

UNIVERSIDADE FEDERAL DE SANTA MARIA
CENTRO DE CIÊNCIAS DA SAÚDE
PROGRAMA DE PÓS-GRADUAÇÃO EM CIÊNCIAS
ODONTOLÓGICAS

Ana Maria Estivaleta Marchionatti

**TÉCNICAS DE RECOBRIMENTO CERÂMICO DE
INFRAESTRUTURAS DE Y-TZP: INFLUÊNCIA NO
COMPORTAMENTO MECÂNICO**

Santa Maria, RS
2018

Ana Maria Estivaleta Marchionatti

**TÉCNICAS DE RECOBRIMENTO CERÂMICO DE INFRAESTRUTURAS DE
Y-TZP: INFLUÊNCIA NO COMPORTAMENTO MECÂNICO**

Tese apresentada ao Curso de Doutorado do Programa de Pós-Graduação em Ciências Odontológicas, Área de Concentração em Odontologia, ênfase em Prótese Dentária, da Universidade Federal de Santa Maria (UFSM, RS), como requisito parcial para a obtenção do título de **Doutora em Ciências Odontológicas**.

Orientadora: Profa. Dra. Liliana Gressler May

Santa Maria, RS
2018

Marchionatti, Ana Maria Estivaleta
Técnicas de recobrimento cerâmico de infraestruturas
de Y-TZP: influência no comportamento mecânico / Ana
Maria Estivaleta Marchionatti.- 2018.
124 p.; 30 cm

Orientadora: Liliana Gressler May
Tese (doutorado) - Universidade Federal de Santa
Maria, Centro de Ciências da Saúde, Programa de Pós
Graduação em Ciências Odontológicas, RS, 2018

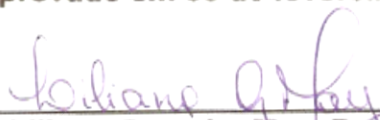
1. Cerâmicas Odontológicas 2. CAD/CAM 3. Carregamento
Cíclico 4. Resistência Flexural 5. Meta-Análise I. May,
Liliana Gressler II. Título.

Ana Maria Estivaleta Marchionatti

**TÉCNICAS DE RECOBRIMENTO CERÂMICO DE INFRAESTRUTURAS DE
Y-TZP: INFLUÊNCIA NO COMPORTAMENTO MECÂNICO**

Tese apresentada ao Curso de Doutorado do Programa de Pós-Graduação em Ciências Odontológicas, Área de Concentração em Odontologia, ênfase em Prótese Dentária, da Universidade Federal de Santa Maria (UFSM, RS), como requisito parcial para a obtenção do título de **Doutora em Ciências Odontológicas**.

Aprovado em 05 de fevereiro de 2018:




Liliana Gressler May, Dra. (UFSM)
(Presidente/Orientadora)



Anna Karina Figueiredo Costa, Dra. (UNINOVE)



Paulo Francisco Cesar, Dr. (FOUSP)



Marília Pivetta Rippe, Dra. (UFSM)



Sara Fraga, Dra. (UNIFRA)

Santa Maria, RS
2018

DEDICATÓRIA

Aos meu pais Carmem e Wilson, com amor e gratidão.

AGRADECIMENTOS

A Deus, por me guiar e me abençoar sempre e por colocar em meu caminho as oportunidades no momento certo.

Aos meus pais Carmem e Wilson e ao meu irmão Lauro, meu amor e gratidão por me incentivarem incondicionalmente e por me darem força em todos os momentos de minha vida.

Ao meu namorado Vinícius pelos anos de apoio constante e incansável em todas as situações e pelo suporte em minha trajetória acadêmica e profissional.

Aos meus familiares, em especial aos meus avós Gilda, Margarida e Lauro, pelo carinho, incentivo e por sempre demonstrarem interesse e preocupação comigo.

À minha orientadora Liliana Gressler May por me proporcionar a oportunidade de ser sua orientada e por me conduzir durante os anos de Mestrado e Doutorado. Obrigada pela atenção, paciência, disponibilidade, incentivo e confiança depositados em mim.

Ao meu orientador e ao meu coorientador durante o estágio de doutorado na Itália, professores Roberto Scotti e Paolo Baldissara, pela acolhida, hospitalidade e por me ajudarem a evoluir no sentido pessoal e acadêmico. “Ai miei relatori durante il tirocinio di dottorato in Italia, professori Roberto Scotti e Paolo Baldissara, per l'accoglienza, l'ospitalità e per avermi aiutato a evolvere al livello personale e accademico.”

A todos os professores do Programa de Pós-Graduação em Ciências Odontológicas, pelo comprometimento e conhecimentos transmitidos.

Ao professor Luiz Felipe Valandro por oportunizar meu estágio de doutorado no exterior.

À Universidade Federal de Santa Maria por possibilitar minha formação acadêmica durante a graduação, mestrado e doutorado.

À minha colega e amiga Iana, minha “dupla de revisão sistemática”, pela ajuda e pelo comprometimento ao me ajudar a desenvolver os trabalhos que compõem a minha tese.

À Jéssica Dalcin da Silva pela competência e profissionalismo dentro do Programa de Pós-Graduação e por sempre nos ajudar no que fosse necessário.

À Simoni de Lima pela dedicação constante aos alunos do Programa de Pós-Graduação, não medindo esforços para facilitar e tornar mais prazerosa a nossa rotina de pesquisa.

Aos meus colegas de Pós-Graduação e pesquisa pelas discussões enriquecedoras, convivência e amizade.

Aos amigos italianos e brasileiros que conheci em Bolonha pelo apoio e pela amizade.

Ao professor Flávio Domingues das Neves, da Universidade Federal de Uberlândia, pela generosidade de emprestar equipamento sem o qual não seria possível a realização deste trabalho.

Ao César Dalmolin Bergoli pela contribuição ao realizar a análise de elementos finitos.

Aos funcionários da Antiga Reitoria pela cordialidade e por manterem funcional nosso ambiente de estudo.

A todos que, de alguma forma, contribuíram para a concretização deste objetivo.

Por vezes sentimos que aquilo que fazemos não é senão uma gota de água no mar. Mas o mar seria menor se lhe faltasse uma gota.

(Madre Teresa de Calcutá)

RESUMO

TÉCNICAS DE RECOBRIMENTO CERÂMICO DE INFRAESTRUTURAS DE Y-TZP: INFLUÊNCIA NO COMPORTAMENTO MECÂNICO

AUTORA: Ana Maria Estivaleta Marchionatti

ORIENTADORA: Liliana Gressler May

O presente trabalho, dividido em dois artigos, teve como objetivo avaliar a influência da técnica de recobrimento sobre o comportamento mecânico de estruturas cerâmicas com infraestrutura de Y-TZP. O primeiro artigo avaliou o efeito do método de cobertura na resistência flexural e carga à fratura de Y-TZP por meio de uma revisão sistemática com meta-análise. Foram realizadas buscas no PubMed/MEDLINE, Web of Science (Core Collection), Scopus e Embase. Dos 3242 artigos identificados, 241 foram selecionados para leitura na íntegra a partir da avaliação dos títulos e resumos segundo critérios de elegibilidade pré-definidos. Destes, 33 foram incluídos na revisão sistemática, sendo 32 considerados nas meta-análises. A busca manual nos artigos incluídos não resultou em estudos adicionais. Comparou-se o controle (estratificação manual) com a prensagem, fusão e cimentação da cobertura cerâmica. Para a resistência flexural, a meta-análise que comparou controle com prensagem não mostrou diferença estatística e os dois estudos que avaliaram cimentação tiveram resultados contraditórios, sendo que um favoreceu a estratificação manual e outro favoreceu a cimentação. Para a carga à fratura, foram realizadas três meta-análises: uma comparando estratificação manual com prensagem, uma com subgrupos para a técnica fusionada em comparação com estratificação manual e uma comparando a técnica cimentada com a estratificação manual. Houve semelhança estatística entre o controle e prensagem e entre controle e cimentação, porém a fusão com cerâmicas vítreas reforçadas por partículas foi estatisticamente superior ao controle. Concluiu-se que a fusão com cerâmicas reforçadas por partículas representa uma alternativa adequada para cobertura de Y-TZP. O segundo artigo investigou o efeito da técnica de cobertura cerâmica (fusão e cimentação) e o lado sob tração na resistência à fadiga de infraestruturas de Y-TZP com cobertura cerâmica em comparação com Y-TZP monolítica. Discos foram confeccionados de acordo com os grupos: M: zircônia monolítica, F-IT: técnica de fusão com infraestrutura sob tração, F-CT: fusão com cobertura sob tração, C-IT: técnica de cimentação com infraestrutura sob tração e C-CT: cimentação com cobertura sob tração. Foi realizado ensaio de fadiga (n=20) em água pelo método da escada em configuração *piston-on-three ball* (20 Hz por 750000 ciclos) e análise de elementos finitos. Houve diferença estatística entre todos os grupos. As médias de resistência à fadiga foram: M: 413,92 MPa, F-IT: 345,15 MPa, C-IT: 315,04 MPa, F-CT: 185,18 MPa e C-CT: 96,5 MPa. Os valores previstos pela análise de elementos finitos foram similares aos experimentais. Concluiu-se que a Y-TZP monolítica apresenta maior resistência à fadiga do que as demais técnicas e que o material sob tração influencia na resistência à fadiga, assim como a técnica de fusão apresenta maior resistência à fadiga do que a cimentação.

Palavras-chave: CAD/CAM. Carregamento Cíclico. Resistência Flexural. Meta-Análise.

ABSTRACT

Y-TZP FRAMEWORKS VENEERING TECHNIQUES: INFLUENCE ON THE MECHANICAL BEHAVIOR

AUTHOR: Ana Maria Estivaleta Marchionatti

ADVISER: Liliana Gressler May

The present study, divided in two articles, aimed to evaluate the influence of veneering ceramic techniques on the mechanical behavior of bilayer ceramic with Y-TZP frameworks. The first paper assessed the effect of the veneering method on the flexural strength and load to failure of Y-TZP by means of a systematic review and meta-analysis. Searches were performed on PubMed/MEDLINE, Web of Science (Core Collection), Scopus and Embase. From 3242 identified articles, 241 were selected for full-text analysis from titles and abstracts reviewing, according to pre-determined eligibility criteria. Thirty-three papers were included in the systematic review, from which 32 were considered in the meta-analyses. A manual search of the included studies did not retrieve additional studies. The control (hand-layered) was compared with pressed, fused and cemented veneering. Considering flexural strength, the meta-analysis comparing hand-layered and pressed methods did not show statistical difference and the two studies evaluating cemented method showed contradictory results, in which one of them favored the hand-layered and the other one favored the cemented technique. Regarding failure load, three meta-analyses were performed: one comparing hand-layered and pressed, one by subgroups for the fused technique in comparison with hand-layered and the other comparing cemented and hand-layered techniques. The results showed statistical equivalence between control and pressed and between control and cemented methods, but fused method with particle-filled glass ceramics was statistically superior to control. It was concluded that fused method with particle-filled glass ceramics represents an appropriate alternative for Y-TZP veneering. The second paper investigated the effect of the veneering technique (fused and cemented) and the side under tension on the fatigue strength of veneered Y-TZP in comparison with monolithic Y-TZP. Discs were fabricated according to the groups: Z: monolithic zirconia, F-FT: fused method with framework under tension, F-VT: fused with veneer under tension, C-FT: cemented method with framework under tension and C-VT: cemented with veneer under tension. Fatigue strength test (n=20) was performed in water using the staircase approach with piston-on-three ball design at 20 Hz and 750.000 cycles, as well as finite element analysis. There was statistical difference among all groups. Fatigue strength means were: Z: 413,92 MPa, F-FT: 345,15 MPa, C-FT: 315,04 MPa, F-VT: 185,18 MPa and C-VT: 96,5 MPa. Finite element analysis predicted values were similar to experimental values. It was concluded that monolithic Y-TZP has higher fatigue strength than the other methods and that the material under tension affects fatigue strength, as well as the fused technique presents higher fatigue strength than the cemented technique.

Keywords: CAD/CAM. Cyclic Loading. Flexural Strength. Meta-Analysis.

SUMÁRIO

1 INTRODUÇÃO	11
2 REVISÃO DE LITERATURA	13
2.1 MÉTODOS DE COBERTURA DE Y-TZP.....	13
2.2 ESTUDOS <i>IN VITRO</i> AVALIANDO MÉTODOS DE COBERTURA DE Y-TZP ...	17
2.3 ESTUDOS CLÍNICOS AVALIANDO MÉTODOS DE COBERTURA DE Y-TZP ..	20
2.4 ANÁLISE DE ELEMENTOS FINITOS (FEA) AVALIANDO MÉTODOS DE COBERTURA DE Y-TZP.....	21
3 ARTIGO 1 - DOES VENEERING TECHNIQUE AFFECT FLEXURAL STRENGTH OR LOAD TO FAILURE OF BILAYER Y-TZP? A SYSTEMATIC REVIEW AND META-ANALYSIS	24
INTRODUCTION.....	27
MATERIAL AND METHODS.....	28
RESULTS.....	31
DISCUSSION.....	34
CONCLUSIONS	38
REFERENCES.....	39
Supplemental Table 1	45
Supplemental Table 2	47
Table 1	55
Figure 1	57
Figure 2	58
Figure 3	59
Figure 4	60
Figure 5	61
Figure 6	62
4 ARTIGO 2 - FILE-SPLITTING MULTILAYER VS MONOLITHIC Y-TZP: FATIGUE FLEXURAL STRENGTH AND LOADING STRESSES BY FINITE ELEMENT ANALYSIS	63
1. INTRODUCTION.....	67
2. MATERIAL AND METHODS	69
2.1 Specimen preparation	69
2.2 Monotonic flexural strength test	72
2.3 Flexural fatigue strength test	73

2.4 Fractographic analysis	74
2.5 Statistical analysis	74
2.6 Finite Element Analysis	75
3. RESULTS	76
4. DISCUSSION	77
5. CONCLUSIONS	82
REFERENCES	82
Fig. 1	90
Fig. 2	93
Fig. 3	95
Fig. 4	96
Table 1	97
5 DISCUSSÃO	98
6 CONCLUSÃO	101
REFERÊNCIAS	102
ANEXO A - NORMAS PARA PUBLICAÇÃO NO PERIÓDICO <i>THE JOURNAL OF PROSTHETIC DENTISTRY</i>	107
ANEXO B - NORMAS PARA PUBLICAÇÃO NO PERIÓDICO <i>DENTAL MATERIALS</i>	120

1 INTRODUÇÃO

A zircônia tetragonal policristalina estabilizada por óxido de ítrio (Y-TZP) tem sido amplamente utilizada em tratamentos restauradores por apresentar características de biocompatibilidade, longevidade e resistência mecânica superior às demais cerâmicas odontológicas (NÄPÄNKANGAS; PIHLAJA; RAUSTIA, 2015). O desenvolvimento da tecnologia CAD/CAM (*Computer Aided Design/Computer Aided Manufacturing*) possibilitou a ampla aceitação do uso de Y-TZP como uma alternativa mais estética que o metal para infraestruturas de próteses fixas totalmente cerâmicas (PREIS et al., 2013; OH et al., 2015).

Mesmo com a possibilidade de fabricação de restaurações de zircônia monolítica, por apresentar estrutura altamente cristalina, a Y-TZP é opaca e a cobertura por uma vitro-cerâmica melhora suas propriedades estéticas (BEUER et al., 2012; PREIS et al., 2013). Nesse sentido, a principal causa de falhas clínicas de restaurações de Y-TZP com cobertura cerâmica é o *chipping* (fratura dentro da cerâmica de cobertura) ou delaminação (fratura na interface infraestrutura/cobertura) (MORÁGUEZ; WISKOTT; SCHERRER, 2015; MONACO et al., 2013; NÄPÄNKANGAS; PIHLAJA; RAUSTIA, 2015; PJETURSSON et al., 2015). Tais complicações ocorrem com maior frequência que com próteses metalo-cerâmicas (PJETURSSON et al., 2015). Além dos fatores relacionados ao paciente, como características físico-químicas do ambiente oral e variáveis mecânicas da mastigação, a fratura da cerâmica de cobertura pode ser influenciada por tensões residuais introduzidas no sistema cerâmico como consequência do comportamento térmico dos materiais (diferença de difusividade térmica e do coeficiente de expansão térmica entre as duas cerâmicas, taxa de aquecimento, gradientes de temperatura no resfriamento), por espessura, por anatomia da restauração, por diferença de módulo de elasticidade e por técnica de processamento (COSTA et al., 2014; LIMA et al., 2013; OH et al., 2015; PREIS et al., 2013). Assim, esforços foram orientados para o desenvolvimento de materiais e técnicas de processamento para otimizar a performance de restaurações de Y-TZP/cobertura cerâmica e reduzir a ocorrência de eventos relacionados à fadiga (COSTA et al., 2014; GUESS et al., 2013).

Deve-se considerar que as cerâmicas são materiais friáveis suscetíveis à fadiga, que, por definição, é a fratura progressiva do material sob cargas repetidas (WISKOTT; NICHOLLS; BELSER, 1995). Clinicamente é mais provável que ocorram

fraturas resultantes de cargas repetidas com intensidade abaixo da resistência nominal durante um longo período que fraturas após carga intensa e súbita (ZHANG; SAILER; LAWN, 2013; WISKOTT; NICHOLLS; BELSER, 1995). No ambiente oral, as restaurações são submetidas a cargas mecânicas mastigatórias e à presença de umidade, levando ao fenômeno de crescimento lento de trincas (*slow crack growth*), com redução da resistência ao longo do tempo (GONZAGA et al., 2011). As moléculas de água agem na ponta da trinca sob tensão, quebrando ligações coesivas e causando o crescimento lento da trinca até o tamanho crítico para fratura (ZHANG; SAILER; LAWN, 2013; GONZAGA et al., 2011). Assim, considerando-se os desafios aos quais os materiais cerâmicos estão sujeitos no ambiente oral, torna-se necessária a avaliação do comportamento das cerâmicas com testes de fadiga para estimar mais precisamente seu comportamento em longo prazo.

Apesar de haver estudos avaliando resistência flexural e carga à fratura de espécimes de zircônia, comparando-se as técnicas de aplicação de cerâmica de cobertura, não está estabelecido na literatura o método mais favorável para o comportamento mecânico das estruturas cerâmicas. Assim, no presente trabalho, serão apresentados dois artigos avaliando o efeito da técnica de recobrimento de Y-TZP no comportamento mecânico de estruturas cerâmicas. Por haver uma quantidade considerável de artigos com achados divergentes avaliando a influência da técnica de cobertura cerâmica na resistência flexural e carga à fratura, observou-se a necessidade de realização de uma revisão sistemática para sintetizar a evidência existente sobre o assunto. Os achados dos estudos serão reportados em detalhes no primeiro artigo, intitulado “***Does veneering technique affect the flexural strength or load to failure of bilayer Y-TZP? A systematic review and meta-analysis***”, que objetivou avaliar o efeito da técnica de cobertura cerâmica na resistência flexural e carga à fratura de estruturas cerâmicas com infraestrutura de Y-TZP. A partir dos resultados desse estudo, observou-se que a técnica por CAD/CAM fusionada é promissora, porém há carência de estudos avaliando resistência à fadiga com esse método. Além disso, a técnica por CAD/CAM cimentada mostrou-se inconclusiva, havendo necessidade de mais estudos avaliando tal método. Assim, o segundo artigo, intitulado “***Fatigue flexural strength and finite element analysis of monolithic and multilayer Y-TZP***”, teve como objetivo avaliar as técnicas de fusão e cimentação da cobertura cerâmica sobre infraestruturas de Y-TZP, assim como a influência da cerâmica testada sob tração, em comparação com zircônia monolítica.

