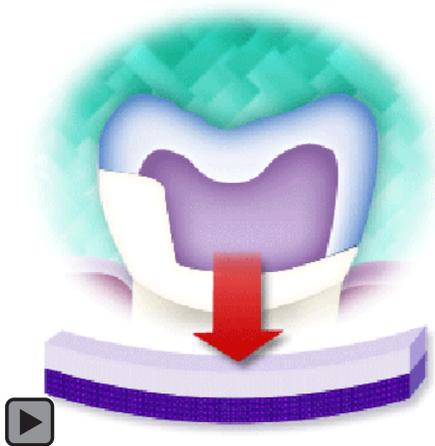


Fiber-reinforced Composite Substructure: Load-bearing Capacity of an Onlay Restoration and Flexural Properties of the Material

Sufyan K. Garoushi, BDS; Lippo V. J. Lassila, DDS, MSc;
Arzu Tezvergil, DDS; Pekka K. Vallittu, CDT, DDS, PhD, Prof



Abstract

Aim: The aim of this study was to determine the static load-bearing capacity of composite resin onlay restorations made of particulate filler composite (PFC) with two different types of fiber-reinforced composite (FRC) substructures. In addition, flexural properties of the material combination and the effect of polymerization devices were tested.

Methods and Materials: Specimens were prepared to simulate an onlay restoration, which consisted of 2 to 3 mm of FRC layer as a substructure (short random and continuous bidirectional fiber orientation) and a 1 mm surface layer of PFC. Control specimens were prepared from plain PFC. In Group A the specimens were incrementally polymerized only with a hand-light curing unit for 40 s, while in Group B the specimens were post-cured in a light-curing oven for 15 min before they were statically loaded with a steel ball.

Bar-shaped test specimens were prepared to measure the flexural properties of material combination using a three-point bending test (ISO 10477).

Results: Analysis of variance (ANOVA) revealed all specimens with a FRC substructure have higher values of static load-bearing capacity and flexural properties than those obtained with plain PFC ($p < 0.001$).

© Seer Publishing

Conclusion: The load-bearing capacity of all the specimens decreased after post-curing and water storage.

Restorations made from a material combination of FRC and PFC showed better mechanical properties than those obtained with plain PFC.

Keywords: Fiber-reinforced composite, FRC, load-bearing capacity, flexural properties, posterior composite restorations

Citation: Garoushi SK, Lassila LVJ, Tezvergil A, Vallittu PK. Fiber-reinforced Composite Substructure: Load-bearing Capacity of an Onlay Restoration and Flexural Properties of the Material. *J Contemp Dent Pract* 2006 September;(7)4:001-008.

Introduction

A variety of techniques are currently available to restore teeth with moderate coronal defects in the posterior region. The selection of the proper restorative modality is dependent on the evaluation and satisfaction of numerous criteria. Routine use of metal ceramic crowns instead of gold alloy partial crowns and onlay restorations force the removal of healthy enamel and dentin.

Adhesive ceramic onlays have been used as an alternative to minimize the removal of tooth structure. The greatest success with ceramic onlays has been limited to anterior teeth with porcelain veneers,^{1,2} whereas they have been used with less success for posterior teeth.³ This is not surprising as their fracture resistance and abrasiveness are clearly inferior to the gold alloys etchable glass-containing ceramics have replaced in the interest of esthetics.⁴ Except for an unnatural appearance, the physical properties of gold alloys have created a standard that has been difficult to match. Gold alloys exhibit toughness, high compressive load-bearing capacity, and low abrasiveness and wear.⁴



Particulate filler composite resins (PFCs) at one time were only considered a treatment option for anterior teeth, but they have been steadily finding wider applications. As the mechanical properties of PFCs have improved, their use has widened to include posterior intracoronal and extracoronal restorations, complete crowns, and fixed partial dentures.⁵ Many studies have been under-taken to investigate the filler phases, resin compositions, and curing conditions of the mechanical properties of PFC.^{6,7} However, further significant improvements are needed in order to extend the use of PFC to high stress-bearing applications such as direct posterior restorations involving cusps, and indirect inlays and onlay restorations.⁷

Indirect restorations such as inlays and onlays have been used for almost 25 years. They were introduced in the hope of overcoming problems

associated with the low degree of conversion related to direct posterior PFCs placed using conventional incremental techniques. The most significant problem was the development of various types of fractures in high stress-bearing areas.⁸

It was hoped the use of the indirect technique would improve the load-bearing capacity of the composite by raising the degree of conversion obtained by laboratory post-curing of the restoration. It is known extra-oral polymerizations of the composite followed by cementation appear to improve marginal fit and minimize contraction stress.⁹ Mechanical properties of the composites were also improved by post-cure heat treatment, although such improvements were modest and sometimes not statistically significant.^{10,11} The relatively high brittleness and low load-bearing capacity of current PFCs still hinder their use in large stress-bearing restorations.¹²⁻¹⁴ Therefore, there is considerable need for improved mechanical properties, especially load-bearing capacity and wear resistance while retaining desirable esthetic properties.

