morphologic differences in exposed dentinal tubule orifices in human tooth tissue before and after laser irradiation.

**Materials and Methods**

**Samples**

This study was approved by the ethics committee at the Nihon University School of Dentistry at Matsudo, No. EC 03-025. The samples were obtained from the root of an extracted human tooth according to the method of Tsujimoto et al. [21] Four blocks were obtained from the root of an extracted single cone tooth. The pulp was removed with a K-file, then 15% EDTA was applied to the dentinal wall for a period of 2 min to remove the smear layer. The samples were washed with pure water and blot dried with Kim-wipe paper, were kept in pure water at 37°C. Four blocks were used for each examination (1 cm × 1 cm block).

**Laser irradiation**

For the first set, a CO$_2$ laser apparatus (Panalas C10, Panasonic, Tokyo, Japan) with a wavelength of 10.6 µm and a maximum power output of 10 W was used. The samples were irradiated continuously at 1.0 W output power for 30 s (CO$_2$ laser group) with wet condition. For the second set, a Er:YAG laser apparatus (Erwin, Morita, Tokyo, Japan) with a wavelength of 2.94 µm was used. The samples were irradiated continuously at 30 mJ output power for 60 s with tapping water (Er:YAG laser group). For the third set, a high-energy Ga-Al-As laser apparatus (OSADA-LIGHTSURGE 3000, Osaka, Tokyo, Japan) with a wavelength of 0.81 µm and a maximum power output of 3.0 W was used. The samples were irradiated continuously at 1.0 W output power for 60 s, was 60 J/cm$^2$ (Ga-Al-As laser group) with wet condition. The distance from the tip of the laser apparatus fiber to the sample was 1 cm. As a control, samples without any irradiation were used (control group). Laser irradiation was maintained in an room temperature at 25°C. In this laser irradiated condition, we were decided on pilot study data and the manufacturer’s recommended.

**Effect of temperature by laser irradiation**

We measured change of a temperature in laser irradiation time using thermography (Nippon avionics, Tokyo, Japan).

**SEM observation**

The samples were dehydrated in a graded ethanol series from 40% to 100%, and in 3-methylbutyl acetate using the critical-point drying method. The dried samples were sputter-coated with a layer of Au-Pt and observed using an S-2150 SEM (Hitachi, Tokyo, Japan) at 15 kV [1].

**Dye penetration test**

Three coats of manicure were applied to all surfaces of the sample except the site of irradiation, and the sample was dried. The samples were then immersed in 2% methylene blue solution (pH 7.4) and left to stand at 37°C for 5 min. Then, the surface of each longitudinally cut sample was observed for dye penetration using a stereoscopic microscope.

**Measurement of percentage dye penetration**

We measured the distance from the dentin surface of the sample to the pulp chamber and also the distance of max dye penetration part into the dentinal tubule orifices, and calculated the percentage dye infiltration.

**Statistical analysis**

All values are presented as the mean ± SD, and the significance of differences was determined using Student’s $t$ test.

**Results**

**Effect of temperature by laser irradiation**

In the case of CO$_2$ laser irradiation, temperature was raised for 5.9°C. On the other hand, the temperature was
almost not changed in both Er:YAG laser and Ga-Al-As laser irradiation (Table 1).

Table 1. Effect of temperature by laser irradiation. Dentin surfaces were irradiated by lasers, and the CO₂ laser irradiation caused a maximum temperature rise of 5.9°C. On the other hand, the Er: laser and Ga-Al-As laser irradiation did not cause temperature.

<table>
<thead>
<tr>
<th>Laser</th>
<th>Irradiation time</th>
<th>Temperature risen (°C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CO₂ laser</td>
<td>30 s</td>
<td>±5.9</td>
</tr>
<tr>
<td>Er:YAG laser</td>
<td>60 s</td>
<td>±0.3</td>
</tr>
<tr>
<td>Ga-Al-As laser</td>
<td>60 s</td>
<td>±0.6</td>
</tr>
</tbody>
</table>

SEM observation

SEM observation showed that the control group had exposed dentinal tubule orifices, almost without a smear layer (Fig. 1a). Samples of dentinal tubules irradiated by the CO₂ laser showed closed dentinal tubule orifices (Fig. 1b). The surfaces of the samples irradiated with the Er:YAG and Ga-Al-As lasers showed sealing of the dentinal tubules (Fig. 1c, d).

Dye penetration test

The control group consistently displayed dye penetration into the pulp chamber (Fig. 2a). The Er:YAG laser group and the Ga-Al-As laser group exhibited slight dye penetration into the pulp chamber (Fig. 2c, d). In the CO₂ laser group, dye penetration into the dentin side tubules was observed (Fig. 2b).

Measurement of percentage dye penetration

The dye penetration after laser irradiation expressed as a percentage was 41.2% in the CO₂ laser group, 14.1% in the Er:YAG laser group, and 21% in the Ga-Al-As laser group. These degrees of dye penetration were significantly less than in the control group (P<0.01) (Fig. 3).