2 REVISÃO DE LITERATURA

2.1 MÉTODOS DE COBERTURA DE Y-TZP

Em sistemas cerâmicos que apresentam Y-TZP como infraestrutura, a mesma é usinada em estado densamente ou pré-sinterizado e então é feita a cobertura cerâmica por meio de diversas técnicas (COSTA et al., 2014). A técnica de cobertura deve otimizar a resistência dessa camada e reduzir tensões residuais geradas por diferentes gradientes térmicos (SILVA et al., 2017).

O método de cobertura de infraestruturas de Y-TZP mais tradicional é a estratificação manual, em que o pó da cerâmica é misturado ao líquido modelador e a mistura é aplicada sobre a Y-TZP em tamanhos maiores que a restauração para compensar a contração que ocorre no forno durante a sinterização (STAWARCZYC et al., 2011). A principal vantagem dessa técnica é a estética, pois as cerâmicas predominantemente vítreas são as que melhor mimetizam as propriedades ópticas de translucidez e cor da estrutura dental (KELLY, 2004). Essa técnica é considerada sensível, pois são necessárias várias queimas até a obtenção do elemento final, com sucessivos ciclos de sinterização e resfriamento (LIMA et al., 2013), além da alta probabilidade de gerar defeitos de processamento, impurezas e porosidades que podem potencialmente causar concentração de tensões e falha do material restaurador (STAWARCZYC et al., 2011; SILVA et al., 2017). Outra desvantagem é o alto custo em função do longo tempo consumido em sucessivas queimas (BEUER et al., 2012).

Para o recobrimento por prensagem ou injeção, é realizada a ceroplastia da cobertura cerâmica com a forma final da restauração e então o conjunto é incluído em anel de revestimento, para então se realizar a injeção da cerâmica sobre a infraestrutura (KANAT-ERTÜRK et al., 2015; LIMA et al., 2013) minimizando a ocorrência de porosidades (LIMA et al., 2013). Segundo Stawarczyc et al. (2011), essa técnica é mais fácil e rápida, não há contração de sinterização e há menor influência do operador em comparação com a estratificação manual.

Além dos métodos mais comuns, recentemente foram desenvolvidas técnicas de cobertura por CAD/CAM (também conhecidas como "*file-splitting*"), que consistem na usinagem da cobertura cerâmica e posterior união à infraestrutura por meio de uma

cerâmica de fusão (KANAT et al., 2014; NOSSAIR; ABOUSHELIB; MORSI, 2015; SCHMITTER; MUELLER; RUES, 2012) ou cimentação com cimento resinoso (ALBRECHT et al., 2011; KANAT-ERTÜRK et al., 2015; PHARR et al., 2016; SCHMITTER; MUELLER; RUES, 2013), na tentativa de reduzir tensões residuais (SILVA et al., 2017). Esse método reduz o número de etapas laboratoriais (KANAT-ERTÜRK et al., 2015) e permite controle preciso do perfil de emergência e oclusão com os antagonistas pelo uso do *software* (NOSSAIR; ABOUSHELIB; MORSI, 2015). Um desses sistemas é o *Rapid Layer Technology*, da Vita, em que a infraestrutura de Y-TZP e a cobertura de cerâmica feldspática usinadas são unidas por um cimento resinoso dual (VITA, 2011). Outro *CAD-on*, da Ivoclar Vivadent, em que a cobertura é unida à Y-TZP por uma cerâmica de fusão, o *Crystal./Connect* (IVOCLAR VIVADENT, 2015). Nessa técnica, a cobertura é usinada a partir de um bloco de dissilicato de lítio, que possui propriedades mecânicas superiores às cerâmicas feldspáticas (SILVA et al., 2017). Ainda, para o sistema Lava DVS, da 3M ESPE, que não está mais disponível no mercado, a infraestrutura de Y-TZP e cobertura de cerâmica vítrea são unidas pela cerâmica de fusão *Lava DVS Fusion Porcelain* (3M ESPE, 2010).

A microestrutura, composição e indicações clínicas para cobertura de Y-TZP de algumas cerâmicas disponíveis para cada técnica estão descritas na Tabela 1.

Tabela 1- Cerâmicas para cobertura de Y-TZP.

Estratificação manual				
Cerâmica	Microestrutura	Composição	Indicações para cobertura de Y-TZP	
IPS e.max Ceram (Ivoclar Vivadent)	Vítrea de nanofluorapatita	SiO ₂ , Al ₂ O ₃ , ZnO ₂ , Na ₂ O, K ₂ O, ZrO, CaO, P ₂ O ₅ , fluoreto e pigmentos (IVOCLAR VIVADENT, 2009)	Coroas e pontes fixas; estratificação de estruturas, pilares de implantes e supraestruturas de implantes	
Vita VM9 (Vita)	Feldspática	SiO ₂ , Al ₂ O ₃ , Na ₂ O, K ₂ O, CaO, ZrO ₂ , B ₂ O ₃ (VITA 2016)	Coroas e pontes fixas	
Prensagem				
Cerâmica	Microestrutura	Composição	Indicações para cobertura de Y-TZP	
IPS e.max ZirPress (Ivoclar Vivadent)	Vítrea de fluorapatita	SiO ₂ , Li ₂ O, Na ₂ O, K ₂ O, MgO, Al ₂ O ₃ , CaO, ZrO ₂ , P ₂ O ₅ e outros óxidos (IVOCLAR VIVADENT, 2009)	Coroas e pontes fixas; sobre estruturas de pontes retidas por inlays; sobre supraestruturas de implantes; sobre estruturas, pilares de implantes e supraestruturas de implantes	
Vita PM9 (Vita)	Feldspática	SiO ₂ , Al ₂ O ₃ , K ₂ O, Na ₂ O, B ₂ O ₃ (LIMA et al., 2013)	Coroas e pontes fixas (VITA 2009)	
CAD/CAM (file-splitting)				
Sistema	Cerâmica	Microestrutura	Composição	Indicações para Cerâmica de fusão ou cobertura de Y- cimento TZP

CAD-on (Ivoclar Vivadent)	IPS e.max CAD (Ivoclar Vivadent)	Vítrea de dissilicato de lítio	SiO ₂ , Li ₂ O, K ₂ O, MgO, Al ₂ O ₃ , P ₂ O ₅ e outros óxidos	Coroas e pontes fixas sobre dentes e implantes	Cerâmica IPS e.max CAD Crystall./Connect e Vivadent)
Vita Rapid Layer Technology (Vita)	VITABLOCS TriLuxe forte (Vita) e VITABLOCS Mark II (Vita)	Feldspática	SiO ₂ , Al ₂ O ₃ , Na ₂ O, K ₂ O, CaO, TiO ₂ e outros óxidos (VITA 2012)	Coroas e pontes fixas	Cimento Panavia 21 (Kuraray), Panavia F 2.0 (Kuraray) ou RelyX Unicem 2 Clicker (3M ESPE)

2.2 ESTUDOS *IN VITRO* AVALIANDO MÉTODOS DE COBERTURA DE Y-TZP

Como será visto na revisão sistemática que compõe o primeiro artigo desta tese, muitos estudos *in vitro* compararam o efeito da técnica de cobertura na resistência flexural e carga à fratura de Y-TZP com testes monotônicos.

Ao comparar a técnica de estratificação manual, prensagem e CAD/CAM cimentado com cerâmica feldspática, Kanat-Erturk et al. (2015) e Al-Wahadni, Shahin e Kurtz (2016) encontraram maior carga à fratura de coroas em forma de molar cimentadas a núcleos de cromo-cobalto para a estratificação manual, seguida pela prensagem e então pela cimentação, com diferença estatística entre todos os grupos. Outro estudo avaliou a carga à fratura de espécimes compostos por pilares de zircônia para pré-molares unidos à cerâmica de cobertura: houve carga à fratura estatisticamente superior para a técnica CAD/CAM cimentada com cobertura de dissilicato de lítio e ausência de diferença estatística entre estratificação manual e prensagem (ALBRECHT et al., 2011). No estudo de Pharr et al. (2016), houve diferença estatisticamente significativa entre todos os grupos, com a seguinte ordem decrescente de resistência flexural: estratificação manual, prensagem e CAD/CAM cimentado (cerâmica feldspática).

Dos estudos que compararam a estratificação manual e CAD/CAM cimentado com cobertura de cerâmica feldspática, Costa et al. (2014) encontraram resistência flexural estatisticamente superior para a técnica CAD/CAM, enquanto Schmitter, Mueller e Rues (2013) encontraram carga à fratura estatisticamente superior para a técnica de estratificação manual com coroas em forma de molar cimentadas a núcleos de cromo-cobalto.

Comparando-se a estratificação manual, prensagem e método CAD/CAM fusionado, o estudo de Beuer et al. (2009) mostrou maior carga à fratura de coroas em forma de molar cimentadas a núcleos de cromo-cobalto para o grupo CAD/CAM fusionado com dissilicato de lítio, seguido por estratificação manual e prensagem, com diferença estatística entre os grupos. Os estudos de Preis et al. (2013) e Kanat et al. (2014) encontraram carga à fratura estatisticamente similar para a técnica CAD/CAM fusionada (com cerâmica feldspática e dissilicato de lítio, respectivamente) e estratificação manual, assim como valor estatisticamente inferior para a prensagem. Foram usadas coroas em forma de molar cimentadas a núcleos resinosos e de aço,

respectivamente. Kanat et al. (2014) também avaliaram resistência flexural, mostrando resultados estatisticamente similares para CAD/CAM e prensagem e inferior para estratificação manual. Choi et al. (2012) encontraram diferença estatística entre todos os grupos para coroas em forma de molar cimentadas a núcleos de titânio, sendo a prensagem superior, estratificação manual intermediária e CAD/CAM fusionado (vitro-cerâmica) inferior.

Alguns estudos compararam a técnica de estratificação manual e CAD/CAM fusionado. Obermeier et al. (2017) não encontraram diferença estatisticamente significativa para carga à fratura de coroas em forma de molar parafusadas a implantes confeccionadas por estratificação manual e CAD/CAM fusionada com cobertura de dissilicato de lítio. No estudo de Schmitter et al. (2012), houve carga à fratura estatisticamente superior para o CAD/CAM com dissilicato de lítio em comparação com a estratificação manual para coroas em forma de molar cimentadas a núcleos de cromo-cobalto. Beuer et al. (2012) compararam carga à fratura de coroas em forma de molar cimentadas a núcleos metálicos confeccionadas pelas técnicas de estratificação manual e CAD/CAM fusionada com dissilicato de lítio. O CAD/CAM foi estatisticamente superior à estratificação manual. Outro estudo não mostrou diferença estatística entre estratificação manual e CAD/CAM fusionado com cerâmica feldspática para carga à fratura de coroas em forma de molar cimentadas a núcleos de resina composta (BALADHANDAYUTHAM; LAWSON; BURGESS, 2015).

No estudo de Schmitter et al. (2014), foi comparada a carga à fratura de coroas com forma de molar confeccionadas por CAD/CAM fusionado e cimentado com dissilicato de lítio cimentadas a núcleos de cromo-cobalto. Não houve diferença estatística entre os grupos para carga à fratura imediata, porém o grupo CAD/CAM fusionado foi estatisticamente superior quando a carga à fratura foi feita após ciclagem térmica e mecânica. Outro estudo avaliou a carga à fratura de pilares de zircônia com cobertura cerâmica pelas técnicas de estratificação manual, CAD/CAM fusionado e CAD/CAM cimentado. O grupo cimentado apresentou maior carga à fratura, seguido pela fusão e estratificação manual, com diferença estatisticamente significativa entre todos os grupos (NOSSAIR, ABOUSHELIB e MORSI, 2015).

Güngör e Nemli (2017) avaliaram a carga à fratura de coroas com forma de molar cimentadas em núcleos de resina após ciclagem mecânica e térmica. Foram comparadas as técnicas de cobertura por estratificação manual com cerâmica feldspática, prensagem com dissilicato de lítio, CAD/CAM fusionado com dissilicato

de lítio, CAD/CAM cimentado com dissilicato de lítio e CAD/CAM cimentado com cerâmica feldspática. Como resultados, não houve diferença estatística entre os grupos CAD/CAM fusionado e cimentado com dissilicato de lítio. O grupo CAD/CAM fusionado com dissilicato de lítio foi estatisticamente superior aos grupos CAD/CAM cimentado com cerâmica feldspática, prensagem e estratificação manual, os quais foram similares.

O estudo de Basso et al. (2015) mostrou resultados semelhantes para a resistência flexural uniaxial, resistência característica e módulo de Weibull de Y-TZP monolítica e com cobertura pela técnica CAD/CAM fusionada com dissilicato de lítio. Os autores justificaram o desempenho comparável da técnica CAD/CAM à zircônia monolítica em função de a Y-TZP ter sido testada sob tração em ambos os casos, gerando um comportamento mecânico similar da zircônia monolítica e com cobertura cerâmica. Além disso, explicou-se que o conjunto formado pela Y-TZP coberta com a técnica CAD-on comportou-se como uma estrutura homogênea, sem sofrer deflexão ou delaminação na interface. Alessandretti et al. (2017) também encontraram carga à fratura estatisticamente similar para discos de Y-TZP monolítica e com cobertura pelo método CAD/CAM fusionado com dissilicato de lítio cimentados a núcleos de resina epóxi reforçada por fibras de vidro, porém superior à estratificação manual.

As cerâmicas são suscetíveis à fadiga, que é a degradação estrutural por tensões mecânicas abaixo da resistência do material e pela ação da água em defeitos pré-existentes, o que leva ao crescimento lento de trincas ao longo do tempo (GONZAGA et al., 2011; KELLY et al., 2017). Os ensaios de fadiga são mais capazes de produzir uma condição de acúmulo de dano que ensaios monotônicos (ZHANG; SAILER; LAWN, 2013; KELLY et al., 2017). Apesar de haver estudos com envelhecimento prévio ao teste monotônico, há poucos estudos comparando técnicas de recobrimento por meio de ensaios de fadiga. Como será visto, na revisão sistemática no capítulo seguinte, o estudo de Baldassarri et al. (2011) indica que os valores de carga para fratura para a técnica de estratificação manual foram estatisticamente superiores em relação à prensagem com o método de fadiga *step-stress*. Ainda, nos estudos de Guess (2009) e Guess et al. (2013), o método *step-stress* foi utilizado para cálculo da confiabilidade, a qual foi comparável para estratificação manual e prensagem (GUESS, 2009), usando-se desenho anatômico da infraestrutura, e superior para estratificação manual em comparação à prensagem, usando-se infraestrutura com desenho convencional (GUESS et al., 2013).

Considerando-se o método CAD/CAM, Basso et al. (2016) determinaram o módulo de Weibull de pontes fixas de três elementos confeccionadas pela técnica CAD/CAM fusionada com dissilicato de lítio cimentadas em pilares de epóxi reforçada por fibras de vidro, o qual foi superior com teste monotônico rápido em comparação ao teste de fadiga *step-stress*, mostrando que restaurações confeccionadas com tal técnica apresentam aumento da variabilidade quando submetidas à fadiga cíclica.

2.3 ESTUDOS CLÍNICOS AVALIANDO MÉTODOS DE COBERTURA DE Y-TZP

Existem poucos estudos clínico comparando técnicas de cobertura de Y-TZP. Grohmann et al. (2015), por meio de um ensaio clínico randomizado multicêntrico, avaliaram a sobrevivência e complicações de 60 pontes fixas de três elementos confeccionadas pela técnica de estratificação manual (n=30) e por CAD/CAM fusionado com dissilicato de lítio (n=30). Após um ano de acompanhamento, não houve fraturas catastróficas envolvendo a infraestrutura. Não houve diferença estatística entre os grupos em relação às complicações. A ocorrência de fratura da cerâmica de cobertura foi similar entre os grupos: 11% no grupo com cobertura por CAD/CAM e 10.3% no grupo por estratificação manual.

Seydler e Schmitter (2015) compararam clinicamente 60 coroas monolíticas de dissilicato de lítio (n=30) e confeccionadas pela técnica CAD/CAM fusionada com dissilicato de lítio (n=30), cimentadas em molares. Após 2 anos de acompanhamento, não ocorreram complicações técnicas (como *chipping* e fraturas) em nenhum grupo.

Belli et al. (2016) reuniram informações provenientes de um banco de dados de restaurações protéticas. Pontes fixas confeccionadas por CAD/CAM fusionado com dissilicato de lítio (535 restaurações com tempo médio de avaliação de 380 dias), por estratificação manual (364 restaurações com tempo médio de avaliação de 294 dias) e com zircônia monolítica (129 restaurações com tempo médio de avaliação de 263 dias) não apresentaram diferença estatística para a sobrevivência. Houve 21 falhas para o método CAD/CAM fusionado, 3 falhas para a estratificação manual e 0 falhas para a zircônia monolítica. Coroas confeccionadas com dissilicato de lítio monolítico (9053 restaurações com tempo médio de avaliação de 633 dias) apresentaram sobrevivência estatisticamente inferior à técnica CAD/CAM fusionada (3095 restaurações com tempo médio de avaliação de 643 dias) e zircônia monolítica (716

restaurações com tempo médio de avaliação de 102 dias). Houve 111 falhas para o dissilicato de lítio monolítico, 19 falhas para a técnica CAD/CAM fusionada e 0 falhas para a zircônia monolítica.

2.4 ANÁLISE DE ELEMENTOS FINITOS (FEA) AVALIANDO MÉTODOS DE COBERTURA DE Y-TZP

A análise de elementos finitos é um método matemático em que um objeto é subdividido em elementos com as mesmas propriedades originais. O método é usado para avaliar a distribuição de tensões em diversas áreas, inclusive em estudos em Odontologia (LOTTI et al., 2006). A combinação de FEA com testes experimentais permite melhor entendimento do comportamento mecânico e das falhas dos materiais (WANDSCHER et al., 2015).

No estudo de Schmitter, Mueller e Rues (2012), coroas em forma de molar cimentadas a núcleos de cromo-cobalto e dentina foram simuladas com cobertura pelo método CAD/CAM fusionado com dissilicato de lítio e foi aplicada carga com esfera de aço. Observou-se alta tensão principal de tração em torno do local de aplicação de carga e nas interfaces. A rigidez do núcleo (dentina ou cromo-cobalto) não influenciou na concentração de tensões na cerâmica de cobertura e de fusão, porém quanto mais rígido o núcleo, maior foi a tensão máxima de tração na superfície interna da zircônia.