Fiber-reinforced composites (FRCs) have been tested as dental materials, and their use is growing in other dental applications like fixed partial dentures.¹⁵⁻¹⁷ Studies have shown FRCs have superior physical properties over PFCs. Many parameters are known to influence the properties of FRC.¹⁸⁻²² These include fiber volume

fraction, fiber adhesion to the resin matrix, water sorption of resin matrix, and fiber orientation. Although a lot is known about the properties of FRC itself, less information is available on the properties of a material combination of FRC and PFC, especially when used as reinforcement of restorative composite resin. It can be hypothesized when using a FRC substructure for PFC the static load-bearing capacity and flexural properties of the material combination could be improved. Thus, the aim of this study was to determine the static load-bearing capacity and flexural properties of composite resin restorations with two different types of FRC substructures. In addition, the effects of two types of polymerization devices on the properties of the material combinations were tested.

Methods and Materials

The materials used in this study are listed in Table 1. A total of 72 test specimens were prepared to simulate an onlay restoration. The specimens of onlay restoration design were fabricated by placing a 1 mm layer of PFC into the mold as the occlusal surface layer followed by FRC (short random E-glass FRC with fiber length 3 mm or continuous bidirectional E-glass FRC) as the substructure layer at a thickness of 2 and 3 mm. This established the thickness of the restoration to be 4 mm from the cusp tip to the bottom and 3.0 mm from the central fossa to the bottom of the restoration (Figure 1).

Table 1. Materials used in the study.

| Brand | Manufacture | Lot no. | Composition |
|-------------|--------------------------------------|----------------|---|
| Z250 | 3M Dental products, St Paul, MN, USA | 20040420 | Bis-GMA, UDMA****, Bis-EMA ***** |
| Stick | StickTeck Ltd, Turku, Finland | 1010321-R-0058 | Porous PMMA * pre-impregnated unidirectional E-glass fibers |
| StickNet | StickTeck Ltd, Turku, Finland | 2040315-w-0050 | Porous PMMA pre-impregnated bidirectional E-glass fibers |
| Stick Resin | StickTeck Ltd, Turku, Finland | 540 1042 | BisGMA**-TEGDMA *** |

*PMMA, poly methyl methacrylate, Mw 220.000

**Bis-GMA, bisphenol-A-glycidyl dimethacrylate.

***TEGDMA, triethylenglycoldimethacrylate.

****UDMA, urethane dimethacrylate

*****Bis-EMA, Ethoxylated bisPhenol-A-dimethacrylate

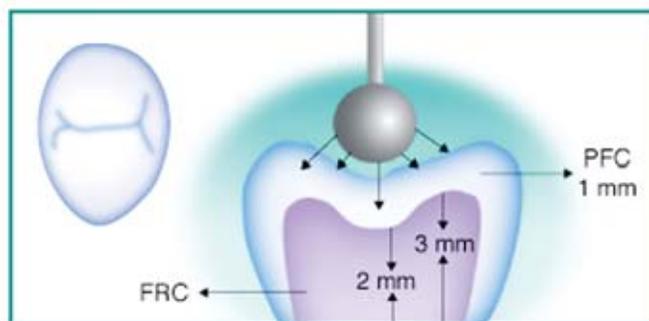


Figure 1. Schematic drawing of onlay-shaped test specimen and the compressive test setup.

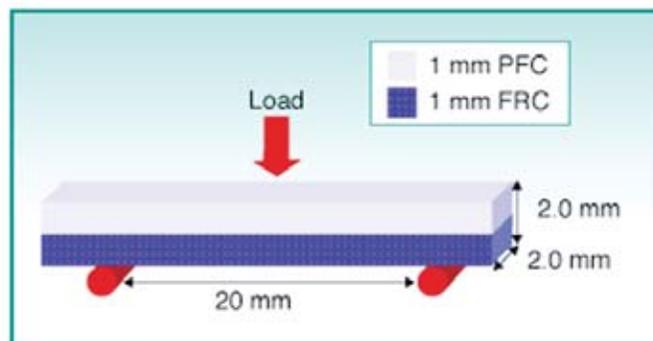


Figure 2. Schematic drawing of bar-shaped test specimen and three-point bending test setup.

The mold for the test specimens was filled and polymerized incrementally either with a hand-light curing unit (LCU) (Optilux –501, Kerr, CT, USA) for 40 s per increment (wavelength: 380 and 520 nm with maximal intensity at 470 nm, light intensity 800 mW/ cm²) or it was post-cured in a light-curing oven (OLC) (LicuLite, Dentsply, Dreiech, Germany) for 15 min. The specimens from each group (n=6) were either stored dry or stored in water (37°C) for 30 days. The static compressive fracture test was performed using a universal testing machine (Model LRX, Lloyd Instruments Ltd, Fareham, UK) at a speed of 1 mm/min, and data were recorded using PC software (Nexygen Lloyd Instruments Ltd). All specimens were loaded with a steel ball (Ø 3 mm) until fracture, as has been done in previous studies²³ (Figure 1). Fracture patterns of each loaded specimen were visually analyzed and categorized into three typical fracture patterns (compound fracture, delaminating, and splitting).

Bar-shaped test specimens (2 x 2 x 25 mm³) were prepared using stainless split molds in a brass frame. The specimens were prepared by

placing a 1 mm layer of FRC as the substructure, after which and a 1 mm layer of PFC was applied directly on top after polymerization of FRC (Figure 2).

The specimens from each group (n=6) were polymerized either using only a hand-light curing unit for 40 s per increment or post-cured using a light-curing oven for 15 min. The test specimens were loaded with a three-point bending test based on ISO 10477.²⁴ The setup of the testing machine and recording software were the same as used with the compressive fracture test.