Discussion

The cause of dentinal hypersensitivity is not well understood, and as its symptoms are unspecified and subjective, there is no effective treatment. In addition, Kozuka et al. [22] reported that smear layer into dentinal tubules were omitted by active oxygen and free radical, and that a high concentration of H₂O₂ and longer application time increased the damage to intertubular dentin and peritubular dentin. It is commonly thought that smear layer is role of protect from external irritation. Consequently, the importance of obturating the dentinal tubules in certain clinical conditions is well established. Reducing the number of open tubules or decreasing their diameter is one goal of therapy
potassium oxalate, resin-bonding and sodium fluoride are some therapeutic tubule-occlusive agents \[3, 4\]. However, Kerns \textit{et al.} [5] have reported that the effects of tubule occlusion are relatively short-term. Therefore, many investigators have been searching for other therapeutic agents or methods that are effective for treatment of dentinal hypersensitivity and are relatively long-lasting. The effects of laser irradiation on dentin in vitro have been studied because laser irradiation can close and seal dentinal tubules, and may possibly reduce dentinal hypersensitivity.

In this study, we examined the utility of three kinds of laser irradiation for closed on exposed dentinal tubule orifice by SEM observation of dye penetration into the dentin surface.

First of all, we checked change of temperature on the dentin surface when using laser apparatus. In the results, only CO$_2$ laser irradiation was raised temperature within $5.9^\circ$C, however others were not changed.

CO$_2$ laser irradiation of dentinal tubules resulted in smaller tubule orifices. Energy from the non-penetration-type CO$_2$ laser is absorbed by water, suggesting that water on the dentin surface is evaporated by the treatment. The effects of a CO$_2$ laser on dentinal hypersensitivity are caused by occlusion or narrowing of the dentinal tubules. Bonin \textit{et al.} [23] reported that using the CO$_2$ laser at 1.0 W moderate energy density resulted mainly in the sealing of dentinal tubules, as well as a reduction of their permeability.

Energy from the non-penetration-type Er:YAG laser is
also absorbed by water. In this study, Er:YAG laser irradiation of dentinal tubules resulted in sealing of their orifices, most likely due to destruction of the hydroxyapatite crystals on the dentin surface. The effects of the Er:YAG laser on dentinal hypersensitivity are due to sealing of the dentinal tubules. Aranha et al. [12] reported that Er:YAG laser irradiation at 60 mJ is useful for decreasing dentin permeability.

The exact mechanism responsible of dentinal hypersensitivity is still unclear. In the previous reports, free radicals were generated by He-Ne laser and Ga-Al-As laser irradiation with H$_2$O$_2$, NaClO [24] or cultured cells [6]. We supposed when using the non-penetration-type lasers (CO$_2$ and Er:YAG), free radicals were generated on the surface of dentin, then dentin structure was destroyed and crumbled. Finally, dentinal tubules were obturated these dentin rubbish. Kawamoto et al. [1] reported that the intertubular dentin and peritubular dentin were dissolved by higher concentrations H$_2$O$_2$ and if the H$_2$O$_2$ was applied for longer times. And they detected hydroxyl radical from H$_2$O$_2$. In this study, we also observed that the intertubular dentin and peritubular dentin were dissolved by H$_2$O$_2$ (Fig. 4).

Energy from the penetration-type Ga-Al-As laser is absorbed by water. Hamachi et al. [19] reported that Ga-Al-As laser treatment reduced thermal dental sensitivity by 88.5%, and was useful for treatment of dental hypersensitivity. In the present study, Ga-Al-As laser irradiation caused stenosis of the dentinal tubule orifices, most likely due to denaturation of the collagen in dentin. Therefore, the effects of the Ga-Al-As laser on dentinal hypersensitivity are due to stenosis of the dentinal tubules.

In the dye penetration test, the control group consistently displayed dye penetration into the pulp chamber, whereas the laser-irradiated groups did not. Dye penetration into the dentinal tubules was particularly restricted by the Er:YAG and Ga-Al-As lasers, and produced very similar dye penetration images. However, in the CO$_2$ laser-irradiated samples, slight dye penetration was observed into the dentin side tubules. Because the energy of the non-penetration-type CO$_2$ laser is absorbed by water, the dentin is dissolved in water on the dentin surface and evaporates on heating, possibly leading to blockade of the dentinal tubule orifices.

On the other hand, energy from the non-penetration-type Er:YAG laser is also absorbed by water. In this case too, the dentin is dissolved, but the water on the dentin surface is evaporated explosively by the laser energy. Energy from the penetration-type Ga-Al-As laser is absorbed by water. It is hypothesized that internal organic matter at the dentin surface is denatured by Ga-Al-As laser irradiation, and that this occludes the dentinal tubule orifices. The present results indicate that laser irradiation can be used to close exposed dentinal tubules. Many previous reports [6, 8, 13–20] have indicated that laser irradiation has curative effects in patients with dental hypersensitivity. Laser treatment

Fig. 4. Treatment with 10 M H$_2$O$_2$ after dentin surface. Typical scanning electron micrographs after treatment with 10 M H$_2$O$_2$. a: control group, b: H$_2$O$_2$ after 1 day, c: H$_2$O$_2$ after 5 days, d: H$_2$O$_2$ after 10 days.
for dentinal hypersensitivity may have long-term effectiveness, and is simple and quick, with no adverse side-effects. Characteristics make it an effective, robust and attractive therapy for dentinal hypersensitivity. We are studying that the relation of laser irradiation and free radicals generation.

Acknowledgments

This work was supported in part by a Grant-in-Aid for Young Scientists (Start-up) from Japan Society for the Promotion of Science (No. 19890226) (2007, 2008) and Nihon University Individual Research Grant for (No. 07-097) (2007).

Abbreviations

SEM, scanning electron microscope; Er:YAG, erbium yttrium aluminum garnet.

References