Schmitter, Mueller e Rues (2013) simularam coroas com forma de molar e aplicação de carga com esfera de aço. Foram usados diferentes módulos de elasticidade para a interface entre Y-TZP e cerâmica feldspática: 3,5 GPa, 18,5 GPa (correspondentes a cimentos resinosos) e 70 GPa (correspondente à cerâmica feldspática, simulando a estratificação manual). O núcleo não foi incluído nos cálculos. A tensão máxima de tração na superfície interna da cerâmica de cobertura foi reduzida com o aumento do módulo de elasticidade.

Schmitter et al. (2014) avaliaram a distribuição de tensões em coroas com forma de molar ao carregamento com pistão de aço. A cobertura de dissilicato de lítio foi simulada com as técnicas de confecção CAD/CAM fusionado e cimentado. O núcleo não foi incluído nos cálculos. Observou-se concentração de tensões em torno da área de aplicação de carga. Houve menor tensão de tração e compressão na

infraestrutura para o grupo cimentado. A maior tensão de tração para o grupo cimentado ocorreu na região interna da cerâmica de cobertura, enquanto para o grupo fusionado ocorreu na camada da cerâmica de fusão.

No estudo de Costa et al. (2014), foi simulado teste de flexão biaxial com configuração *ball-on-ring* de discos de Y-TZP com cobertura pela técnica convencional e cimentação de cerâmica feldspática. Foi aplicada carga de 350 N e calculada a Tensão Máxima Principal. A tensão de tração dentro da camada de Y-TZP permaneceu abaixo da resistência à flexão esperada do material, e a tensão na superfície inferior da cerâmica de cobertura, em contato com a YTZP ou cimento resinoso, foi maior para o grupo cimentado.

No estudo de Kanat et al. (2014), foram calculadas Tensões de von Misses em coroas com forma de molar cimentadas em núcleos de aço com carregamento oclusal por pistão esférico de aço. Os métodos de fabricação foram CAD/CAM fusionado com dissilicato de lítio, estratificação manual e prensagem com vitro-cerâmicas de fluorapatita. As tensões da cerâmica de cobertura se propagaram até a Y-TZP no grupo por CAD/CAM fusionado. Para o método de estratificação manual, as tensões se acumularam mais na cerâmica de cobertura e na interface que no grupo por prensagem.

Kanat-Ertürk et al. (2015) avaliaram a distribuição de tensões em coroas com forma de molar cimentadas em núcleos de aço. As coroas foram simuladas com infraestrutura de Y-TZP e cobertura de cerâmica feldspática confeccionadas pelos métodos de estratificação manual, prensagem e cimentação. Foi feita aplicação de carga por um pistão esférico de aço na superfície oclusal e foram calculadas Tensões de von Misses. Para a cobertura cimentada, as tensões se acumularam apenas na área de aplicação da carga na cerâmica de cobertura. Nos demais grupos, as tensões se propagaram para a zircônia e ocorreu concentração de tensões na interface, sendo em maior magnitude para a técnica de estratificação manual.

No estudo de Costa (2016), foram gerados modelos de próteses fixas de três elementos (segundo pré-molar e segundo molar inferiores como pilares e primeiro molar como pântico) cimentados em pilares de G10. Os modelos de próteses fixas foram feitos com infraestrutura de Y-TZP e com três tipos de cerâmica de cobertura: uma estratificada e duas pelo método CAD/CAM, sendo uma delas pelo protocolo *Rapid Layer Technology* e a outra pelo protocolo *CAD-on*. Foi feita aplicação de carga no centro do pântico e analisou-se a distribuição de tensão de tração (Tensão Máxima

Principal). Observou-se que a restauração confeccionada pelo método convencional apresentou maior concentração de tensão de tração na região inferior do conector. Para as restaurações confeccionadas pelo método CAD/CAM, houve menor concentração de tensão na região inferior do conector e na região interna da cerâmica de cobertura do pântico para o método *CAD-on*. Para o método *Rapid Layer Technology*, houve maior concentração de tensões na região interna da cerâmica de cobertura do pântico e inferior do conector.

3 ARTIGO 1 - *DOES VENEERING TECHNIQUE AFFECT FLEXURAL STRENGTH OR LOAD TO FAILURE OF BILAYER Y-TZP? A SYSTEMATIC REVIEW AND META-ANALYSIS*

Este artigo foi aceito para publicação no periódico The Journal of Prosthetic Dentistry, ISSN 0022-3913, fator de impacto, 2.201, Qualis A1. As normas para publicação estão descritas no Anexo A.

Does veneering technique affect the flexural strength or load to failure of bilayer Y-TZP? A systematic review and meta-analysis

Ana Maria Estivalete Marchionatti, DDS, MSD,^a Iana Lamadrid Aurélio, DDS, MSD,^b and Liliana Gressler May, DDS, MSD, PhD^c

^aDoctoral student, Department of Restorative Dentistry, Faculty of Dentistry, Federal University of Santa Maria, Santa Maria, Rio Grande do Sul, Brazil.

^bDoctoral student, Department of Restorative Dentistry, Faculty of Dentistry, Federal University of Santa Maria, Santa Maria, Rio Grande do Sul, Brazil.

^cAdjunct professor, Department of Restorative Dentistry, Faculty of Dentistry, Federal University of Santa Maria, Santa Maria, Rio Grande do Sul, Brazil.

Corresponding author:

Ana Maria Estivalete Marchionatti
Department of Restorative Dentistry
Federal University of Santa Maria
Floriano Peixoto, 1184
97015-372, Santa Maria, RS
BRAZIL
E-mail: anamarchionatti@hotmail.com

JPD-17-314

Does veneering technique affect the flexural strength or load to failure of bilayer Y-TZP? A systematic review and meta-analysis

ABSTRACT

Statement of problem. Causes of failures of bilayer yttria-stabilized tetragonal zirconia polycrystal (Y-TZP) restorations include the processing technique and the properties of the veneer ceramic. The effect of the veneering method on the mechanical behavior of veneered Y-TZP remains unclear.

Purpose. The purpose of this systematic review was to assess the effect of the veneering method on the flexural strength and failure load of bilayer Y-TZP.

Material and methods. This study followed the Preferred Reporting Items for the Systematic Reviews and Meta-Analyses (PRISMA) statement. Searches were performed through August 2017 on PubMed/MEDLINE, Web of Science (Core Collection), Scopus, and Embase with no year or language limit targeting in vitro studies evaluating the effect of the veneering technique on the flexural strength and load to failure of bilayer Y-TZP immediately or after aging. Statistical analyses were conducted using RevMan 5.3. Comparisons were drawn with random-effect models ($\alpha=.05$).

Results. From 3242 identified studies, 241 were selected for full-text analysis; from these, 33 were included. Hand searching yielded no additional papers. The meta-analysis comprised 32 studies. Meta-analysis was performed separately for flexural strength and failure load data to compare the hand-layered method (control) with pressed, fused, and cemented veneering techniques. The cemented and fused methods were analyzed using subgroups depending on the veneering material being

examined (predominantly glass-ceramics and particle-filled glass-ceramics), and the results were compared with the hand-layered method. The pressed group presented similar flexural strength (7 studies) ($P=.150$) and failure load (19 studies) ($P=.140$) values to those of the hand-layered group. Subgroup analysis revealed that the fused group with particle-filled glass-ceramics (7 studies) produced higher load to failure ($P=.006$) than the hand-layered group. Subgroup analyses showed a statistical difference that favors the hand-layered over the cemented group with predominantly glass-ceramic materials (5 studies) ($P=.002$).

Conclusions. The fused technique with particle-filled glass-ceramics seems appropriate for the veneering of Y-TZP, with improved failure load than the hand-layered method with predominantly glass-ceramic materials. The use of predominantly glass-ceramics for the cemented method is not recommended since failure load was lower than for the hand-layered group. Pressed veneers showed similar failure load and flexural strength to the hand-layered technique.

CLINICAL IMPLICATIONS

By understanding the impact of veneering techniques on the mechanical performance of Y-TZP bilayered restorations, clinicians can better select processing methods and materials. Fused veneers with particle-reinforced glass-ceramics should be considered as they increase load to failure.

INTRODUCTION

Yttria-stabilized tetragonal zirconia polycrystal (Y-TZP) ceramics have been widely used in dentistry because of their excellent mechanical properties and improved esthetics in relation to metal.¹⁻⁵ Despite the advantages, Y-TZP is less translucent than

natural teeth due to its highly crystalline content.⁶ Therefore, a veneering glass-ceramic is needed to obtain superior esthetics.^{2,7}

The most common clinical failures of veneered Y-TZP restorations caused by mechanical complications are chipping and delamination.⁸⁻¹⁰ Such failures have a multifactorial cause, including repetitive occlusal contact during mastication, residual stresses introduced during fabrication,^{5,11-12} veneer thickness, restoration geometry,⁶ processing technique,¹³ and the mechanical properties of the veneer ceramics.⁶ The veneering ceramic can be applied by manual layering, where ceramic powder and liquid are mixed, applied to the framework, and fired^{12,14} or by pressing, where the veneer ceramic is heat-pressed on the sintered zirconia.¹³⁻¹⁴ Recently a computer-aided design-computer-aided manufacturing (CAD-CAM) method, also known as file-splitting,¹⁴ has been introduced. This consists of milling the veneer from a glass-filled ceramic block and combining it with the milled zirconia framework with either low-fusing ceramic or resin cement.¹⁴⁻¹⁸ This technique decreases the laboratory stages and allows the use of relatively strong homogeneous blocks for the veneer.¹⁴

Which veneering method provides the best mechanical performance of veneered zirconia is currently unclear. Analysis of the combined available data could integrate results and support an evidence-based decision.^{19,20} Therefore, the purpose of this systematic review was to evaluate the effect of the veneer application method on the flexural strength and failure load of bilayer Y-TZP. Two null hypotheses were tested: that no difference would be found in flexural strength regardless of the veneering method and that no difference would be found in load to failure regardless of the veneering method.

MATERIAL AND METHODS

This systematic review was registered at the international prospective register of systematic reviews (PROSPERO) database (CRD42016041264) and reported according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement.²¹ The PICO strategy was defined as follows: Population: specimens with any geometry that comprises Y-TZP framework; Intervention: pressed, cemented, or fused veneer on Y-TZP framework; Comparison: hand-layered veneer on Y-TZP framework; Outcomes: flexural strength or load to failure; Study design: in vitro studies.

MEDLINE via PubMed, Web of Science (Core Collection), Scopus, and Embase databases were searched to identify relevant articles through August 2017 with no limit on language or publication year. The articles were retrieved from PubMed/MEDLINE using the following search strategy: (((((((Zirconium[MeSH Terms]) OR zirconi*) OR yttria*) OR y-tzp) OR ytzp)) AND (((veneer*) OR bilayer*) OR chipping)) AND (((((((Compressive Strength[MeSH Terms]) OR strength) OR resistance) OR load*) OR fracture) OR flexural*) OR fatigue). A sensitive search strategy was adapted for Web of Science, Scopus, and Embase.

The inclusion criteria for study selection were as follows: in vitro studies; using Y-TZP framework specimens covered with a ceramic veneer; and evaluating flexural strength or load to failure regardless of the mechanical test configuration adopted (monotonic or cyclic loading) either immediately or after any type of aging. The final decision on the inclusion of a given study was made based on full-text analysis of potentially relevant studies. Those studies that did not contain the following items were excluded: at least 1 group with hand-layering; at least 1 group with pressed, fused or cemented veneer on the framework; and quantitative means, standard deviations (in MPa for flexural strength or in N for load to failure), and sample sizes of the groups. If

means, standard deviations or sample size information was not available, the authors were contacted via e-mail for the information. Fatigue data described in terms of reliability or number of cycles were not considered because comparisons with MPa and N data were not possible.

The titles and abstracts were reviewed independently by 2 authors (A.M.E.M and I.L.A.). Studies were selected for full-text reading if the titles and abstracts met the inclusion criteria. The abstracts were selected with the consensus of both authors. The interexaminer agreement was calculated (Kappa = 0.95). The full-text articles were reviewed, and those that did not meet any exclusion criteria were included (Kappa = 0.97). The references of the selected papers were manually reviewed, and the studies that could potentially fulfill the inclusion criteria were examined. Data were extracted independently by the same reviewers (A.M.E.M and I.L.A.).

A methodological quality assessment was performed according to the following parameters: specimen randomization; specimens obtained in a standardized manner; specimens fabricated by a single operator; description of sample size calculation; blinding of the testing machine operator; and specimen dimensions and flexural test executed according to standard specifications (such as International Organization for Standardization - ISO, and American Society for Testing and Materials - ASTM standards) for studies that evaluated flexural strength, and fracture test performed in a standardized and reproducible manner (with details of speed, piston diameter, and inclination) for studies that evaluated load to failure. Each criterion was scored according to methods reporting on the paper.^{22,23} The parameter received a score of 0 if it was clearly reported; 1 if it was reported but was inadequate or unclear; and 2 if it was not possible to find the information. Studies receiving scores 0 to 4 were classified as having a low risk of bias, 5 to 8 as medium-risk, and 9 to 12 as high-risk.

Meta-analyses were performed separately for flexural strength and failure load data to compare the hand-layered (control) to pressed, cemented, and fused veneering techniques. The failure load data from cemented and fused methods were analyzed by subgroups determined by the type of veneering material being examined – predominantly glass-ceramics and particle-filled glass-ceramics (lithium disilicate and leucite-reinforced ceramics) –in comparison with the hand-layered method. When appropriate, specific formulas were applied to combine data from multiple groups of the same study into single sample sizes, mean, and standard deviation values.²⁴ Pooled effect estimates were obtained by comparing the means of each of the flexural strength and load to failure values, and these were expressed as the raw mean difference among the groups. A *P* value $\leq .05$ was considered statistically significant (Z test). The statistical heterogeneity among the studies was assessed using both the Cochran Q test, where a *P* value $< .1$ was considered statistically significant, and the inconsistency I^2 test, where values higher than 50% were considered indicative of substantial heterogeneity.²⁴ All analyses were performed using Review Manager Software 5.3 (Cochrane Collaboration). The results for data with 3 or fewer studies were not summarized statistically since a small number of studies may reduce the power of the meta-analysis estimate.²⁵ However, a graphical display of forest plots without statistical analysis were presented for visual representation of the results.

RESULTS

Figure 1 shows the flowchart of the article selection process according to the PRISMA statement.²¹ From the 3242 studies identified, 1799 remained after removing duplicates. A total of 1558 studies were excluded because they did not meet the inclusion criteria. The 241 remaining studies were selected for full-text analysis, of

which 208 papers were excluded. A total of 33 papers were included in the systematic review, of which 32 were included in the meta-analyses and 1 was used only in the descriptive analysis. Three studies were included both in the meta-analyses and descriptive analysis. Manual searching yielded no additional studies. The characteristics of the studies included in the review are listed in Supplemental Tables 1 and 2, including the test configurations and ceramic materials used. Feldspathic ceramic or fluorapatite glass-ceramics were used in all studies including hand-layered and pressed groups. A total of 24 studies presented medium risk of bias,^{2,6,11-13,15-18,26-40} whereas 6 showed high risk,^{1,41-45} and only 3 presented low risk,^{14,46-47} (Table 1). The least clearly described parameter was blinding of the testing operator, followed by description of the sample size calculation.

To assess flexural strength, pressed × hand-layered meta-analysis was performed. Meta-analysis was not performed for fused × hand-layered veneering, because only 1 study evaluated the considered experimental group.²⁶ Three meta-analyses were conducted for failure load: a global one that compared pressed × hand-layered groups and the other 2 by subgroups that compared hand-layered × fused and hand-layered × cemented veneering, considering the effect of the veneering ceramic used in the experimental groups. One study was included in both flexural strength and load to failure meta-analyses (pressed × hand-layered).²⁶ As heterogeneity was present, all meta-analyses were performed using a random-effect model ($\alpha=.05$).

For flexural strength, the meta-analysis comprised 7 studies that compared the pressed and hand-layered groups. The results exhibited no statistical difference between the control and experimental veneering techniques ($P=.150$). The I^2 test showed high heterogeneity (95%), as seen in Figure 2. Control and cemented veneering were not compared statistically since only 2 studies were available. Visual

representation is shown in Figure 3.

With regard to failure load, 19 studies were evaluated for pressed × hand-layered methods, and the analysis did not show a statistical difference ($P=.140$; $I^2=94\%$) (Fig. 4). Ten studies were considered in the fused veneering analysis (Fig. 5). Overall results showed that fused veneering produced higher load to failure than the control ($P=.010$; $I^2=84\%$). Subgroup results showed that fused veneering with particle-filled glass-ceramics (7 studies) produced higher load to failure than the control ($P=.006$; $I^2=88\%$). Due to the low number of studies (3), the statistical meta-analysis was not completed for fused veneering with predominantly glass-ceramics, but the results varied among the studies. Seven studies were considered for cemented veneers comparison. Global results exhibited no statistical difference between hand-layered and cemented groups ($P=.160$; $I^2=99\%$) (Fig. 6). The subgroup analyses showed a statistical difference favoring the hand-layered over the cemented veneering with predominantly glass-ceramic (5 studies) ($P=.002$; $I^2=98\%$). For the cemented method with particle-filled glass-ceramics, the statistical meta-analysis was not completed because only 2 studies were available; however, the results of individual studies indicated a statistical difference favoring the cemented group.

Data from 4 studies were descriptively analyzed. Regarding flexural strength, the study by Kanat et al²⁶ was not included in the meta-analysis since it was the only one comparing fused and hand-layered veneering. This study showed that the experimental group had statistically higher flexural strength (583 ± 63 N) than the control (428 ± 41 N). For hand-layered × cemented groups, flexural strength was not compared statistically since only 2 studies were available for the analysis. Figure 3 shows that the study by Costa et al⁹ favored the cemented group and the study by Pharr et al¹⁷ favored the control. Considering load to failure, the study by Baldassarri

et al³³ was not included in the meta-analysis because it was the only study reporting mean and standard deviation (N) for a fatigue test, whereas all other studies performed monotonic tests (or fatigue tests without complete data of mean, standard deviation, and sample size, as determined in the eligibility criteria). Using step-stress accelerated life testing, Baldassarri et al³³ found that for mild stress profile, failures occurred at statistically higher loads for the hand-layered (882 ± 61 N) than for the pressed group (696 ± 149 N). A monotonic test was also performed, but the standard deviations were unavailable.

DISCUSSION

This systematic review and meta-analyses analyzed the effect of the veneering method on the flexural strength and load to failure of bilayer Y-TZP. The first null hypothesis was accepted because no statistical difference was found between the hand-layered and pressed groups in flexural strength. Because the fused group had higher load to failure than the control, the second null hypothesis was rejected.