Data of the fracture-load values and flexural properties were statistically analyzed with SPSS (SPSS Inc, Chicago, IL, USA) using analysis of variance (ANOVA). Fiber orientations, storage conditions, and polymerization devices (LCU, OLC) were used as independent factors. Flexural strength (σ_f) and flexural modulus (E_f) were calculated from the following formulae.²⁴

$$\sigma_f = 3F_m l / 2bh^2 \quad E_f = SI^3 / 4bh^3$$

Where F_m is the applied load (N) at the highest point of the load-deflection curve, l is the span length (20.0 mm), b is the width of test specimens (mm), and h is the thickness of test specimens (mm). S is the stiffness (N/m) $S=F/d$, and d is the deflection (mm) corresponding to load F (N) at a point in the straight-line portion of the trace. Toughness was calculated as the integral of the area under the stress/strain curve and reported in units of MPa.

The quantities of fibers in the FRC-containing test specimens were determined by combustion of the polymer matrix of the test specimens for 1 h at 700°C in a furnace (Radiance MSL, Jelrus). Before and after combustion, the weight of the specimens was measured with a balance (Mettler Toledo GmbH) to an accuracy of 0.1 mg. The fiber content, as percentage by volume (V_f) (vol%), was calculated with the following formula.²⁵

$$V_f = [(W_f / r_f) / (W_f / r_f + W_r / r_r)] \times 100(\%)$$

Where W_f is the weight proportion of E-glass, r_f (=2.54g/cm³) is the density of E-glass, W_r is the weight proportion of resin, and r_r (=1.238g/cm³) is the density of resin.²⁶

Results

The mean load-bearing capacities of the specimens with standard deviations are given in Table 2. The data showed onlay specimens with a FRC substructure gave higher load-bearing capacity than that obtained with specimens

of plain PFC. Onlay specimens polymerized incrementally with the hand-light curing unit only showed higher load-bearing capacity than specimens post-cured in the light-curing oven (Figure 3).

Water storage decreased the load-bearing capacity in all specimens (Figures 4 and 5).

The mean values of the flexural strengths, flexural modulus, and toughness of bar-shaped test specimens are given in Table 3 and Figures 6 and 7.

The data showed specimens post-cured in the light-cured oven had higher flexural strength and modulus than that obtained with specimens polymerized by the hand-light curing unit only. ANOVA revealed all factors significantly affected the fracture load-bearing capacity and flexural properties of material combinations ($p < 0.001$), but some interaction between factors existed. The volume quantity of glass fibers (evaluated with combustion) in the specimens with continuous bidirectional fiber substructure was 23 vol% (0.2 SD), and in the specimens with short random fiber substructure 16 vol% (0.7 SD). Fracture patterns were analyzed visually and showed three different types of fracture patterns in all specimens distributed according to the type of fiber orientations (Figure 8):

- A. Splitting of two cusps in specimens with only PFC. There was no difference in fracture

Table 2. Mean fracture load values (N), with standard deviations, of onlay-shaped test specimens.

| Specimens | Group A (LCU) | | Group B (OLC) | |
|--|--------------------------|---------------------------|---------------------------|---------------------------|
| | Dry | Water* | Dry | Water* |
| | Fracture load (N) (SD) | | Fracture load (N) (SD) | |
| Plain PFC | 1413 ^b (419) | 744 ^a (197) | 626 ^a (193) | 566 ^a (177) |
| PFC with FRC (short random fibers) | 2318 ^d (137) | 1900 ^{bcd} (81) | 2139 ^{cd} (192) | 1901 ^{bcd} (270) |
| PFC with FRC (continuous bidirectional fibers) | 2206 ^{cd} (286) | 1983 ^{bcd} (558) | 2014 ^{bcd} (514) | 1666 ^{bc} (288) |

Superscript letters indicate data sets that are not statistically different ($p > 0.05$)