To compare pressed and hand-layered techniques, all studies used exclusively fluorapatite glass-ceramic or feldspathic ceramic, which have similar mechanical properties due to the high glass content, for both groups.³ In the study by Baldassarri et al,³³ failure occurred at lower loads for the pressed method under fatigue testing; the authors associated the findings with the thermal coefficient and residual stresses between the veneer and zirconia. The results of the meta-analyses indicated no difference in the methods for both flexural strength and failure load tests. The manual layering method of veneering ceramic is more technique-sensitive because of the building variability and firing steps and thus is susceptible to the incorporation of flaws and bubbles. Therefore, pressing would be expected to generate higher mechanical

resistance because a more controlled method should be less prone to defects and should improve material density.^{6,27,44} The absence of a statistical difference can be explained by the similar microstructural characteristics of the pressing and layering veneering materials and also because for both techniques zirconia was the supporting framework material.^{13,44} The more homogeneous structure provided by the pressing method¹³ seems insufficient for improving mechanical resistance when studies are analyzed together. The absence of statistical difference could also be related to the variability of methodologies among the studies: divergence in specimen aspects (specimen configuration and number), aging (presence/type of aging or storage), and outcome measurement (failure definition, testing configuration) may produce variation in the interstudy results, which makes the variables that influenced the combined results of the studies difficult to identify.

The CAD-CAM technique was introduced to combine a milled veneering material with a zirconia framework, thus resulting in components with reduced processing defects because the ceramic blocks are produced industrially.^{26,32} Failure load global meta-analysis comparing the hand-layered and fused veneering subgroup favored the fused group. Interfacial fusion glass-ceramic bonding allows the ceramic system to behave as a homogeneous structure because both bilayer components are fused together.^{7,26} Subgroup analyses favored the fused veneering with particle-filled glass-ceramics, which is corroborated by the qualitative analysis of Kanat et al,²⁶ which found a statistically higher flexural strength for the fused veneering (using lithium disilicate). Lithium disilicate and leucite-reinforced ceramics have a higher elastic modulus and mechanical strength than the glass-ceramics used for hand-layering.

For the cemented method, only 2 studies using predominantly glass-ceramics evaluated flexural strength and showed opposite findings. Failure load global meta-

analysis showed no statistical difference from the control. However, subgroup results for predominantly glass-ceramics showed higher failure load for the hand-layered method. The assembly formed by veneers cemented on Y-TZP behaves differently from hand-layered when loaded. Resin cements have a lower elastic modulus than the ceramic system; hence, its presence on the framework/veneer interface can reduce the supporting effect of Y-TZP on the brittle veneer layer, leading to stress distribution only in the veneer loading area and not in the entire zirconia/veneer surface.¹⁴ In addition, proper bonding of resin cements to zirconia is difficult because the highly crystalline composition does not allow acid etching,⁴ resulting in lower interfacial bonding for cemented than for hand-layered veneering.¹⁴ The 2 individual studies using particle-filled glass-ceramics showed a statistical difference favoring the cemented group. Although resin cement was also used, this result was probably due to the stronger materials (lithium disilicate and leucite-reinforced ceramics) used in the cemented subgroup.³⁸

The meta-analyses presented high heterogeneity.²⁴ Heterogeneity across studies refers to the degree of differences between the results of individual studies.¹⁹ Although heterogeneity can be prevented to some extent by strict eligibility criteria, it cannot be completely avoided because random and systematic heterogeneities exist between studies.²⁰ The high heterogeneity could be explained by the differences among methodologies (materials composition, sample preparation, aging, and mechanical testing), the wide range of flexural strength and failure load values, and the high standard deviations among the studies. All the factors favoring heterogeneity may have affected the results of this review. One aspect varied across the studies: failure was defined either as fracture, crack, or chipping of the veneer or framework and was detected visually, acoustically, or by load curve drop. The different definitions

may explain in part the wide range of results, since each definition implies different load/stress at failure.

Most studies comprised load to failure tests, and only a few used flexural strength tests. Some studies, particularly those evaluating failure load, deviated from the others.^{14,26,28,30,38} Load to failure tests are claimed to have reproducibility and validity issues.^{48,49} Unlike flexural strength tests, which are ordinarily performed according to standard specifications and in which failure stress is easily calculated, specimen dimensioning, test designs, and load to failure calculations are not standardized among studies using failure load testing. Also, failure load tends to generate higher values than those of the maximum occlusal force.⁴⁸

Most studies had a medium or high risk of bias. This highlights the likelihood that these studies did not control all the variables that could influence the results, explaining to some extent the heterogeneity. Therefore, this review was limited by the high heterogeneity obtained by the studies and the degree of scientific evidence. Poor methodological reporting is a common problem,²² although it does not necessarily reflect poor design/execution (high quality studies may not score well because of poor reporting); however it does prevent assessment and confidence in the methodological quality.²³ Also, in 2 studies, the ceramic was not milled,^{17,18} and in another study sintered powder/fluid veneer was used.¹² Thus, the results should be interpreted cautiously, since for the file-splitting method, the framework and veneers are machined.

Favorable results that encourage the use of particle-reinforced veneers should be analyzed carefully, since in vitro studies have limitations and the mechanical behavior of bilayer Y-TZP also depends on laboratory and clinical variables. Although many studies aged specimens before testing, meta-analyses could only be performed

for those investigating monotonic loading. Ceramics are susceptible to subcritical crack growth under water and cyclic loading, both of which are present in the oral environment.⁵ Therefore, more studies using fatigue tests are required.

CONCLUSIONS

Based on the findings of this systematic review, the following conclusions were drawn:

1. Fused veneering appears to be an appropriate alternative to Y-TZP bilayers since it improved failure load more than the hand-layered method, particularly with particle-filled ceramics.
2. The results do not encourage the use of predominantly glass-ceramics for the cemented technique.
3. Pressed veneers on Y-TZP had a similar failure load and flexural strength to those of the hand-layered veneers.

REFERENCES

1. Preis V, Letsch C, Handel G, Behr M, Schneider-Feyrer S, Rosentritt M. Influence of substructure design, veneer application technique, and firing regime on the in vitro performance of molar zirconia crowns. *Dent Mater* 2013;29:e113-21.
2. Oh JW, Song KY, Ahn SG, Park JM, Lee MH, Seo JM. Effects of core characters and veneering technique on biaxial flexural strength in porcelain fused to metal and porcelain veneered zirconia. *J Adv Prosthodont* 2015;7:349-57.
3. Choi JE, Waddell JN, Torr B, Swain MV. Pressed ceramics onto zirconia. Part 1: Comparison of crystalline phases present, adhesion to a zirconia system and flexural strength. *Dent Mater* 2011;27:1204-12.
4. Özcan M, Bernasconi M. Adhesion to zirconia used for dental restorations: a systematic review and meta-analysis. *J Adhes Dent* 2015;17:7-26.
5. Rekow ED, Silva NR, Coelho PG, Zhang Y, Guess P, Thompson VP. Performance of dental ceramics: challenges for improvements. *J Dent Res* 2011;90:937-52.
6. Guess PC, Zhang Y, Thompson VP. Effect of veneering techniques on damage and reliability of Y-TZP trilayers. *Eur J Esthet Dent* 2009;4:262-76.
7. Basso GR, Moraes RR, Borba M, Griggs JA, Della Bona A. Flexural strength and reliability of monolithic and trilayer ceramic structures obtained by the CAD-on technique. *Dent Mater* 2015;31:1453-9.
8. Monaco C, Caldari M, Scotti R; AIOP (Italian Academy of Prosthetic Dentistry) Clinical Research Group. Clinical evaluation of zirconia-based restorations on implants: a retrospective cohort study from the AIOP Clinical Research Group. *Int J Prosthodont* 2015;28:239-42.
9. Nicolaisen MH, Bahrami G, Schropp L, Isidor F. Comparison of metal-ceramic and all-ceramic three-unit posterior fixed dental prostheses: a 3-year randomized clinical

trial. *Int J Prosthodont* 2016;29:259-64.

10. Pjetursson BE, Sailer I, Makarov N, Zwahlen M, Thoma DS. All-ceramic or metal-ceramic tooth-supported fixed dental prostheses (FDPs)? A systematic review of the survival and complication rates. Part II: Multiple-unit FDPs. *Dent Mater* 2015;31:624-39.

11. Guess PC, Bonfante EA, Silva NRFA, Coelho PG, Thompson VP. Effect of core design and veneering technique on damage and reliability of Y-TZP-supported crowns. *Dent Mater* 2013;29:307-16.

12. Costa AKF, Borges ALS, Fleming GJP, Addison O. The strength of sintered and adhesively bonded zirconia/veneer-ceramic bilayers. *J Dent* 2014;42:1269-76.

13. Lima JMC, Souza ACO, Anami LC, Bottino MA, Melo RM, Souza ROA. Effects of thickness, processing technique, and cooling rate protocol on the flexural strength of a bilayer ceramic system. *Dent Mater* 2013;29:1063-72.

14. Kanat-Erturk B, Comlekoglu EM, Dundar-Comlekoglu M, Özcan M, Gungor MA. Effect of veneering methods on zirconia framework-veneer ceramic adhesion and fracture resistance of single crowns. *J Prosthodont* 2015;24:620-8.

15. Nossair SA, Aboushelib MN, Morsi TS. Fracture and fatigue resistance of cemented versus fused CAD-on veneers over customized zirconia implant abutments. *J Prosthodont*. 2015 Jan 5. doi: 10.1111/jopr.12253. [Epub ahead of print]

16. Mahmood DJH, Linderoth EH, Wennerberg A, Von Steyern PV. Influence of core design, production technique, and material selection on fracture behavior of yttria-stabilized tetragonal zirconia polycrystal fixed dental prostheses produced using different multilayer techniques: split-file, over-pressing, and manual. *Clin Cosmet Investig Dent* 2016;8:15-27.

17. Pharr SW, Teixeira EC, Verrett R, Piascik JR. Influence of veneering fabrication

techniques and gas-phase fluorination on bond strength between zirconia and veneering ceramics. *J Prosthodont* 2016;25:478-84.

18. Alessandretti R, Morba M, Benetti P, Corazza PH, Ribero R, Della Bona A. Reliability and mode of failure of bonded monolithic and multilayer ceramics. *Dent Mater* 2017;33:191-7.

19. Walker E, Hernandez A V., Kattan MW. Meta-analysis: Its strengths and limitations. *Cleve Clin J Med* 2008;75:431-9.

20. Melsen WG, Bootsma MCJ, Rovers MM, Bonten MJM. The effects of clinical and statistical heterogeneity on the predictive values of results from meta-analyses. *Clin Microbiol Infect* 2014;20:123-9.

21. Moher D, Liberati A, Tetzlaff J, Altman DG, Prisma T. Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *Int J Surg* 2010;8:336-41.

22. Dechartres A, Trinquart L, Atal I, Moher D, Dickersin K, Boutron I, Perrodeau E, Altman DG, Ravaud P. Evolution of poor reporting and inadequate methods over time in 20 920 randomised controlled trials included in Cochrane reviews: research on research study. *BMJ* 2017;357:j2490.

23. Mhaskar R, Djulbegovic B, Magazin A, Soares HP, Kumar A. Published methodological quality of randomized controlled trials does not reflect the actual quality assessed in protocols. *J Clin Epidemiol* 2012;65:602-9.

24. Higgins J, Green S (editors). *Cochrane handbook for systematic reviews of interventions* version 5.1.0 [updated March 2011]. The Cochrane Collaboration, 2011. Available at: <http://handbook.cochrane.org>. Accessed August 10, 2017.

25. Guolo A, Varin C. Random-effects meta-analysis: the number of studies matters. *Stat Methods Med Res* 2017;26:1500-18.

26. Kanat B, Comlekoglu EM, Dundar-Comlekoglu M, Hakan Sen B, Özcan M, Ali Gungor M. Effect of various veneering techniques on mechanical strength of computer-controlled zirconia framework designs. *J Prosthodont* 2014;23:445-55.
27. Chaar MS, Witkowski S, Strub JR, Att W. Effect of veneering technique on the fracture resistance of zirconia fixed dental prostheses. *J Oral Rehabil* 2013;40:51-9.
28. Kim JH, Lee SJ, Park JS, Ryu JJ. Fracture load of monolithic CAD/CAM lithium disilicate ceramic crowns and veneered zirconia crowns as a posterior implant restoration. *Implant Dent* 2013;22:66-70.
29. Schmitter M, Mueller D, Rues S. In vitro chipping behaviour of all-ceramic crowns with a zirconia framework and feldspathic veneering: comparison of CAD/CAM-produced veneer with manually layered veneer. *J Oral Rehabil* 2013;40:519-25.
30. Choi YS, Kim SH, Lee JB, Han JS, Yeo IS. In vitro evaluation of fracture strength of zirconia restoration veneered with various ceramic materials. *J Adv Prosthodont* 2012;4:162-9.
31. Lin WS, Ercoli C, Feng C, Morton D. The effect of core material, veneering porcelain, and fabrication technique on the biaxial flexural strength and weibull analysis of selected dental ceramics. *J Prosthodont* 2012;21:353-62.
32. Schmitter M, Mueller D, Rues S. Chipping behaviour of all-ceramic crowns with zirconia framework and CAD/CAM manufactured veneer. *J Dent* 2012;40:154-62.
33. Baldassarri M, Zhang Y, Thompson VP, Rekow ED, Stappert CFJ. Reliability and failure modes of implant-supported zirconium-oxide fixed dental prostheses related to veneering techniques. *J Dent* 2011;39:489-98.
34. Deng B, Liu H, Yi Y, Shao L, Tian J, Ma T, Lu R, Weng N. Effects of three types of veneering porcelain on bending strength of KAVO (TM) Y-TZP/porcelain bilayered structure. *Rare Met Mater Eng* 2011;40:271-4.

35. Eisenburger M, Mache T, Borchers L, Stiesch M. Fracture stability of anterior zirconia crowns with different core designs and veneered using the layering or the press-over technique. *Eur J Oral Sci* 2011;119:253-7.
36. Stawarczyk B, Özcan M, Roos M, Trottmann A, Hammerle CHF. Fracture load and failure analysis of zirconia single crowns veneered with pressed and layered ceramics after chewing simulation. *Dent Mater J* 2011;30:554-62.
37. Stawarczyk B, Özcan M, Roos M, Trottmann A, Sailer I, Hammerle CHF. Load-bearing capacity and failure types of anterior zirconia crowns veneered with overpressing and layering techniques. *Dent Mater* 2011;27:1045-53.
38. Beuer F, Schweiger J, Eichberger M, Kappert HF, Gernet W, Edelhoff D. High-strength CAD/CAM-fabricated veneering material sintered to zirconia copings--a new fabrication mode for all-ceramic restorations. *Dent Mater* 2009;25:121-8.
39. Aboushelib MN, de Kler M, van der Zel JM, Feilzer AJ. Effect of veneering method on the fracture and bond strength of bilayered zirconia restorations. *Int J Prosthodont* 2008;21:237-40.
40. Obermeier M, Ristow O, Erdelt K, Beuer F. Mechanical performance of cement- and screw-retained all-ceramic single crowns on dental implants. *Clin Oral Investig*. 2017 Jul 15. doi: 10.1007/s00784-017-2178-z. [Epub ahead of print]
41. Al-Wahadni A, Shahin A, Kurtz KS. Veneered zirconia-based restorations fracture resistance analysis. *J Prosthodont*. 2016 May 10. doi: 10.1111/jopr.12490. [Epub ahead of print]
42. Agustín-Panadero R, Fons-Font A, Roman-Rodríguez JL, Granell-Ruiz M, del Rio-Highsmith J, Sola-Ruiz MF. Zirconia versus metal: a preliminary comparative analysis of ceramic veneer behavior. *Int J Prosthodont* 2012;25:294-300.
43. Albrecht T, Kirsten A, Kappert HF, Fischer H. Fracture load of different crown

systems on zirconia implant abutments. *Dent Mater* 2011;27:298-303.

44. Tsalouchou E, Cattell MJ, Knowles JC, Pittayachawan P, McDonald A. Fatigue and fracture properties of yttria partially stabilized zirconia crown systems. *Dent Mater* 2008;24:308-18.

45. Longhini D, Rocha COM, Medeiros IS, Fonseca RG, Adabo GL. Effect of glaze cooling rate on mechanical properties of conventional and pressed porcelain on zirconia. *Braz Dent J* 2016;27:524-531.

46. Baladhandayutham B, Lawson NC, Burgess JO. Fracture load of ceramic restorations after fatigue loading. *J Prosthet Dent* 2015;114:266-71.

47. Turk AG, Ulusoy M, Yuce M, Akin H. Effect of different veneering techniques on the fracture strength of metal and zirconia frameworks. *J Adv Prosthodont* 2015;7:454-9.

48. Kelly JR. Clinically relevant approach to failure testing of all-ceramic restorations. *J Prosthet Dent* 1999;81:652-61.

49. Kelly RD, Fleming GJ, Hooi P, Palin WM, Addison O. Biaxial flexure strength determination of endodontically accessed ceramic restorations. *Dent Mater* 2014;30:902-9.

Supplemental Table 1. Characteristics of included studies evaluating flexural strength

Author/ Year	Y-TZP Brand/ Manufacturer	Control Group (Hand Layered) Brand/ Manufacturer	Control Group Ceramic Type	Experimental Group	Experimental Group Brand/Manufacturer	Experimental Group Ceramic Type	Type of Aging	Flexural Strength Testing/Load Application	Side Under Tension	Failure Definition
Longhini et al ⁴⁵ (2016)	Vita In-Ceram YZ/ Vita Zahnfabrik	Vita VM9/ Vita Zahnfabrik	Feldspathic ceramic	Pressed	Vita PM9/ Vita Zahnfabrik	Feldspathic ceramic	None	Piston-on-3- ball/ Monotonic	Veneer	Not detailed
Pharr et al ¹⁷ (2016)	Cercon/ DeguDent Dentsply	Vita VM9/ Vita Zahnfabrik	Feldspathic ceramic	Pressed Cemented	Vita PM9/ Vita Zahnfabrik VITABLOCS Triluxe Forte/ Vita Zahnfabrik	Feldspathic ceramic Feldspathic ceramic	None	3-point bending/ Monotonic	Not informed	Not detailed
Oh et al ² (2015)	IPS e.max ZirCAD/ Ivoclar Vivadent	IPS e.max Ceram/ Ivoclar Vivadent	Nano- fluorapatite glass- ceramic	Pressed	IPS e.max ZirPress/ Ivoclar Vivadent	Fluorapatite glass-ceramic	6000 thermal cycles	Piston-on-3- ball/ Monotonic	Veneer	Fracture
Costa et al ¹² (2014)	Vita In-Ceram YZ/ Vita Zahnfabrik	Vita VM9/ Vita Zahnfabrik	Feldspathic ceramic	Cemented	Vita VM9/ Vita Zahnfabrik	Feldspathic ceramic	None	Ball-on-ring/ Monotonic	Y-TZP	Not detailed
Kanat et al ²⁶ (2014)	IPS e.max ZirCAD/ Ivoclar Vivadent	IPS e.max Ceram/ Ivoclar Vivadent	Nano- fluorapatite glass- ceramic	Pressed Fused	IPS e.max ZirPress/ Ivoclar Vivadent IPS e.max CAD/ Ivoclar Vivadent	Fluorapatite glass-ceramic Lithium disilicate glass-ceramic	Water storage (48h)	3-point bending/ Monotonic	Not informed	Fracture

Author/ Year	Y-TZP Brand/ Manufacturer	Control Group (Hand Layered) Brand/ Manufacturer	Control Group Ceramic Type	Experimental Group	Experimental Group Brand/Manufacturer	Experimental Group Ceramic Type	Type of Aging	Flexural Strength Testing/Load Application	Side Under Tension	Failure Definition
Lima et al ¹³ (2013)	Vita In-Ceram YZ/ Vita Zahnfabrik	Vita VM9/ Vita Zahnfabrik	Feldspathic ceramic	Pressed	Vita PM9/ Vita Zahnfabrik	Feldspathic ceramic	2 million mechanical cycles	4-point bending/ Monotonic	Veneer	First sign of fracture verified by noise and changes in the load- deflection curve
Lin et al ³¹ (2012)	IPS e.max ZirCAD/ Ivoclar Vivadent	IPS e. max max Ceram/ Ivoclar Vivadent	Nano- fluorapatite glass- ceramic	Pressed	IPS e.max ZirPress/ Ivoclar Vivadent	Fluorapatite glass-ceramic	None	Piston-on-3- ball/ Monotonic	Not informed	Fracture
Deng et al ³⁴ (2011)	Kavo	IPS e.max Ceram/ Ivoclar Vivadent	Nano- fluorapatite glass- ceramic	Pressed	IPS e.max ZirPress/ Ivoclar Vivadent	Fluorapatite glass-ceramic	None	3-point bending/ Monotonic	Not informed	Sudden drop in load

Supplemental Table 2. Characteristics of included studies evaluating load to failure

Author/ Year	Y-TZP Brand/ Manufacturer	Control Group (Hand Layered) Brand/ Manufacturer	Control Group Ceramic Type	Experimental Group	Experimental Group Brand/ Manufacturer	Experimental Group Ceramic Type	Type of Storage/ Aging	Specimens configuration/ Load application	Failure Definition
Alessandretti et al ¹⁸ (2017)	IPS e.max ZirCAD/ Ivoclar Vivadent	IPS e.max Ceram/ Ivoclar Vivadent	Nano- fluorapatite glass- ceramic	Fused	IPS e.max CAD/ Ivoclar Vivadent	Lithium disilicate glass-ceramic	None	Ceramic disks cemented on fiber- reinforced epoxy resin- based disks	First sound correspondent to the critical crack and drop in loading curve
Obermeier et al ⁴⁰ (2017)	IPS e.max ZirCAD/ Ivoclar Vivadent	IPS e.max Ceram/ Ivoclar Vivadent	Nano- fluorapatite glass- ceramic	Fused	IPS e.max CAD/ Ivoclar Vivadent	Lithium disilicate glass-ceramic	1.2 million thermo- mechanical cycles	Mandibular left first molar crowns screw- retained to titanium implants/ Monotonic	Optically or audibly perceptible chipping/ fracture or abrupt decrease of force of at least 10%
Al-Wahadni et al ⁴¹ (2016)	Ceramill ZI/ Amann Girrbach	Vita VM9/ Vita Zahnfabrik	Feldspathic ceramic	Pressed Cemented	Vita PM9/ Vita Zahnfabrik Vita Triluxe Forte/ Vita Zahnfabrik	Feldspathic ceramic Feldspathic ceramic	3000 thermal cycles + water storage (24h)	Maxillary first premolar crowns cemented cobalt-chromium dies/ Monotonic	Occurrence of visible cracks in combination with load drops and acoustic events

Author/ Year	Y-TZP Brand/ Manufacturer	Control Group (Hand Layered) Brand/ Manufacturer	Control Group Ceramic Type	Experimental Group	Experimental Group Brand/ Manufacturer	Experimental Group Ceramic Type	Type of Storage/ Aging	Specimens configuration/ Load application	Failure Definition
Mahmood et al ¹⁶ (2016)	Vita In-Ceram YZ/ Vita Zahnfabrik	Vita VM9/ Vita Zahnfabrik	Feldspathic ceramic	Pressed	IPS e.max ZirPress/ Ivoclar Vivadent	Fluorapatite glass-ceramic	5000 thermal cycles + 10000 mechanical cycles	Anterior three-unit fixed dental prostheses (FDP) cemented on a polymer material)/ Monotonic	A visible crack in the veneer or through the entire construction
	IPS e.max ZirCAD/ Ivoclar Vivadent	IPS e.max Ceram/ Ivoclar Vivadent	Nano- fluorapatite glass- ceramic	Fused	IPS e.max CAD/ Ivoclar Vivadent	Lithium disilicate glass-ceramic			
				Cemented	VITABLOCS Mark II, Vita Zahnfabrik	Feldspathic ceramic			
Baladhandayutham et al ⁴⁶ (2015)	Lava/ 3M ESPE	Lava Ceram/ 3M ESPE	Feldspathic ceramic	Fused	Lava DVS/ 3M ESPE	Glass- ceramic	Water storage (24h) + 200000 mechanical cycles	Mandibular first molar crowns cemented on composite resin preparations/ Monotonic	A sudden reduction to 40% of the applied load
Kanat-Ertürk et al ¹⁴ (2015)	Vita In-Ceram YZ/ Vita Zahnfabrik	Vita VM9/ Vita Zahnfabrik	Feldspathic ceramic	Pressed	Vita PM9/ Vita Zahnfabrik	Feldspathic ceramic	Water storage (48h)	Mandibular left first molar crowns cemented on stainless steel dies/ Monotonic	Fracture
				Cemented	VITABLOCS Mark II/ Vita Zahnfabrik	Feldspathic ceramic			
Nossair et al ¹⁵ (2015)	inCorisZi/ Sirona	IPS e.max Ceram/ Ivoclar Vivadent	Nano- fluorapatite glass- ceramic	Fused Cemented	IPS Empress CAD	Leucite-based ceramic	3.2 million mechanical cycles	Implant abutments seated on titanium short abutments/ Monotonic	A sudden drop in applied load or a cracking sound

Author/ Year	Y-TZP Brand/ Manufacturer	Control Group (Hand Layered) Brand/ Manufacturer	Control Group Ceramic Type	Experimental Group	Experimental Group Brand/ Manufacturer	Experimental Group Ceramic Type	Type of Storage/ Aging	Specimens configuration/ Load application	Failure Definition
Turk et al ⁴⁷ (2015)	IPS e.max ZirCAD/ Ivoclar Vivadent	IPS e.max Ceram/ Ivoclar Vivadent	Nano- fluorapatite glass- ceramic	Pressed	IPS e.max ZirPress/ Ivoclar Vivadent	Fluorapatite glass-ceramic	10000 thermal cycles	Mandibular molar crowns cemented on metal dies/ Monotonic	First discontinuity in the load, whether it was an early crack or a catastrophic failure
Costa et al ¹² (2014)	Vita In-Ceram YZ/ Vita Zahnfabrik	Vita VM9/ Vita Zahnfabrik	Feldspathic ceramic	Cemented	Vita VM9/ Vita Zahnfabrik	Feldspathic ceramic	None	Disks/ Monotonic	Not detailed
Kanat et al ²⁶ (2014)	IPS e.max ZirCAD/ Ivoclar Vivadent	IPS e.max Ceram/ Ivoclar Vivadent	Nano- fluorapatite glass- ceramic	Pressed Fused	IPS e.max ZirPress/ Ivoclar Vivadent IPS e.max CAD/ Ivoclar Vivadent	Fluorapatite glass-ceramic Lithium disilicate glass-ceramic	Water storage (48h)	Mandibular left first molar crowns cemented on stainless steel dies/ Monotonic	Fracture
Chaar et al ²⁷ (2013)	ZenotecZr Bridge/ Wieland Dental	Vintage ZR/ Shofu Dental GmbH Zirox/ Wieland Dental	Leucite- strengthened feldspathic ceramic Leucite-free high-density feldspathic ceramic	Pressed	PressXZr/ Wieland Dental	Leucite-free high-density feldspathic ceramic	None 1.2 million thermo- mechanical cycles	Posterior three-unit FDP cemented on prepared teeth/ Monotonic	Fracture

Author/ Year	Y-TZP Brand/ Manufacturer	Control Group (Hand Layered) Brand/ Manufacturer	Control Group Ceramic Type	Experimental Group	Experimental Group Brand/ Manufacturer	Experimental Group Ceramic Type	Type of Storage/ Aging	Specimens configuration/ Load application	Failure Definition
Guess et al ¹¹ (2013)	Vita In-Ceram YZ/ Vita Zahnfabrik	Vita VM9/ Vita Zahnfabrik	Feldspathic ceramic	Pressed	Vita PM9/ Vita Zahnfabrik	Feldspathic ceramic	Water storage of the crowns (7 days)	Molar crowns cemented on aged composite resin dies/ Monotonic	Chip-off fractures of the veneering ceramic and core fractures
Kim et al ²⁸ (2013)	Rainbow Zirconia/ Dentium	IPS e.max Ceram/ Ivoclar Vivadent	Nano- fluorapatite glass- ceramic	Pressed	IPS e.max ZirPress/ Ivoclar Vivadent	Fluorapatite glass-ceramic	Saline storage (24 h)	Mandibular first molar crowns cemented on metal dies/ Monotonic	Fracture
Preis et al ¹ (2013)	Lava/ 3M ESPE	Lava Ceram/ 3M ESPE	Feldspathic ceramic	Pressed Fused	IPS e.max ZirPress/ Ivoclar Vivadent Experimental ceramic/ 3M ESPE	Fluorapatite glass-ceramic Glass- ceramic	6000 thermal cycles + 1.2 million mechanical cycles	Mandibular left first molar crowns cemented on polymethylmethacrylate prepared teeth/ Monotonic	Chipping of the veneer or combined fracture of the veneer and core
Schmitter et al ²⁹ (2013)	inCorisZi/ Sirona	Not informed	Feldspathic ceramic	Cemented	CEREC Bloc/ Sirona	Feldspathic ceramic	None	Molar crowns cemented on cobalt- chromium dies/ Monotonic	Fracture
Agustín-Panadero et al ⁴² (2012)	IPS e.max ZirCAD/ Ivoclar Vivadent	IPS e.max Ceram/ Ivoclar Vivadent	Nano- fluorapatite glass- ceramic	Pressed	IPS e.max ZirPress/ Ivoclar Vivadent	Fluorapatite glass-ceramic	None	Maxillary first molar crowns cemented on epoxy resin dies/ Monotonic	Fracture

Author/ Year	Y-TZP Brand/ Manufacturer	Control Group (Hand Layered) Brand/ Manufacturer	Control Group Ceramic Type	Experimental Group	Experimental Group Brand/ Manufacturer	Experimental Group Ceramic Type	Type of Storage/ Aging	Specimens configuration/ Load application	Failure Definition
Choi et al ³⁰ (2012)	Lava/ 3M ESPE	Vita VM9/ Vita Zahnfabrik	Feldspathic ceramic	Pressed Fused	PS e.max ZirPress/ Ivoclar Vivadent Lava DVS/ 3M ESPE	Fluorapatite glass-ceramic Glass- ceramic	Water storage (48h)	Mandibular right first molar crowns cemented on titanium dies/ Monotonic	Visible cracks in combination with load drops and acoustic events or chipping that would make the crown clinically unusable
Schmitter et al ³² (2012)	inCorisZi/ Sirona	Not informed	Feldspathic ceramic	Fused	IPS e.max CAD/ Ivoclar Vivadent	Lithium disilicate glass-ceramic	None	Molar crowns cemented on cobalt- chromium dies/ Monotonic	First damage of the veneer
Albrecht et al ⁴³ (2011)	Straumann Anatomical IPS e.max Abutments/ Straumann	IPS e.max Ceram/ Ivoclar Vivadent	Nano- fluorapatite glass- ceramic	Pressed Cemented	IPS e.max ZirPress/ Ivoclar Vivadent IPS e.max CAD/ Ivoclar Vivadent	Fluorapatite glass-ceramic Lithium disilicate glass-ceramic	None 1.2 million mechanical cycles with simultaneous thermocycling	Abutments attached to premolar implants/ Monotonic	Fracture
Baldassarri et al ³³ (2011)	Procera/ Nobel Biocare	NobelRondo Porcelain/ Nobel Biocare	Feldspathic ceramic	Pressed	NobelRondo Press/ Nobel Biocare	Feldspathic ceramic	Water storage (14 days)	Posterior three-unit implant-supported FDP screw-retained to titanium implants/ Fatigue (step-stress)	Fracture

Author/ Year	Y-TZP Brand/ Manufacturer	Control Group (Hand Layered) Brand/ Manufacturer	Control Group Ceramic Type	Experimental Group	Experimental Group Brand/ Manufacturer	Experimental Group Ceramic Type	Type of Storage/ Aging	Specimens configuration/ Load application	Failure Definition
Eisenburger et al ³⁵ (2011)	IPS e.max ZirCAD/ Ivoclar Vivadent	IPS e.max Ceram/ Ivoclar Vivadent	Nano- fluorapatite glass- ceramic	Pressed	IPS e.max ZirPress/ Ivoclar Vivadent	Fluorapatite glass-ceramic	None	Maxillary central incisor crowns cemented on cobalt-chromium- molybdenum dies/ Monotonic	A decrease in load of at least 50 N, regardless of whether failure was chipping or a catastrophic failure of the core
Stawarczyk et al ³⁶ (2011)	ZENO TEC/ Wieland Dental	Zirox/ Wieland Dental	Leucite-free high-density feldspathic ceramic	Pressed	PressXZr/ Wieland Dental	Leucite-free high-density feldspathic ceramic	1.2 million mechanical cycles with simultaneous thermocycling	Maxillary lateral incisor crowns cemented on metal abutments/ Monotonic	When fracture load decreased by 10% of the maximum load
		GC Initial ZR/ GC Europe	Feldspathic ceramic		GC Initial IQ LF/ GC Europe	Feldspathic ceramic			
		Vita VM 9/ Vita Zahnfabrik	Feldspathic ceramic		VITA PM9/ Vita Zahnfabrik	Feldspathic ceramic			
		IPS e.max Ceram/ Ivoclar Vivadent	Nano- fluorapatite glass- ceramic		IPS e.max ZirPress/ Ivoclar Vivadent	Fluorapatite glass-ceramic			

Author/ Year	Y-TZP Brand/ Manufacturer	Control Group (Hand Layered) Brand/ Manufacturer	Control Group Ceramic Type	Experimental Group	Experimental Group Brand/ Manufacturer	Experimental Group Ceramic Type	Type of Storage/ Aging	Specimens configuration/ Load application	Failure Definition
Stawarczyk et al ³⁷ (2011)	ZENO TEC/ Wieland Dental	Zirox/ Wieland Dental	Leucite-free high-density feldspathic ceramic	Pressed	PressXZr/ Wieland Dental	Leucite-free high-density feldspathic ceramic	None	Maxillary canine crowns cemented on cobalt-chromium abutments/ Monotonic	When fracture load decreased by 10% of the maximum load
		GC Initial ZR/ GC Europe	Feldspathic ceramic		GC Initial IQ LF/ GC Europe	Feldspathic ceramic			
		Vita VM 9/ Vita Zahnfabrik	Feldspathic ceramic		VITA PM9/ Vita Zahnfabrik	Feldspathic ceramic			
		IPS e.max Ceram/ Ivoclar Vivadent	Nano- fluorapatite glass- ceramic		IPS e.max ZirPress/ Ivoclar Vivadent	Fluorapatite glass-ceramic			
Beuer et al ³⁸ (2009)	IPS e.max ZirCAD/ Ivoclar Vivadent	IPS e.max Ceram/ Ivoclar Vivadent	Nano- fluorapatite glass- ceramic	Pressed	IPS e.max ZirPress/ Ivoclar Vivadent	Fluorapatite glass-ceramic	Water storage (48 h)	Maxillary right second molar crowns cemented on cobalt- chromium dies/ Monotonic	Visible cracks in combination with load drops and acoustic events or chipping that would make the crown clinically unusable
				Fused	IPS e.max CAD/ Ivoclar Vivadent	Lithium disilicate glass-ceramic			
Guess et al ⁶ (2009)	IPS e.max ZirCAD/ Ivoclar Vivadent	IPS e.max Ceram/ Ivoclar Vivadent	Nano- fluorapatite glass- ceramic	Pressed	IPS e.max ZirPress/ Ivoclar Vivadent	Fluorapatite glass-ceramic	Water storage (7 days)	Square bilayer ceramic cemented on square aged composite resin/ Monotonic	Fracture of the veneering ceramic

Author/ Year	Y-TZP Brand/ Manufacturer	Control Group (Hand Layered) Brand/ Manufacturer	Control Group Ceramic Type	Experimental Group	Experimental Group Brand/ Manufacturer	Experimental Group Ceramic Type	Type of Storage/ Aging	Specimens configuration/ Load application	Failure Definition
Aboushelib et al ³⁹ (2008)	Tosoh	IPS e.max Ceram/ Ivoclar Vivadent	Nano- fluorapatite glass- ceramic	Pressed	IPS e.max ZirPress/ Ivoclar Vivadent	Fluorapatite glass-ceramic	None	Mandibular right molar crowns cemented on composite resin dies/ Monotonic	Fracture
Tsalouchouet al ⁴⁴ (2008)	KaVo Everest ZS-blank/ KaVo Dental	IPS e.max Ceram/ Ivoclar Vivadent	Nano- fluorapatite glass- ceramic	Pressed	IPS e.max ZirPress/ Ivoclar Vivadent	Fluorapatite glass-ceramic	Water storage (24 h) + 50000 mechanical cycles	Cylindrical crowns cemented on brass dies/ Monotonic	Fracture

Table 1. Risk of bias of included studies

Author/Year	Randomization of specimens	Specimens obtained from standardized process	Specimens fabrication by single operator	Sample size calculation	Blinded operator of testing machine	Standardized test	Sum	Estimated risk of bias
Alessandretti et al ¹⁸ (2017)	2	0	2	2	2	0	8	Medium
Obermeier et al ⁴⁰ (2017)	2	0	0	2	2	0	6	Medium
Al-Wahadni et al ⁴¹ (2016)	2	0	2	2	2	1	9	High
Longhini et al ⁴⁵ (2016)	2	0	2	2	2	1	9	High
Mahmood et al ¹⁶ (2016)	2	0	0	1	2	0	5	Medium
Pharr et al ¹⁷ (2016)	0	0	2	2	2	1	7	Medium
Baladhandayutham et al ⁴⁶ (2015)	2	0	0	0	2	0	4	Low
Kanat-Ertürk et al ¹⁴ (2015)	2	0	0	2	0	0	4	Low
Nossair et al ¹⁵ (2015)	0	0	2	2	2	0	6	Medium
Oh et al ² (2015)	2	0	2	2	2	0	8	Medium
Turk et al ⁴⁷ (2015)	0	0	0	2	2	0	4	Low
Costa et al ¹² (2014)	0	0	2	2	2	1	7	Medium
Kanat et al ²⁶ (2014)	2	0	1	2	2	1	8	Medium
Chaar et al ²⁷ (2013)	0	0	1	2	2	0	5	Medium
Guess et al ¹¹ (2013)	2	0	0	2	2	1	7	Medium
Kim et al ²⁸ (2013)	2	0	2	2	2	0	8	Medium
Lima et al ¹³ (2013)	0	0	2	2	2	1	7	Medium
Preis et al ¹ (2013)	2	0	2	2	2	1	9	High
Schmitter et al ²⁹ (2013)	2	0	0	2	2	1	7	Medium
Agustín-Panadero et al ⁴² (2012)	2	1	2	2	2	0	9	High
Choi et al ³⁰ (2012)	2	0	1	2	2	0	7	Medium
Lin et al ³¹ (2012)	2	0	2	1	2	0	7	Medium

Author/Year	Randomization of specimens	Specimens obtained from standardized process	Specimens fabrication by single operator	Sample size calculation	Blinded operator of testing machine	Standardized test	Sum	Estimated risk of bias
Schmitter et al ³² (2012)	2	0	0	2	2	1	7	Medium
Albrecht et al ⁴³ (2011)	2	0	2	2	2	1	9	High
Baldassarri et al ³³ (2011)	2	0	1	2	2	0	7	Medium
Deng et al ³⁴ (2011)	0	0	2	2	2	1	7	Medium
Eisenburger et al ³⁵ (2011)	2	0	2	0	2	0	6	Medium
Stawarczyk et al ³⁶ (2011)	0	0	2	2	2	1	7	Medium
Stawarczyk et al ³⁷ (2011)	0	0	2	2	2	1	7	Medium
Beuer et al ³⁸ (2009)	2	0	1	2	2	0	7	Medium
Guess et al ⁶ (2009)	0	0	2	2	2	1	7	Medium
Aboushelib et al ³⁹ (2008)	2	0	2	2	2	0	8	Medium
Tsalouchou et al ⁴⁴ (2008)	2	0	2	2	2	1	9	High

FIGURES

Figure 1. Flowchart of study selection procedures according to PRISMA Statement.