*= water-stored at 37°C for 30 days

LCU= hand-light curing unit

OLC= post-cured in light-curing oven

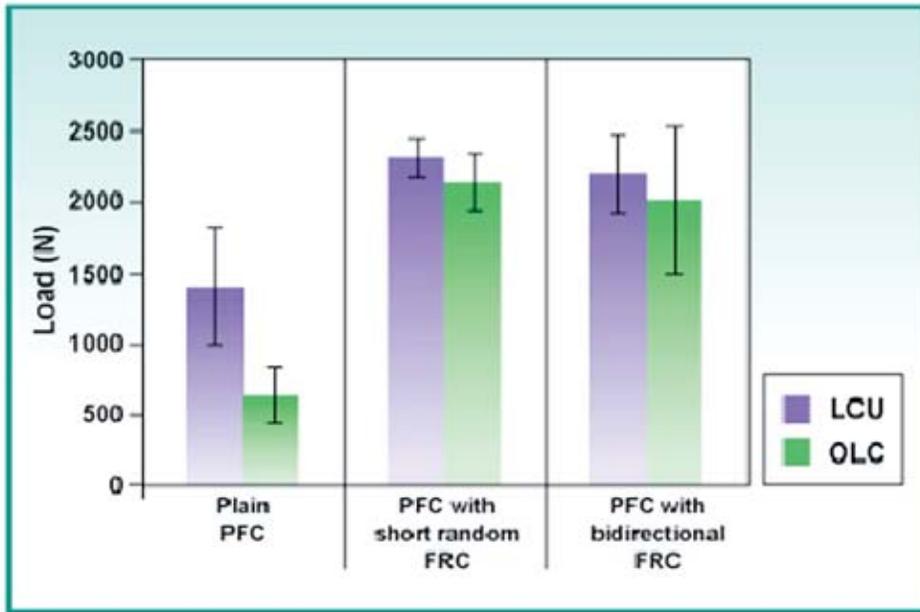


Figure 3. The effect of polymerization type on dry stored test specimens on mean values of load-bearing capacity. LCU = hand-light curing unit, OLC = post-cured in light-curing oven. Vertical lines represent standard deviations.

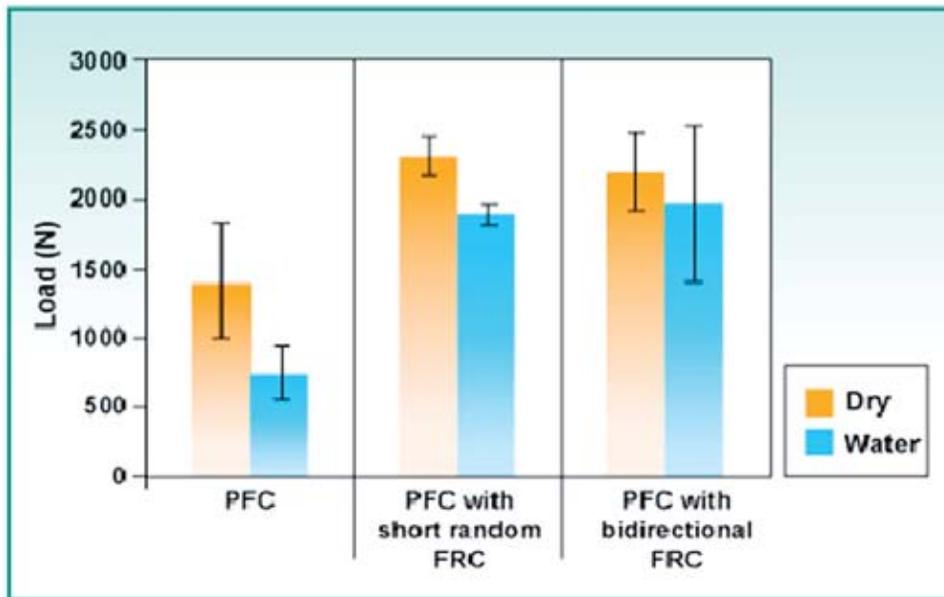


Figure 4. The effect of storing condition on mean values of static load-bearing capacity of test specimens polymerized with hand-light curing unit. Vertical lines represent standard deviations.

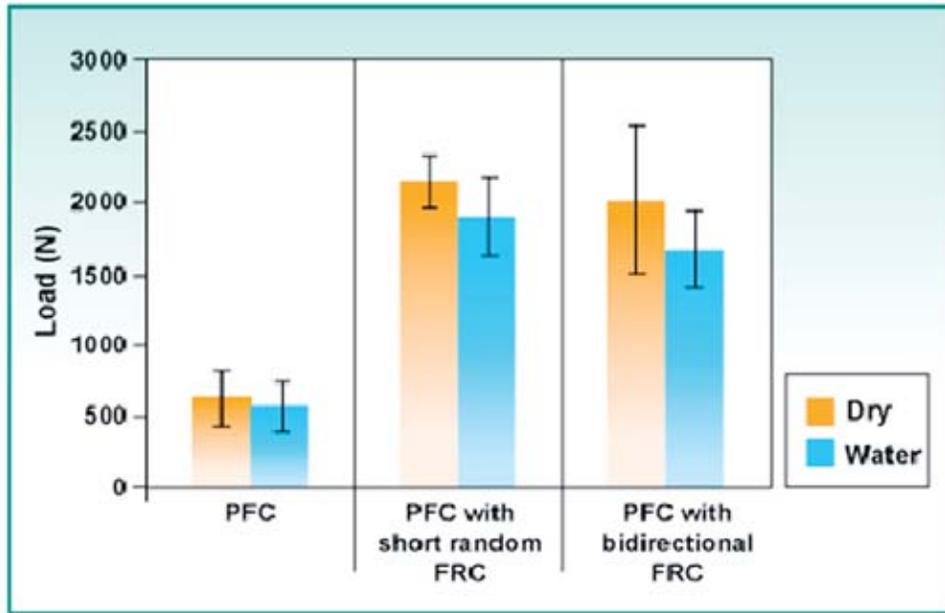


Figure 5. The effect of storing condition on mean values of static load-bearing capacity of test specimens post-cured in light-curing oven. Vertical lines represent standard deviations.

Table 3. Mean results, with standard deviations, of three-point bending test of bar-shaped test specimens.

| Specimens | Maximum load (N) | | Flexural strength (MPa) | | Flexural modulus (GPa) | | Toughness (Mpa) | |
|---|------------------|--------|-------------------------|------------------------|------------------------|------------------------|--------------------------|--------------------------|
| | LCU | OLC | LCU | OLC | LCU | OLC | LCU | OLC |
| Plain PFC | 23(3) | 34(4) | 88 ^a (12) | 128 ^{ab} (15) | 11.4 ^{ab} (2) | 17 ^c (3.4) | 0.103 ^a (.03) | 0.098 ^a (.02) |
| PFC with FRC (short random fiber) | 52(23) | 64(16) | 193 ^{ab} (85) | 240 ^b (61) | 8 ^a (2.5) | 11.6 ^{ab} (3) | 0.62 ^{ab} (.3) | 0.47 ^{ab} (.1) |
| PFC with FRC (continuous bidirectional fiber) | 61(9) | 68(12) | 230 ^b (35) | 254 ^b (85) | 8 ^a (2) | 16 ^{bc} (2.6) | 1.1 ^b (.3) | 0.47 ^{ab} (.2) |

Superscript letters indicate data sets that are not statistically different ($p > 0.05$)
 LCU= hand-light curing unit.
 OLC= post-cured in light-curing oven.

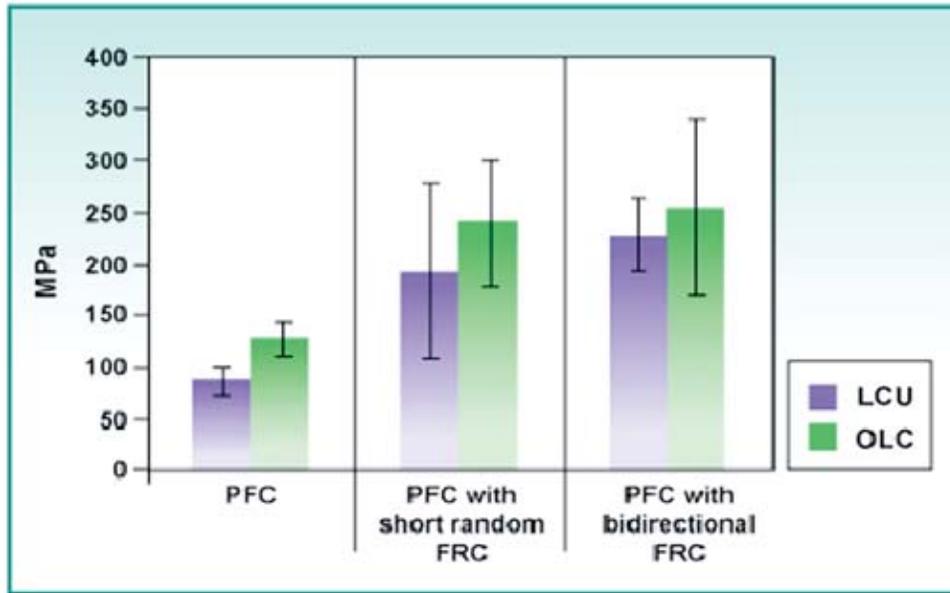


Figure 6. Mean values of flexural strengths of bar-shaped test specimens. LCU = hand-light curing unit, OLC = post-cured in light-curing oven. Vertical lines represent standard deviations.

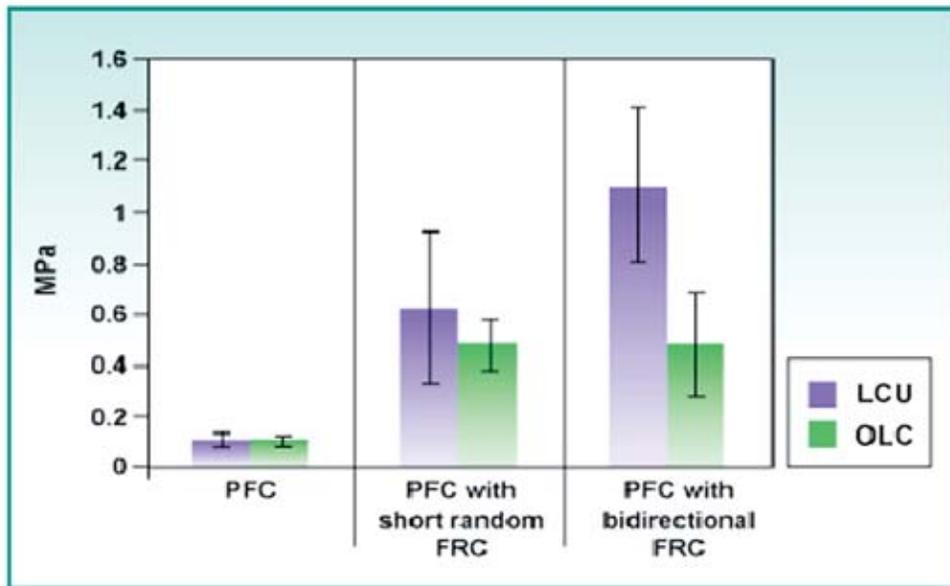


Figure 7. Mean values of toughness of bar-shaped test specimens. LCU = hand-light curing unit, OLC = post-cured in light-curing oven. Vertical lines represent standard deviations.