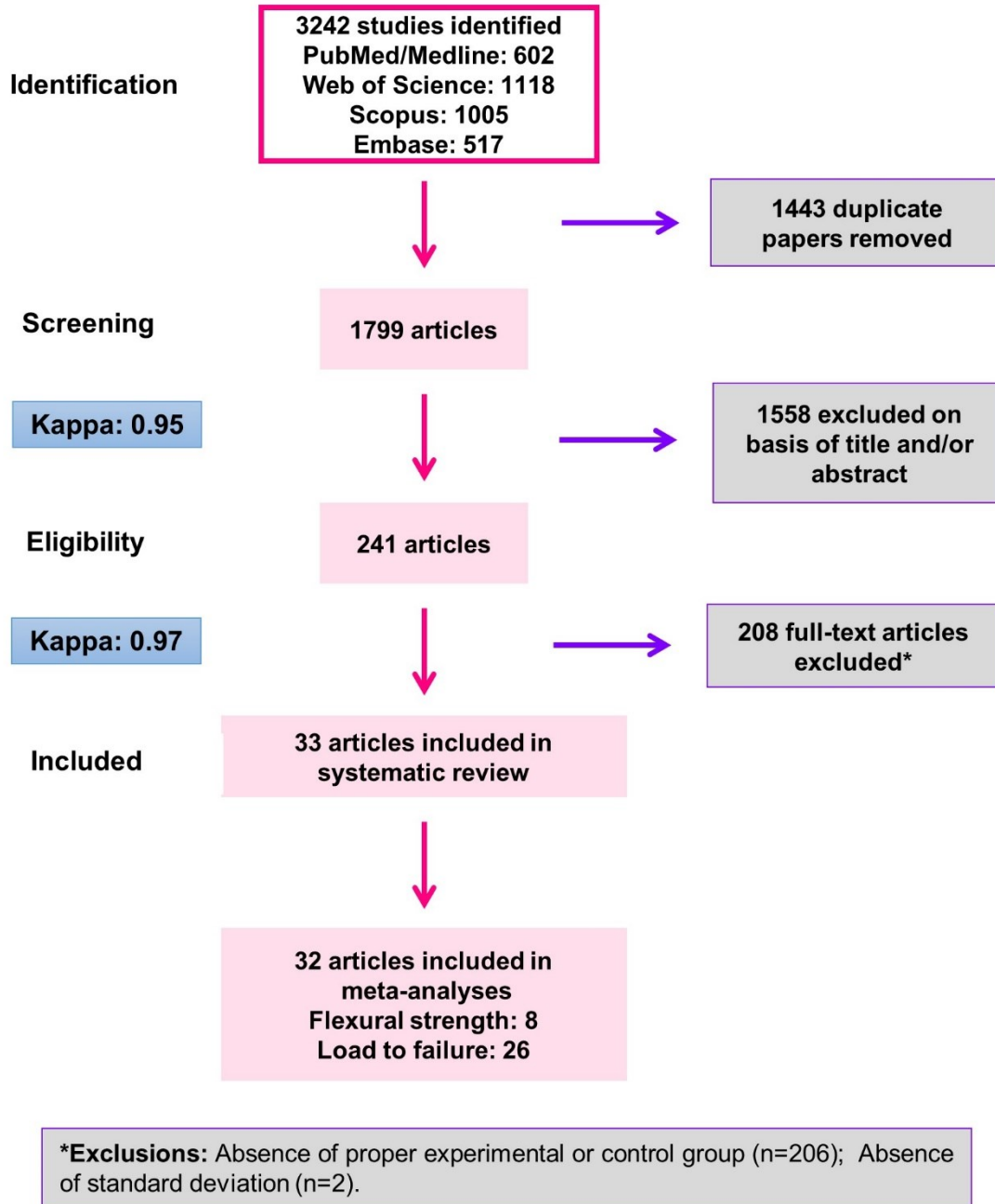


Figure 2. Forest plot for flexural strength analysis (pressed × hand-layered).

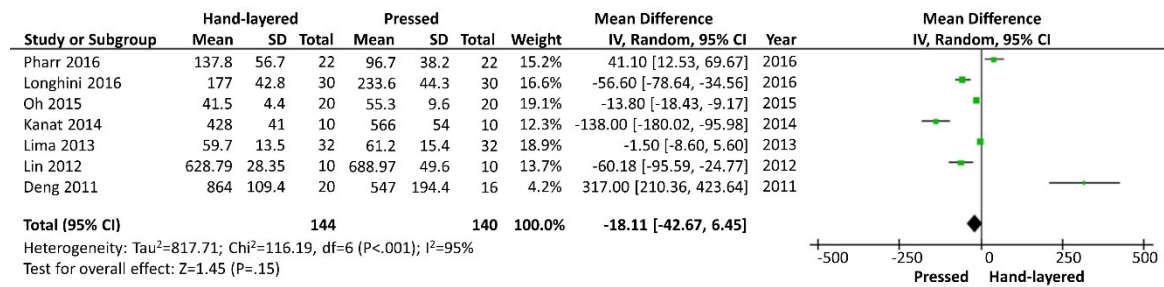


Figure 3. Forest plot for flexural strength analysis (cemented × hand-layered).

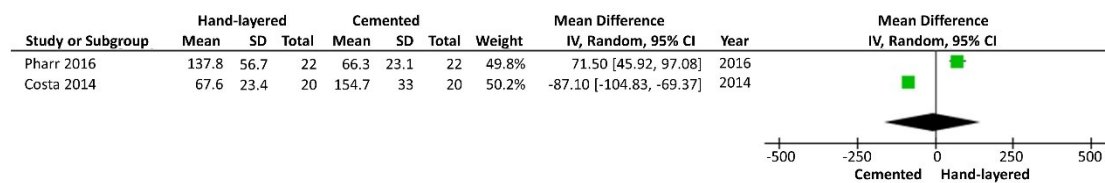


Figure 4. Forest plot for load to failure analysis (pressed × hand-layered).

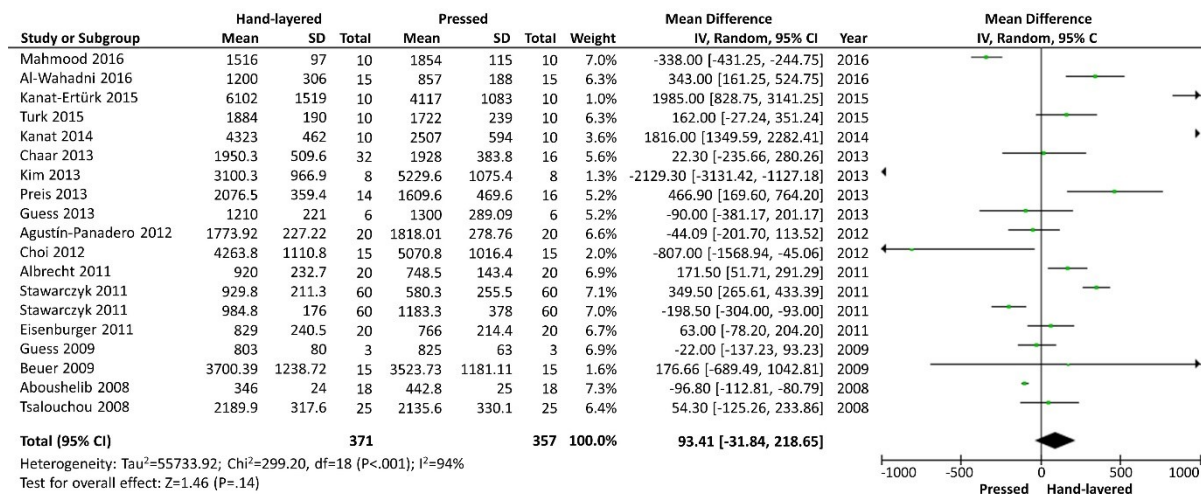


Figure 5. Forest plot for load to failure subgroup analyses (fused × hand-layered) regarding to the ceramic material.

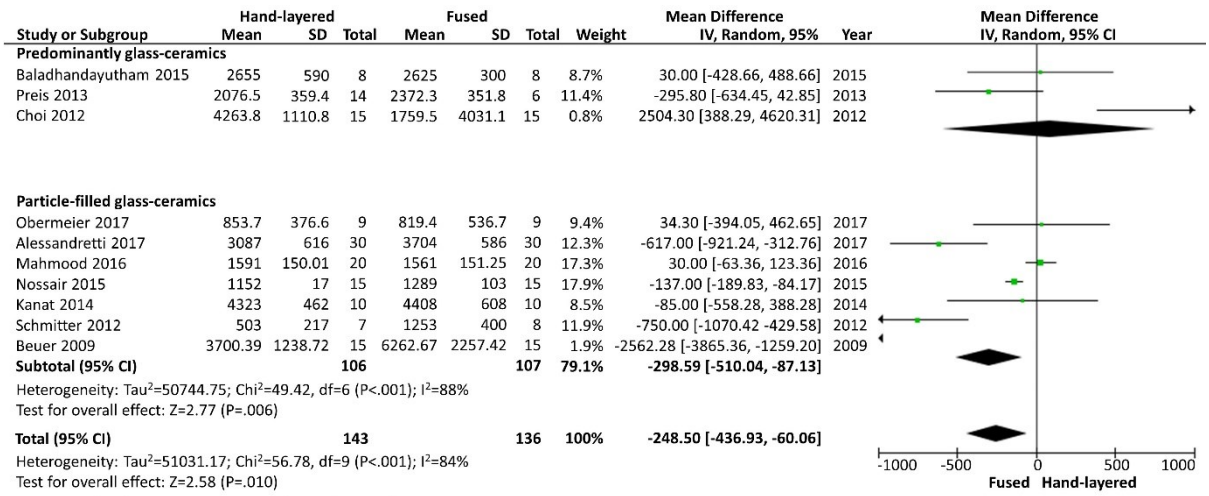
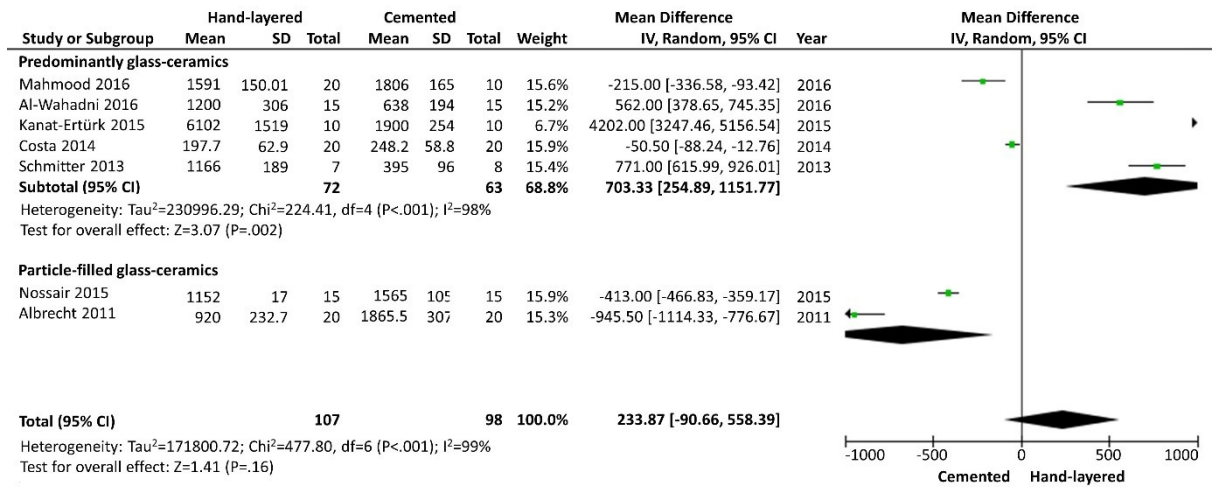


Figure 6. Forest plot for load to failure subgroup analyses (cemented × hand-layered) regarding to ceramic material.



4 ARTIGO 2 - *FILE-SPLITTING MULTILAYER VS MONOLITHIC Y-TZP: FATIGUE FLEXURAL STRENGTH AND LOADING STRESSES BY FINITE ELEMENT ANALYSIS*

Este artigo será submetido ao periódico Dental Materials, ISSN 0109-5641, fator de impacto, 4.070, Qualis A1. As normas para publicação estão descritas no Anexo B.

File-splitting multilayer vs monolithic Y-TZP: fatigue flexural strength and loading stresses by finite element analysis

Ana Maria Estivalete Marchionatti^a, Vinícius Felipe Wandscher^b, Iana Lamadrid Aurélio^a, César Dalmolin Bergoli^c, Liliana Gressler May^d

^aOral Science Post Graduate Program, Federal University of Santa Maria, Santa Maria, Rio Grande do Sul, Brazil

^bProsthodontic Unit, Franciscan University Center, Santa Maria, Rio Grande do Sul, Brazil

^cDepartment of Restorative Dentistry, Federal University of Pelotas, Pelotas, Rio Grande do Sul, Brazil

^dDepartment of Restorative Dentistry, Federal University of Santa Maria, Santa Maria, Rio Grande do Sul, Brazil

Corresponding author:

Ana Maria Estivalete Marchionatti, D.D.S., M.S.D.
Federal University of Santa Maria
School of Dentistry
Oral Science Post Graduate Program
Prosthodontics-Biomaterials Division
R. Floriano Peixoto, 1184, 97015-372, Santa Maria, Brazil.
Phone: +55-55-3220-9276, Fax: +55-55-3220-9272
E-mail: anamarchionatti@hotmail.com

Authors' e-mail addresses:

Ana Maria Estivalete Marchionatti (anamarchionatti@hotmail.com)
Vinícius Felipe Wandscher (viniwan@hotmail.com)
Iana Lamadrid Aurélio (ianaprotese.87@gmail.com)
César Dalmolin Bergoli (serginhobergoli@hotmail.com)
Liliana Gressler May (liligmay@gmail.com)

Authors' postal address equal to corresponding author

ABSTRACT

Objectives. To compare file-splitting multilayer (fused and cemented) with monolithic Y-TZP on the fatigue flexural strength and finite element analysis (FEA) stresses. Additionally, to verify the effect of the material under tension in multilayer Y-TZP.

Methods. Disc-shaped (diameter: 14.4 mm; thickness: 1.4 mm) monolithic Y-TZP (IPS e.max ZirCAD – Ivoclar Vivadent) and trilayer specimens with Y-TZP framework (IPS e.max ZirCAD), intermediate layer of fusion ceramic (IPS e.max CAD Crystall./Connect) or resin cement (Multilink Automix) and lithium disilicate veneer (IPS e.max CAD) were divided into five groups (n=20): monolithic Y-TZP (M), fused file-splitting with framework under tension (F-FT), cemented file-splitting with framework under tension (C-FT), fused file-splitting with veneer under tension (F-VT) and cemented file-splitting with veneer under tension (C-VT). Fatigue flexural strength was determined (piston-on-three ball) by the staircase approach (750,000 cycles; 20 Hz). Mean and confidence intervals (CI) were calculated. FEA was evaluated under the application of the experimental mean fatigue load.

Results. The fatigue strength was statistically different for all groups. Means and CI (MPa) were: M - 405.92 (CI 397.58-414.26), F-FT - 377.73 (CI 374.59-380.88), C-FT - 346.54 (CI 340.62-352.46), F-VT - 154.79 (CI 151.86-157.72) and C-VT - 100.34 (CI 97.42-103.26). FEA tensile stresses were similar to the mean experimental values (up to $\cong 10$ MPa of variation), with the most discrepant calculated stresses for C-FT ($\cong 20$ MPa higher than experimental result).

Significance. Monolithic specimens showed the highest flexural fatigue strength and fused file-splitting resulted in higher fatigue strength than cemented file-splitting. The material under tension affected the fatigue strength of multilayer ceramic discs.

KEYWORDS: Fatigue; Biaxial flexural strength; Zirconia; Lithium disilicate; Multilayer structures; Dental ceramics; CAD/CAM; Finite element analysis; Fractography.

1. INTRODUCTION

Yttria-stabilized tetragonal zirconia polycrystal (Y-TZP) ceramics have been extensively used in Dentistry owing to the superior esthetic characteristics in comparison with metal frameworks [1]. Their popularity is due to their excellent mechanical properties compared to other dental ceramics, such as high strength and toughness, and the introduction of the CAD/CAM (Computer Aided Design/Computer Aided Manufacturing) technology [2]. However, the main disadvantage of Y-TZP is the low translucency resulting from its highly crystalline structure, which causes a mismatch with adjacent teeth [3-4]. In spite of the continuous development of more translucent materials, for higher esthetic requirements, a veneering ceramic with inferior mechanical properties to those of the frameworks is applied on a Y-TZP high-strength core to provide improved natural appearance [1,3,5].

Although high survival rates have been reported for restorations of veneered Y-TZP, clinical evaluations show that chipping (fracture of the veneer ceramic) and delamination (fracture on the interface between framework and veneer) are common complications for single crowns and multi-unit fixed prosthodontics [6-10] because the glass ceramic is the weakest part of the ceramic system [1]. Fracture of the veneer may be influenced by patient-related variables, such as moisture exposure and chewing [1], and material-related variables such as residual stresses introduced as a consequence of the thermal behavior of different materials [11], elastic modulus [12], thickness [13], restoration design [1,4] and manufacturing method [1,4]. Thus, considerable attention has been focused on the development of materials and processing techniques in order to reduce fatigue related fracture events [11].