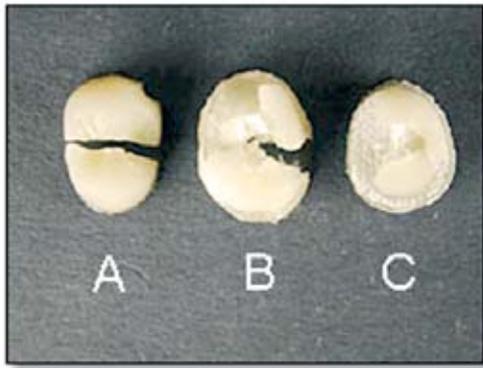


Figure 8. Different types of fracture patterns; A. Splitting, B. Compound fracture, and C. Delaminating.

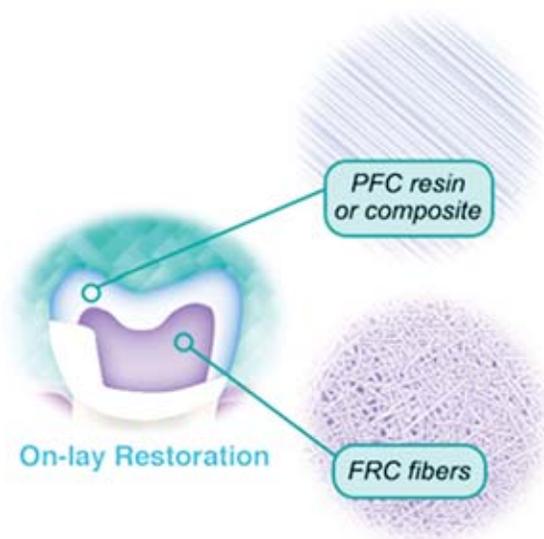
- A. Splitting fracture of PFC with underlying short random FRC.
- B. Compound fracture of PFC with underlying short random FRC.
- C. Delaminating of PFC from underlying continuous bidirectional FRC.

Discussion

After years of follow-up of indirectly or directly made posterior composite restorations, clinical studies showed fracture of the restoration was the most common failure, with no significant differences between the two techniques.^{7,28} However, FRCs are a group of materials with high toughness and strength and have been used in many applications such as in prosthodontics and periodontology.²⁹ Currently, the interest in using FRC is growing and an acceptable success rate in the use of FRC to reinforce long-term restorations like FPDs has been reported.^{15,30}

Short random and continuous bidirectional FRCs are used as filler to reinforce resin composite resulting in a modest increase in strength.^{31,32} On the other hand, due to handling properties and the anisotropy of the continuous unidirectional FRC,^{17,33} the use of this type of FRC may not be optimal in substructures of restorative composite. However, as a restorative material, unidirectional FRC is the most durable and optimal substructure for replacement of teeth in dental inlay bridges.

Short random and continuous bidirectional FRCs, with isotropic and orthotropic mechanical properties, were selected for this study. It was hypothesized the FRC substructure could



reinforce the composite restoration for use in high stress-bearing areas of the dental arch. The data showed substantial improvements in load-bearing capacity and flexural properties when the FRC substructure was used. A two to three times higher load-bearing capacity of specimens was obtained compared to that of plain PFC.

The function of the FRC substructure is assumed to support the PFC layer and serve as a crack prevention layer. In order to provide support for the PFC the structural rigidity of the FRC substructure should be higher than that of the PFC surface layer. The fiber orientation and cross-linking density of the polymer matrix likely play a significant role here.

Visible light at the correct wavelength, sufficient intensity, and sufficient exposure time are essential for adequate polymerization of photopolymerized composite resins.³⁴ Laboratory studies have shown additional post-curing resulted in increased physical properties of resin materials.²⁷ On the other hand, clinical studies after a long evaluation time have shown there is no effect of the additional curing on the longevity and load-bearing capacity of the composite resin.²⁷ In this study post-curing significantly increased the flexural strength and modulus of composite resin, while the load-bearing capacity and toughness decreased.

Continued light exposure time leads to increased hardness of the PFC^{35,36} instead of improving the toughness, which in the present study seems

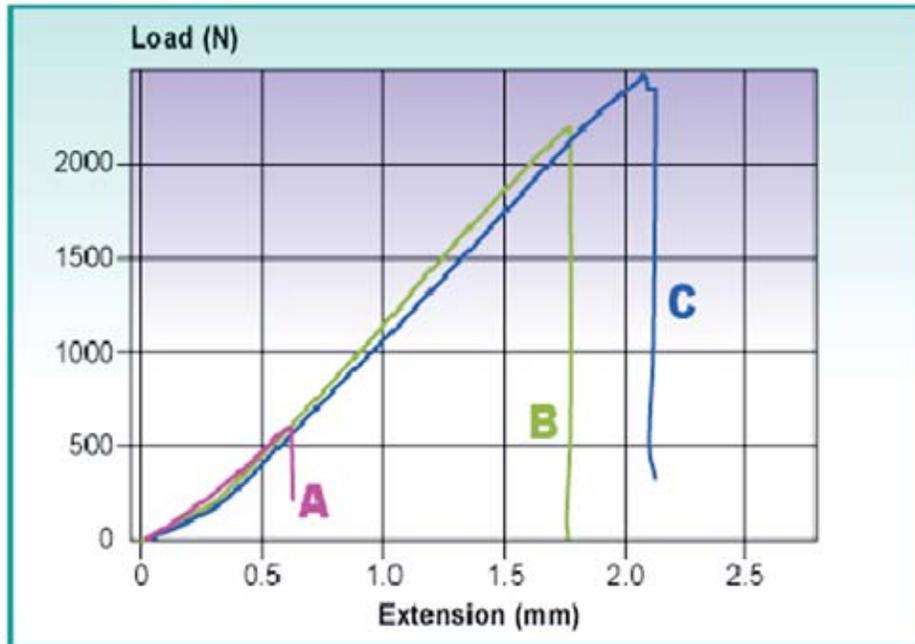


Figure 9. Failure mode in load-deflection curve. **A.** Plain PFC, **B.** PFC with FRC (short random fibers), **C.** PFC with FRC (continuous bidirectional fibers)