A veneering ceramic is commonly applied with the hand-layered technique (in which ceramic powder and liquid are mixed, applied over the framework and sintered)

and the pressed technique (in which the final contour of the veneer is waxed-up on the framework and a pressable ceramic is injected after investment) [13-14]. The hand-layered method is susceptible to pore incorporation and affected by the successive application of ceramic layers and sintering cycles [13]. The probability of porosity in the pressed technique is reduced [13], but it is still time consuming and likely to be influenced by the many laboratorial steps (i.e. the cleanliness of the modelling wax and air-abrasion for investment removal) [12]. The new "file-splitting" method was developed to improve Y-TZP/veneer mechanical behavior: it consists of producing the Y-TZP framework and the veneer using CAD-CAM and combining them with resin cement or fusion glass ceramic [12,14]. Less fabrication stages are needed due to the automated character of this technique, thereby decreasing the chance of incorporating defects mainly during the veneering step. Also, the high-strength homogeneous pre-fabricated ceramic blocks available for veneer fabrication tend to be mechanically superior when compared with the existing glass ceramic veneers for pressed and hand-layered methods [12,14].

Recent studies have shown similar uniaxial flexural strength, characteristic strength and Weibull modulus [5], as well as similar failure load and reliability [15] for monolithic Y-TZP and veneered Y-TZP with one of the fused file-splitting technique systems ("CAD-on" method by Ivoclar Vivadent, in which the fusion glass ceramic connects the frameworks to lithium disilicate veneers) [16]. Other studies found high fracture strength for fused and cemented file-splitting [17-18]. Although file-splitting seems to be a promising approach, the long-term behavior of ceramics is not only determined by the initial strength, but also by the material resistance to crack propagation at subcritical stress levels (subcritical crack growth), which decreases the ceramic strength over time [19]. Clinically, it is more likely that failures result from

repeated loads below the nominal strength during increased service time than after a single intense load [20]. Thus, fatigue tests could more accurately predict the long-term behavior of ceramic structures fabricated by the fused and cemented file-splitting method. Basso et al. [21] showed that cyclic fatigue decreased the reliability of three-unit fixed prosthesis fabricated by the CAD-on technique in comparison to monotonic testing.

Multilayer ceramic structures are very complex as the interaction between the different materials affects the ceramic strength and fracture mode [22]. Stress at the interface is not continuous because of the difference in elastic moduli of the ceramic layers. Also, different stresses are developed if the framework is either under tension or under compression [23]. When the framework material is under tension, the strength is similar to that of the monolithic framework material, but when veneer is under tension, the strength is similar as if it was monolithic veneering ceramic [22].

Therefore, the objective of this study was to evaluate the flexural fatigue strength of ceramic structures obtained by both the cemented and fused file-splitting techniques in comparison with monolithic Y-TZP, testing the hypothesis that the fabrication technique and the material under tension influences the fatigue strength. In addition, finite element analysis (FEA) of the ceramic systems was performed to evaluate the stress distribution profiles under the simulated loading conditions, and to compare the model predictions with the flexural fatigue strength values found experimentally.

2. MATERIAL AND METHODS

2.1 Specimen preparation

Monolithic and trilayer discs were prepared according to ISO 6872:2008 standard [24]. Experimental groups were determined according to the specimen design (monolithic and trilayer), the method used to bond the Y-TZP framework and the lithium disilicate veneer (cementation or fusion glass ceramic) and material under tension during testing (framework or veneer) (Table 1). The monolithic and trilayer specimens final dimensions were 14.4 mm in diameter and 1.4 mm in thickness. Trilayer specimens had a 0.6 mm thick layer of Y-TZP, about 0.1 mm of fusion ceramic (F-FT and F-VT) or resin cement (C-FT and C-VT), and 0.7 mm thick layer of lithium disilicate.

For monolithic specimens, Y-TZP (IPS e.max ZirCAD, Ivoclar Vivadent, Liechtenstein) blocks were ground into cylinders in a polishing machine (EcoMet/AutoMet 250, Buehler, United States) using 400, 600 and 1200 grit silicon carbide paper consecutively under water cooling. The cylinders were cut with a diamond saw (Isomet 1000, Buehler) under water cooling to obtain discs. Then the discs were manually polished under water cooling, with 400, 600 and 1200 grit silicon carbide paper. The specimens were cleaned with isopropyl alcohol in ultrasonic bath for 10 min, and then sintered (VITA ZYRCOMAT 6000 MS, Vita Zahnfabrik, Germany) according to the manufacturer's instructions (heating rate 10°C/min; sintering temperature 1500°C; holding time 120 min; cooling rate 5°C/min). Final thickness mean and standard-deviation (SD) were 1.35 and 0.01, respectively.

For trilayer specimens, both Y-TZP (IPS e.max ZirCAD, Ivoclar Vivadent) and lithium disilicate (IPS e.max CAD, Ivoclar Vivadent) discs were fabricated as described for monolithic specimens, except for their final thickness: approximately 0.6 mm for Y-TZP (mean: 0.58; SD: 0.009) and 0.7 mm for lithium disilicate (mean: 0.69; SD: 0.008) (IPS e.max CAD, Ivoclar Vivadent). Y-TZP and lithium disilicate discs were then randomized in F-FT, C-FT, F-VT and C-VT groups.

For F-FT and F-VT, Y-TZP and lithium disilicate discs were bonded using a fusion ceramic. The capsule containing the powder and liquid of the fusion ceramic IPS e.max CAD Crystall./Connect (Ivoclar Vivadent) was placed in the vibration plate of Ivomix (Ivoclar Vivadent) for 10s. The capsule was opened, the material was applied to the lithium disilicate surface and united with Y-TZP under vibration. Excess fusion glass was removed with a microbrush. The fusion of IPS e.max CAD Crystall./Connect and crystallization of lithium disilicate were performed simultaneously following the manufacturer's instructions (initial temperature 403°C, closing time 6 min, heating rate t_1 90°C/min, firing temperature T_1 820°C, holding time H_1 0:10 s, heating rate t_2 30°C/min, firing temperature T_2 840°C, holding time H_2 7 min, vacuum 1 from 550°C to 820°C, vacuum 2 from 820°C to 840°C, cooling 700°C) in a VITA VACUMAT 6000 MP furnace (VITA ZYRCOMAT 6000 MS). Final fusion ceramic thickness mean and SD were 0.07 and 0.03, respectively.

For C-FT and C-VT, lithium disilicate discs were sintered according to the abovementioned manufacturer's instructions. Y-TZP cementation surface was sandblasted with 50 µm aluminum oxide particles for 15 seconds at 2.8 bar from 5 mm distance and then Monobond Plus (Ivoclar Vivadent) was applied for 60 seconds. The lithium disilicate cementation surface was etched with 5% hydrofluoric acid IPS Ceramic Etching Gel (Ivoclar Vivadent) for 20 seconds, rinsed for 20 seconds and air-dried. Monobond Plus (Ivoclar Vivadent) was applied for 60 seconds. Y-TZP and lithium disilicate were bonded using Multilink Automix (Ivoclar Vivadent) resin cement and then each specimen was placed under a load of 100 g for 60 s. Final cement thickness mean and SD were 0.08 and 0.02, respectively.

After fatigue testing, the fusion ceramic and cement layer thickness was checked in three specimens in each group in scanning electron microscopy (SEM).

The mean (SD) values (μm) found were: F-FT- 85.21 (31.78), F-VT- 87.94 (19.00), C-FT 69.95.37 (2.00) and C-VT- 69.06 (0.75).

2.2 Monotonic flexural strength test

Prior to the fatigue test, the monotonic biaxial flexural strength was determined for 3 specimens from each group according to ISO 6872:2008 [24] using a piston-on-three-ball configuration in a universal testing machine (DL-1000 Emic, Brazil). The discs were positioned on the top of three steel spheres (2.5 mm in diameter, positioned 120° apart on a 10 mm diameter circle). The load was applied at 1 mm/min, perpendicular to the center of the top surface of the disc by a circular cylinder steel piston with a 1.6 mm diameter flat tip. An adhesive tape of $25 \mu\text{m}$ was placed between the piston and the disc before loading in order to avoid spreading the fragments and to provide more homogeneous contact between the piston tip and the specimen. In addition, a polyethylene sheet was placed between the supporting balls and the disc to evenly distribute contact pressures [24].

Flexural strength (σ) in MPa was calculated using Eqs. (1)-(5) [25]. The stress-moment relation is described by:

$$\sigma_i = \frac{E_i(z-z^*)M}{(1-\nu_i)(1+\nu_{ave})D^*} \quad (\text{for } i = 1 \text{ to } n) \quad (1)$$

where E_i is Young's modulus of the i^{th} layer, M is the biaxial bending moment per unit length, and z^* , D^* , and ν_{ave} are the neutral plane position, the flexural rigidity, and the average Poisson's ratio of the multilayered disc, respectively, such that:

$$z^* = \frac{\sum_{i=1}^n [E_i t_i / (1-\nu_i^2)] (h_{i-1} + \frac{t_i}{2})}{\sum_{i=1}^n (E_i t_i) / (1-\nu_i^2)} \quad (2)$$

$$D^* = \sum_{i=1}^n \frac{E_i t_i}{1-\nu_i^2} \left[h_{i-1}^2 + h_{i-1} t_i + \frac{t_i^2}{3} - (h_{i-1} + \frac{t_i}{2}) z^* \right] \quad (3)$$

$$\nu_{ave} = \frac{1}{h_n} \sum_{i=1}^n \nu_i t_i \quad (4)$$

The relationship between h_i and t_i is:

$$h_i = \sum_{j=1}^i t_j$$

The biaxial moment is related to the load by:

$$M = \frac{-P}{8\pi} \left\{ (1 + \nu_{ave}) \left[1 + 2 \ln \left(\frac{a}{c} \right) \right] + (1 - \nu) \left[\left(1 - \frac{c^2}{2a^2} \right) \frac{a^2}{R^2} \right] \right\} \quad (\text{for } r \leq c) \quad (5)$$

where P is the load at fracture (N), t is the disc thickness (mm), ν is Poisson's ratio, a is the support ball radius (5.77 mm), c is the radius of the tip of the piston (0.8 mm), and R is the specimen radius (7.2 mm). The Poisson's ratios for Y-TZP, fusion ceramic, resin cement and lithium disilicate were 0.33 [26], 0.21 [17], 0.35 [27] and 0.26 [28], respectively. The elastic moduli of Y-TZP, fusion ceramic, resin cement and lithium disilicate used were 210 GPa [29], 70 GPa [29], 6.3 GPa [27] and 95 GPa [29], respectively.

2.3 Flexural fatigue strength test

The biaxial flexural fatigue strength test of the groups ($n=20$) was conducted in an electric machine (Instron ElectroPuls E3000, Instron Corporation, United States) using the same piston-on-three-ball configuration [24] in water. An adhesive tape was placed between the piston and the disc, and a polyethylene sheet was placed between the supporting balls and the disc [24].

The flexural fatigue strength was determined for 750000 cycles, using the staircase approach [30] at 20 Hz. Sinusoidal loading was applied with amplitude ranging from 10 MPa to the maximum tensile stress. The first specimen of each group was tested at approximately 60% of the flexural strength determined in the monotonic test and stress increment. The test was conducted sequentially, increasing or decreasing the maximum applied stress by a fixed load increment (approximately 10%

of the initial strength) according to whether the previous tested specimen survived or failed. If the specimen failed before reaching the 750000 cycles, the stress level was decreased by one step size for the next specimen testing, but if the specimen survived, the stress level was increased by one step size for the next specimen testing.

Loads required to achieve the stress levels were calculated from Eqs. (1)–(5) [25]. Thus, all fatigue tests were controlled by tension.

2.4 Fractographic analysis

After the mechanical tests, the broken parts of the discs were analyzed in an optical microscope (Stereo Discovery V20, Carl Zeiss, Germany) in order to choose a representative specimen from each group to be examined in SEM at different magnifications. SEM analysis at lower power allowed for identifying fractographic features that led to the surface where the fracture initiated [31,32].

Only fragments in which the framework and veneer remained bonded to each other were chosen for F-FT, F-VT and C-FT failed specimens for SEM analysis. In C-VT group, all failures resulted in radial cracking on the veneer side, but no specimen fragmentation occurred. Thus, sectioning the C-VT specimens into two parts perpendicularly to the radial crack at the center was necessary in order to perform the fractographic analysis.

2.5 Statistical analysis

Mean fatigue flexural strength (σ_f) and the standard deviations were calculated based on the data of the least frequent event (survival or failure), using the method described by Collins, 1993 (Eqs. (6) and (7)) [30]:

$$\sigma_f = \sigma_{f0} + d[\sum in_i / \sum n_i \pm 1/2] \quad (6)$$

$$s = 1,62d\{[(\sum in_i \sum i^2 n_i - (\sum in_i)^2) / (\sum n_i)^2] + 0,029\}$$

$$\text{if: } [(\sum in_i \sum i^2 n_i - (\sum in_i)^2) / (\sum n_i)^2] \geq 0.3 \quad (7)$$

where σ_{i0} is the lowest stress level considered in the analysis and d is the fixed step size. In Eq. (7), the negative sign is used if the less frequent event is failure; otherwise the positive sign is used. The lowest stress level considered is designated as $i=0$, the next level as $i=1$, and so on; while n_i is the number of failures or survivals at the given stress level. The confidence intervals (CI) (95%) were calculated [33] and the statistical difference was given by the non-overlapping of the CI.

2.6 Finite Element Analysis

Five three-dimensional models were obtained using a design software program (Rhinoceros 4.0, Robert McNeel & Associates, Spain), identically reproducing the specimen dimensions submitted to laboratorial tests (metallic base, lithium disilicate disc, zirconia disc, fusion ceramic, resin cement and metallic piston). Fusion ceramic and resin cement thickness was 0.1 mm and the thickness for the other layers were designed following the dimensions described for biaxial flexural strength tests. After modeling, geometric surfaces were imported to a post-processing software (ANSYS 13.0, ANSYS, United States) using the *stp* format.

After convergence tests, the size of the elements were defined in 0.2 mm for metallic base, 0.15 mm for zirconia and lithium disilicate discs, 0.05 mm for resin cement and fusion ceramic and 0.15 mm for metallic piston. The elements of the metallic base were tetrahedral, while the elements of other materials were hexagonal. The average number of elements for each model was 520000. The metallic base was considered fixed at axes x , y and z . The disc surfaces were considered perfectly bonded and the metallic piston applied a specifically vertical force (top to bottom direction) in the center of the superior disc. This force was in accordance with the mean

value obtained for each groups after fatigue tests. All materials were considered isotropic, homogeneous and linear and the properties were the same as those already cited for the flexural strength calculations. The maximum principal stresses distribution was evaluated at Y-TZP, lithium disilicate, resin cement and fusion ceramic materials.

3. RESULTS

The monotonic flexural strength, stress levels for the first specimen of each group, step sizes, fatigue strength means and CI (MPa) are shown in Table 1. Significant differences were found for biaxial fatigue strength among all groups in the following order: M > F-FT > C-FT > F-VT > C-VT. The pattern of runouts and failures for each group is described in Fig. 1.

Representative SEM images of fractured surfaces for each specimen configuration are presented in Fig. 2. At low power, fractographic markings such as the mirror region and the compression curl led to the identification of the failure origin on the tensile side of the specimens and the direction of crack propagation running to the opposite (compression) side in M (Fig. 2a), F-FT (Fig. 2c), C-FT (Fig. 2e) and F-VT (Fig. 2g) groups. In Figs. 2b, d, f and h, the origins were analyzed at high magnification. In the C-VT group, the radial crack originates from the bottom surface of lithium disilicate (tensile side) and propagates through the cement interface (Fig. 2i), which can also be seen at higher power (400x and 2000x, Fig. 2j). Fractographic analysis revealed a separation between Y-TZP and the fusion ceramic in F-VT (Fig. 2g), and between Y-TZP and the cement layer in C-VT (Figs. 2i and j).

Fig. 3 shows a FEA mesh generation. The veneering technique and material under tension affected FEA maximum principal stresses in the modeled specimens.

FEA tensile predicted stresses (MPa) values in the center of the bottom surface of the disc under tension were similar to the mean values obtained in the fatigue strength test, with up to $\cong 10$ MPa of variation. C-FT had the most discrepant FEA value, which was $\cong 20$ MPa higher than mean fatigue strength (Table 1). Fig. 4 shows FEA stress distribution on the ceramic layer subjected to tension and on the intermediate (fusion ceramic or resin cement) layer of trilayer specimens. For M, stress is more homogeneously distributed on the ceramic than in the other groups, in which stress distribution in the fusion ceramic/cement layer is evidently different than in the ceramic under tension. By comparing cemented and fused trilayer groups, stress concentrates in a larger area around the center of the loading point in the cement layers than in fusion ceramic layers.

4. DISCUSSION

New methods and materials have been developed to reduce clinical veneer fractures of bilayer Y-TZP restorations. One advantage of the file-splitting method is the use of ceramic blocks produced under rigorous industrial conditions to fabricate the veneer, with fewer defects than hand-layered veneers [12,14,34]. The CAD-on technique involves milling lithium disilicate veneers, which have superior mechanical properties than feldspathic ceramics conventionally used for veneering Y-TZP frameworks [35]. Although the CAD-on method consists of bonding both ceramics with a fusion ceramic, lithium disilicate veneers were also used for the cemented groups in order to allow comparability with the fused groups. As there was statistical difference found among all groups, the experimental hypothesis was accepted.

Interfaces represent an essential part in the mechanical behavior and durability of veneered ceramics [23] because large stresses are developed in the framework/veneer interfaces, resulting in a focal area for fracture [23,36]. With the file-splitting method, restorations have two interfaces: Y-TZP/fusion ceramic or resin cement and lithium disilicate/fusion ceramic or resin cement, making such multilayer ceramic structures even more complex. Biaxial flexural strength tests represent standardized methodologies suitable for understanding the interfaces and their influence on multilayer ceramics performance [23].

Clinically, ceramics fail under fatigue after growth of preexisting cracks at cyclic stresses below the critical value, especially in the presence of water, temperature and pH variations [20,37]. To the authors' knowledge, non-aged [5,12,15,38] and aged [1,17,18,34,39-42] fused file-splitting specimens, as well as non-aged [11,14,43-44] and aged cemented file-splitting specimens [17-18,40,42,44-46] were only compared with other veneering methods under monotonic testing. Therefore, it is difficult to confront the current results with existing literature.