to be a key property. The explanation for a higher load-bearing capacity of test specimens polymerized by a hand-light curing unit alone could be related to a lower amount of monomer conversion forming less cross-linked polymer matrix with some residual monomers remaining. The residual monomers plasticizes the polymer matrix, and the lower crosslinking density allows the matrix to flow under high stress, thus, increasing the toughness of the PFC.

The fracture mode was categorized as an instantaneous failure which occurs after a load causes a strain concentration in narrow region sufficient to break the composite structure (Figure 9).

Fracture patterns were analyzed visually, and three types of fracture patterns were found

(Figure 8). These occurred according to the type of FRC substructure. Continuous bidirectional FRC has a stiffer structure and likely good ability to slow or arrest crack propagation, which could lead to delaminating of PFC from the underlying FRC.¹⁸ On the other hand, the lower stiffness of short random FRC allowed the crack to propagate through the PFC and FRC, and no delamination was found.

Conclusion

It was concluded by adding a continuous bidirectional or short random FRC substructure under the PFC resin, the load-bearing capacity and flexural properties of material combination were increased. This might have an impact on optimizing the properties of directly and indirectly made composite restorations in high stress-bearing areas.

References

1. Dumfahrt H, Schaffer H. Porcelain laminate veneers. A retrospective evaluation after 1 to 10 years of service: Part II—clinical results. *Int J Prosthodont.* 2000; 13:9-18.
2. Friedman MJ. A 15-year review of porcelain veneer failure—A clinician's observations. *Compend Contin Educ Dent.* 1998; 19: 625-32.
3. Felden A, Schmalz G, Hiller KA. Retrospective clinical study and survival analysis on partial ceramic crowns: results up to 7 years. *Clin Oral Investig.* 2000; 4: 199-205.
4. Gegauff AG, Garcia JL, Koelling KW, Seghi RR. Thermoplastic composites for veneering teeth—a feasibility study. *Dent Mater.* 2002; 18; 479-85.
5. Freilich MA, Karmaker AC, Burstone CJ, Glodberg AJ. Development and clinical applications of a light-polymerized fiber-reinforced composite. *J Prosthet Dent.* 1998; 80: 311-18.
6. Ferracane JL, Berge HX, Condon JR. In vitro aging of dental composites in water effect of degree of conversion, filler volume, and filler/matrix coupling. *J Biomed Mater Res.* 1998; 42:465-72.
7. Xu HHK, Quinn JB, Smith DT, Giuseppetti AA, Eichmiller FC. Effect of different whiskers on the reinforcement of dental resin composites. *Dent Mater.* 2003; 19: 359-67.
8. Burke FJT, Watts DC, Wilson NHF, Wilson MA. Current status and rationale for composite inlays and onlays. *Br Dent J.* 1991; 170: 269-73.
9. Wendt SL, Leinfelder KF. The clinical evaluation of heat-treated composite resin inlays. *J Am Dent Assoc.* 1990; 120: 177-81.
10. Loza-Herrero MA, Rueggeberg FA, Caughman WF, Schuster GS, Lefebvre CA, Gardner FM. Effect of heating delay on conversion and strength of a post-cured resin composite. *J Dent Res.* 1998; 77: 426-31.
11. Hejazi AAE, Watts DC. Creep and visco-elastic recovery of cured and secondary-cured composites and resin-modified glass ionomers. *Dent Mater.* 1999; 15: 138-43.
12. Sakaguchi RL, Cross M, Douglas WH. A simple model of crack propagation in dental restorations. *Dent Mater.* 1992; 8: 131-6.
13. Wilder Jr. AD, Bayne SC, Heymann HO. Long-term clinical performance of direct posterior composites. *Trans Acad Dent Mater.* 1996; 9: 151-69.
14. Christensen GJ. Porcelain-fused-to-metal vs. nonmetal crowns. *J Am Dent Assoc.* 1991; 130: 409-11.
15. Vallittu PK. Survival rates of resin-bonded, glass fiber-reinforced composite fixed partial dentures with a mean follow-up of 42 month: A pilot study. *J Prosthet Dent.* 2004; 91: 241-6.
16. Vallittu PK. Prosthodontic treatment with a glass fiber-reinforced resin-bonded partial denture: A clinical report. *J Prosthet Dent.* 1999;82: 132-5.
17. Vallittu PK. Experience of using glass fibers with multiphase acrylic resin systems. In: Vallittu PK, editor. Theoretical background and clinical examples. The First Symposium on Fiber Reinforcement Plastic in Dentistry, Institute of Dentistry and Biomaterials Project, University of Turku, Finland (1999).
18. Dyer SR, Lassila LV, Jokinen M, Vallittu PK. Effect of fiber position and orientation on fracture load of fiber-reinforced composite. *Dent Mater.* 2004; 20: 947-55.
19. Lassila LV, Nohrström T, Vallittu PK. The influence of short-term water storage on the flexural properties of unidirectional glass fiber-reinforced composite Biomaterials. 2002; 23: 2221-9.
20. Nohrström TJ, Vallittu PK, Yli-Urpo A. The effect of placement and quantity of glass fibers on the fracture resistance of interim fixed partial denture. *Int J Prosthodont.* 2000; 13: 72-8.
21. Vallittu PK. Curing of silane coupling agent and its effect on the transverse strength of autopolymerizing polymethylmethacrylate-glass fiber composite. *J Oral Rehabil.* 1997; 24: 124-30.
22. Vallittu PK. Flexural properties of acrylic resin polymers reinforced with unidirectional and woven glass fibers. *J Prosthet Dent.* 1999;81: 318-26.
23. Allara FW Jr, Diefenderfer KE, Molinaro JD. Effect of three direct restorative materials on molar cuspal fracture resistance. *Am J Dent.* 2004; 17: 228-32.
24. ISO 10477:1992(E). Dentistry-Polymer based crown and bridge materials. International Organization for Standardization, Geneva, Switzerland, 1992.

25. Vallittu PK, Ruyter IE, Ekstrand K. Effect of 180-week water storage on the flexural properties of E-glass and silica fiber acrylic resin composite. *Int J Prosthodont.* 2000; 13: 334-9.
26. Lastumäki TM, Lassila LVJ, Vallittu PK. Flexural properties of the bulk fiber-reinforced composite DC-Tell used in fixed partial Dentures. *Int J Prosthodont.* 2001; 14: 22-6.
27. Pallesen U, Qvist V. Composite resin fillings and inlays: An 11-year evaluation. *Clin Oral Investig.* 2003; 7: 71-9.
28. Wassell RW, Walls AWG, McCabe JF. Direct composite inlays versus conventional composite restorations: 5-year follow-up. *J Dent.* 2000; 28: 375-82.
29. Vallittu PK. editor. *The Third International Symposium on Fiber Reinforced Plastics in Dentistry*, Institute of Dentistry and Biomaterials Project, University of Turku, Finland (2002).
30. Gohring TN, Roos M. Inlay-fixed partial dentures adhesively and reinforced by glassfiber: clinical and scanning electron microscopy analysis after five years. *Eur J Oral Sci.* 2005; 113: 60-9.
31. Krause WR, Park SH, Straup RA. Mechanical properties of Bis-GMA resin short glass fiber composites. *J Biomed Mater Res.* 1998; 23: 1195-211.
32. Bayne SC, Thompson JY. Mechanical property analysis of two admixed PRIMM- modified commercial dental composites. *Trans Acad Dent Mater.* 1996; 9: 238.
33. Tezvergil A, Lassila LV, Vallittu PK. The effect of fiber orientation on the thermal expansion coefficients of fiber-reinforced composites. *Dent Mater.* 2003; 19: 471-7.
34. Pires JA, Cvitko E, Denehy GE, Swift EJ Jr. Effect of curing tip distance on light intensity and composite resin micro hardness. *Quintessence Int.* 1993; 24: 517-21.
35. Baharav H, Abraham D, Cardash HS, Helft M. Effect of exposure time on the depth of polymerization of visible light-cured composite resin. *J Oral Rehabil.* 1998; 15: 167-72.
36. Sobrinho LC, Goes MF, Consani S, Sinhoreti MA, Knowles J. Correlation between light intensity and exposure time on the hardness of composite resin. *J Mater Sci Mater Med.* 2000; 11: 361-4

About the Authors

Sufyan K. Garoushi, BDS



Dr. Garoushi is a graduate of Garyounis University in Benghazi, Libya, and he is currently a doctoral student in Prosthodontics and Biomaterials at the Institute of Dentistry, University of Turku, Finland. His current research is focused on fiber-reinforced composite in dentistry.

e-mail: sufgar@utu.fi

Lippo V. J. Lassila, DDS, MSc



Dr. Lassila graduated from Kuopio University and is now a doctoral student in Prosthodontics and Biomaterials at the Institute of Dentistry, University of Turku, Finland where he also serves as a laboratory engineer. His current research is focused on fiber-reinforced composites in dentistry.

e-mail: lpllas@utu.fi

Arzu Tezvergil, DDS



Dr. Tezvergil received her DDS degree from Hacettepe University and her doctoral degree in Prosthetic Dentistry from Gazi University in Ankara, Turkey. She is currently working as a Research Associate and a doctoral student in Prosthodontics and Biomaterials at the Institute of Dentistry, University of Turku, Finland. Her current research is focused on fiber-reinforced composites in dentistry.

Pekka K. Vallittu, CDT, DDS, PhD, Prof



Dr. Vallittu is a Professor of Prosthodontics and Chairman of the Institute of Dentistry at the University of Turku, Finland. He received both his DDS and PhD from Kuopio University in 1994. He has served as a Visiting Scientist at the Scandinavian Institute of Dental Materials (NIOM) and has presented scientific lectures in 10 countries, including the USA, Canada, China, UK, Netherlands, and Japan. Dr. Vallittu has served as a referee to a number of international journals, edited 4 books, and published over 100 peer-reviewed articles. His primary research areas are fiber-reinforced composites in dentistry and in other biomedical applications.