Monolithic Y-TZP had the highest fatigue strength in comparison to all the other groups. Previous studies found no difference in the monotonic failure load [15] and uniaxial flexural strength [5] between monolithic Y-TZP and Y-TZP veneered with the CAD-on method. However, in the present study, comprising the effect of fatigue mechanisms on the failure of ceramic structures [19], both F-FT and C-FT groups had statistically lower fatigue strength than M. Although the material under tension has an important impact on flexural strength, the mechanical behavior of multilayer structures is also affected by other factors, such as thickness, Poisson's ratio and elastic modulus of each layer [25], as well as the interfacial bond [23]. After aging, monotonic failure load of monolithic Y-TZP was also superior to fused and cemented lithium-disilicate

veneered Y-TZP molar crowns [18]. According to Lin et al. (2012) [29], the presence of a veneering ceramic reduces the strength and reliability of layered specimens in comparison with monolithic cores. The different compositions of the involved materials, the compatibility of the core and veneer, and the interfaces' behavior may explain such difference between monolithic and layered specimens with framework under tension [47]. In addition to fatigue strength, FEA also predicted higher values for M than for F-FT and C-FT groups. In contrast to monolithic Y-TZP, which is composed by a single homogeneous material, in the FEA images it is possible to observe that veneered specimens have different stress distribution in each layer because the elastic properties are not continuous at the interfaces, which is in agreement with previous FEA results [48].

Cementation of the veneer instead of fusion would be desirable because it decreases thermal residual stresses from sinterization, as the fusion ceramic is not present [35]. However, cemented groups showed lower flexural strength than fused groups, regardless of the framework or veneer being under tension. This finding is in accordance with previous studies that found statistically higher fracture load after aging for fused in comparison to cemented veneers [17-18]. The resin cement used to bond the veneer to the framework has inferior mechanical properties than the fusion ceramic, which negatively impacts the fracture load of such restorations [17]. FEA showed that maximum tensile stresses concentrate in a larger area around the center of the cement loading area than in the fusion ceramic. Considering the situation in which the framework is under tension, the weaker cement layer at the Y-TZP/lithium disilicate interface might decrease the supportive effect of Y-TZP on the veneering ceramic, leading to stress accumulation in the veneer loading area and not in the entire zirconia/veneer surface [14]. In addition, the group in which the FEA value varied the

most from the fatigue strength test was C-FT. However, the interfaces in the virtual models represent a perfectly bonded condition, but adequate resin cement bond to Y-TZP is clinically difficult because highly-crystalline ceramics are not responsive to acid etching [49].

Groups with the framework subjected to tension exhibited higher flexural fatigue strength and FEA calculated stress than those tested with the veneer under tension. It has been reported that the mechanical behavior of layered structures is controlled by the ceramic under tension [22,50-52]. Since Y-TZP is stronger than lithium disilicate, an improvement in the flexural strength is expected when it is subjected to tension. However, when the framework material, with superior mechanical properties, is not on the bottom surface, it fails to improve flexural strength of the assembly [22,51]. The fractographic analysis corroborates these findings since there was a separation between fusion ceramic and Y-TZP (F-VT), and between cement and Y-TZP (C-VT). When the veneer is on the bottom, lateral crack deflection when the zirconia interface is reached indicates the superior ability of Y-TZP to resist crack propagation [52]. FEA showed that the maximum tensile stress was located in the surface submitted to tension, where the failure originates for all groups, which is in agreement with the literature [48,53].

In the clinical situation, tensile stresses for single crowns are observed on the core and veneer below loading and on the core at the cementation surface [54-56]. For fixed partial dental prosthesis, the connector gingival area is subjected to high tensile stresses during occlusal loading and represents a potential location for failure [57]. Consequently, special attention should be given to the veneering of high tensile-subjected areas in layered prostheses. Some authors recommend that the connector and pontic cervical surfaces should not be veneered with weaker ceramics [52,58]. It

is also important to highlight the presence of voids in the fusion ceramic observed in the SEM images (Fig. 2 c and g). In the study by Basso et al. (2016) [21], voids were identified in the fusion ceramic near the Y-TZP connector fracture origin. This may be a processing problem due to poor wettability of the Y-TZP by the fusion ceramic [59]. Clinically, such defects could be a region for stress concentration at the interfaces, resulting in a susceptible point for fracture [22,36].

The use of fractography is important to identify if the origin of the failure occurred from the assumed location [60]. The failures seemed to initiate on the surface subjected to tensile stress during the test in all specimens, and not due to stress concentration at the contact surface between loading piston and disc. The only group that did not allow failure origin identification was C-VT because no specimen was catastrophically broken, resulting in no fragments. Therefore, the failed discs were cut perpendicularly to the radial crack to enable microscope observation. Although it was not possible to identify the critical flaw origin in this group, the crack was located at the resin cement and lithium disilicate, which was subjected to tension during the fatigue test. Also, FEA images show that maximum tensile stress was located at the bottom of lithium disilicate layer, which seems to indicate that failure initiated at this surface.

One of the limitations of the present study was that the framework and veneer were not milled, thus the defects generated by the machining process were not reproduced. In addition, fatigue degradation is clinically associated with progressive surface wear produced by abrasion and attrition over time [60]. Future studies aiming to simulate the clinical conditions should be performed. Furthermore, the results of the current study should be cautiously analyzed since the behavior of veneered restorations also depends on laboratorial, clinical and patient-related variables.

5. CONCLUSIONS

Monolithic Y-TZP showed superior flexural fatigue strength than the fused and cemented file-splitting methods. Fused file-splitting could be an alternative for layered Y-TZP, since it had higher fatigue strength than the cemented file-splitting technique. The ceramic placed under tension during testing influenced the flexural fatigue strength result.

ACKNOWLEDGEMENTS

The authors are thankful to professor Flávio Domingues Neves for lending Ivomix device.

REFERENCES

- [1] Preis V, Letsch C, Handel G, Behr M, Schneider-Feyrer S, Rosentritt M. Influence of substructure design, veneer application technique, and firing regime on the in vitro performance of molar zirconia crowns. *Dent Mater* 2013; 29:e113–21.
- [2] Denry I, Kelly JR. Emerging ceramic-based materials for dentistry. *J Dent Res* 2014; 93:1235-42.
- [3] Guess PC, Zhang Y, Thompson VP. Effect of veneering techniques on damage and reliability of Y-TZP trilayers. *Eur J Esthet Dent* 2009; 4:262–76.
- [4] Oh JW, Song KY, Ahn SG, Park JM, Lee MH, Seo JM. Effects of core characters and veneering technique on biaxial flexural strength in porcelain fused to metal and porcelain veneered zirconia. *J Adv Prosthodont* 2015; 7:349-57.

- [5] Basso GR, Moraes RR, Borba M, Griggs JA, Della Bona A. Flexural strength and reliability of monolithic and trilayer ceramic structures obtained by the CAD-on technique. *Dent Mater* 2015; 31:1453–9.
- [6] Monaco C, Caldari M, Scotti R; AIOP Clinical Research Group. Clinical evaluation of 1,132 zirconia-based single crowns: a retrospective cohort study from the AIOP clinical research group. *Int J Prosthodont* 2013; 26:435-42.
- [7] Näpänkangas R, Pihlaja J, Raustia A. Outcome of zirconia single crowns made by predoctoral dental students: a clinical retrospective study after 2 to 6 years of clinical service. *J Prosthet Dent* 2015; 113: 289-94.
- [8] Sailer I, Makarov NA, Thoma DS, Zwahlen M, Pjetursson BE. All-ceramic or metal-ceramic tooth-supported fixed dental prostheses (FDPs)? A systematic review of the survival and complication rates. Part I: Single crowns (SCs). *Dent Mater* 2015; 31:603-23.
- [9] Pjetursson BE, Sailer I, Makarov NA, Zwahlen M, Thoma DS All-ceramic or metal-ceramic tooth-supported fixed dental prostheses (FDPs)? A systematic review of the survival and complication rates. Part II: Multiple-unit FDPs. *Dental Materials* 2015; 31:624-39.
- [10] Nicolaisen MH, Bahrami G, Schropp L, Isidor F. Comparison of Metal-Ceramic and All-Ceramic Three-Unit Posterior Fixed Dental Prostheses: A 3-Year Randomized Clinical Trial. *Int J Prosthodont* 2016; 29:259-64.
- [11] Costa AKF, Borges ALS, Fleming GJP, Addison O. The strength of sintered and adhesively bonded zirconia/veneering-ceramic bilayers. *J Dent* 2014;42:1269-76.
- [12] Kanat B, Comlekoglu EM, Dundar-Comlekoglu M, Hakan Sen B, Özcan M, Ali Gungor M. Effect of various veneering techniques on mechanical strength of computer-controlled zirconia framework designs. *J Prosthodont* 2014;23:445-55.

- [13] Lima JMC, Souza ACO, Anami LC, Bottino MA, Melo RM, Souza ROA. Effects of thickness, processing technique, and cooling rate protocol on the flexural strength of a bilayer ceramic system. *Dent Mater* 2013;29:1063-72.
- [14] Kanat-Erturk B, Comlekoglu EM, Dundar-Comlekoglu M, Özcan M, Gungor MA. Effect of veneering methods on zirconia framework-veneer ceramic adhesion and fracture resistance of single crowns. *J Prosthodont* 2015;24:620-8.
- [15] Alessandretti R, Morba M, Benetti P, Corazza PH, Ribero R, Della Bona A. Reliability and mode of failure of bonded monolithic and multilayer ceramics. *Dent Mater* 2017;33:191-7.
- [16] Ivoclar Vivadent. IPS e.max CAD Veneering Solutions: Instructions for Use; 2015.
- [17] Schmitter M, Schweiger M, Mueller D, Rues S. Effect on in vitro fracture resistance of the technique used to attach lithium disilicate ceramic veneer to zirconia frameworks. *Dent Mater* 2014; 30:122-30.
- [18] Bankoğlu Güngör M, Karakoca Nemli S. Fracture resistance of CAD-CAM monolithic ceramic and veneered zirconia molar crowns after aging in a mastication simulator. *J Prosthet Dent* 2017 [in press].
- [19] Gonzaga CC, Cesar PF, Miranda WG Jr, Yoshimura HN. Slow crack growth and reliability of dental ceramics. *Dent Mater* 2011;27:394-406.
- [20] Zhang Y, Sailer I, Lawn BR. Fatigue of dental ceramics. *J Dent* 2013;41:1135-47.
- [21] Basso GR, Moraes RR, Borba M, Duan Y, Griggs JA, Della Bona A. Reliability and failure behavior of CAD-on fixed partial dentures. *Dent Mater* 2016;32:624-30.
- [22] Borba M, de Araújo MD, de Lima E, Yoshimura HN, Cesar PF, Griggs JA, Della Bona A. Flexural strength and failure modes of layered ceramic structures. *Dent Mater* 2011;27:1259-66.

- [23] Lohbauer U, Scherrer SS, Della Bona A, Tholey M, van Noort R, Vichi A, Kelly JR, Cesar PF. ADM guidance-Ceramics: all-ceramic multilayer interfaces in dentistry. *Dent Mater*, 2017;33:585-98.
- [24] ISO 6872. Dentistry-ceramic materials. 3rd ed. Geneva: International Organization for Standardization; 2008.
- [25] Huang CW, Hsueh CH. Piston-on-three-ball versus piston-on-ring in evaluating the biaxial strength of dental ceramics. *Dent Mater* 2011;27:e117-23.
- [26] Selcuk, A. and Atkinson, A., Elastic properties of ceramic oxides used in solid oxide fuel cells (SOFC). *J Eur Ceram Soc* 1997;17:1523-32.
- [27] Binmahfooz AM, Nathanson D. Effect of photocuring vs autocuring on properties of resin cements. *J Dent Res* 2008;87(Spec. iss. B) [Abstr. No. 982]
- [28] Della Bona A, Mecholsky JJ Jr, Anusavice KJ. Fracture behavior of lithia disilicate- and leucite-based ceramics. *Dent Mater* 2004;20:956-62.
- [29] Lin WS, Ercoli C, Feng C, Morton D. The effect of core material, veneering porcelain, and fabrication technique on the biaxial flexural strength and Weibull analysis of selected dental ceramics. *J Prosthodont* 2012;21:353-62.
- [30] Collins JA. Fatigue testing procedures and statistical interpretations of data. In: *Failure of materials in mechanical design*. 2nd ed. John Wiley & Sons; 1993. p. 374–92.
- [31] Quinn GD. A NIST recommended practice guide: fractography of ceramics and glasses. Special publication 960-16e2. Washington, DC: National Institute of Standards and Technology; 2016
- [32] Scherrer SS, Lohbauer U, Della Bona A, Vichi A, Tholey MJ, Kelly JR, van Noort R, Cesar PF. ADM guidance-Ceramics: guidance to the use of fractography in failure analysis of brittle materials. *Dent Mater* 2017;33:599-620.

- [33] Dixon WJ, Mood AM. A method for obtaining and analyzing sensitivity data. *J Am Stat Assoc* 1948;43:109-26.
- [34] Schmitter M1, Mueller D, Rues S. Chipping behaviour of all-ceramic crowns with zirconia framework and CAD/CAM manufactured veneer. *J Dent* 2012;40:154-62.
- [35] Silva LHD, Lima E, Miranda RBP, Favero SS, Lohbauer U, Cesar PF. Dental ceramics: a review of new materials and processing methods. *Braz Oral Res* 2017;31:133-46.
- [36] Anusavice KJ, Kakar K, Ferree N. Which mechanical and physical testing methods are relevant for predicting the clinical performance of ceramic-based dental prostheses? *Clin Oral Implants Res* 2007;18:218-31.
- [37] Joshi GV, Duan Y, Della Bona A, Hill TJ, St John K, Griggs JA. Contributions of stress corrosion and cyclic fatigue to subcritical crack growth in a dental glass-ceramic. *Dent Mater* 2014;30:884-90.
- [38] Choi JE, Waddell JN, Torr B, Swain MV. Pressed ceramics onto zirconia. Part 1: Comparison of crystalline phases present, adhesion to a zirconia system and flexural strength. *Dent Mater* 2011;27:1204-12.
- [39] Obermeier M, Ristow O, Erdelt K, Beuer F. Mechanical performance of cement- and screw-retained all-ceramic single crowns on dental implants. *Clin Oral Investig* 2017 [in press].
- [40] Mahmood DJ, Linderoth EH, Wennerberg A, Vult Von Steyern P. Influence of core design, production technique, and material selection on fracture behavior of yttria-stabilized tetragonal zirconia polycrystal fixed dental prostheses produced using different multilayer techniques: split-file, over-pressing, and manually built-up veneers. *Clin Cosmet Investig Dent* 2016;8:15-27.

- [41] Baladhandayutham B, Lawson NC, Burgess JO. Fracture load of ceramic restorations after fatigue loading. *J Prosthet Dent* 2015;114:266-71.
- [42] Nossair SA, Aboushelib MN, Morsi TS. Fracture and fatigue resistance of cemented versus fused CAD-on veneers over customized zirconia implant abutments. *J Prosthodont* 2015 [in press].
- [43] Pharr SW, Teixeira EC, Verrett R, Piascik JR. Influence of Veneering Fabrication Techniques and Gas-Phase Fluorination on Bond Strength between Zirconia and Veneering Ceramics. *J Prosthodont* 2016;25:478-84.
- [44] Albrecht T, Kirsten A, Kappert HF, Fischer H. Fracture load of different crown systems on zirconia implant abutments. *Dent Mater* 2011;27:298-303.
- [45] Al-Wahadni A, Shahin A, Kurtz KS. Veneered Zirconia-Based Restorations Fracture Resistance Analysis. *J Prosthodont* 2016 [in press].
- [46] Schmitter M, Mueller D, Rues S. In vitro chipping behaviour of all-ceramic crowns with a zirconia framework and feldspathic veneering: comparison of CAD/CAM-produced veneer with manually layered veneer. *J Oral Rehabil* 2013;40:519-25.
- [47] Zeng K, Odén A, Rowcliffe D. Evaluation of mechanical properties of dental ceramic core materials in combination with porcelains. *Int J Prosthodont* 1998;11:183-9.
- [48] Wang G, Zhang S, Bian C, Kong H. Effect of thickness ratio on load-bearing capacity of bilayered dental ceramics. *J Prosthodont* 2015;24:17-24.
- [49] Özcan M, Bernasconi M. Adhesion to zirconia used for dental restorations: a systematic review and meta-analysis. *J Adhes Dent* 2015;17:7-26.
- [50] Borba M, de Araújo MD, Fukushima KA, Yoshimura HN, Griggs JA, Della Bona A, Cesar PF. Effect of different aging methods on the mechanical behavior of multi-layered ceramic structures. *Dent Mater* 2016;32:1536-42.

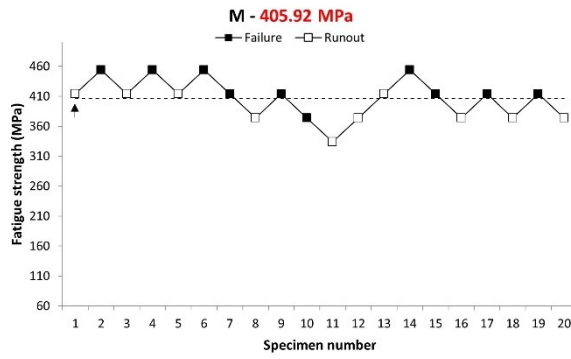
- [51] Guazzato M, Proos K, Quach L, Swain MV. Strength, reliability and mode of fracture of bilayered porcelain/zirconia (Y-TZP) dental ceramics. *Biomaterials* 2004;25:5045-52.
- [52] White SN, Miklus VG, McLaren EA, Lang LA, Caputo AA. Flexural strength of a layered zirconia and porcelain dental all-ceramic system. *J Prosthet Dent* 2005;94:125-31.
- [53] Fabris D, Souza JC, Silva FS, Fredel M, Mesquita-Guimarães J, Zhang Y, Henriques B. The bending stress distribution in bilayered and graded zirconia-based dental ceramics. *Ceram Int* 2016;42:11025-31.
- [54] Silva NR, Bonfante E, Rafferty BT, Zavanelli RA, Martins LL, Rekow ED, Thompson VP, Coelho PG. Conventional and modified veneered zirconia vs. metalloceramic: fatigue and finite element analysis. *J Prosthodont* 2012;21:433-9.
- [55] Rafferty BT, Bonfante EA, Janal MN, Silva NR, Rekow ED, Thompson VP, Coelho PG. Biomechanical evaluation of an anatomically correct all-ceramic tooth-crown system configuration: core layer multivariate analysis incorporating clinically relevant variables. *J Biomech Eng* 2010;132:051001.
- [56] Kelly JR. Clinically relevant approach to failure testing of all-ceramic restorations. *J Prosthet Dent* 1999;81:652-61.
- [57] Taskonak B, Yan J, Mecholsky JJ Jr, Sertgöz A, Koçak A. Fractographic analyses of zirconia-based fixed partial dentures. *Dent Mater* 2008;24:1077-82.
- [58] White SN, Caputo AA, Vidjak FM, Seghi RR. Moduli of rupture of layered dental ceramics. *Dent Mater* 1994;10:52-8.
- [59] Belli R, Scherrer SS, Lohbauer U. Report on fractures of trilayered all-ceramic fixed dental prostheses. *Case Stud Eng Fail Anal* 2016;7:71–9.

[60] Kelly JR, Cesar PF, Scherrer SS, Della Bona A, van Noort R, Tholey M, Vichi A, Lohbauer U. ADM guidance-ceramics: Fatigue principles and testing. *Dent Mater* 2017;33:1192-1204.

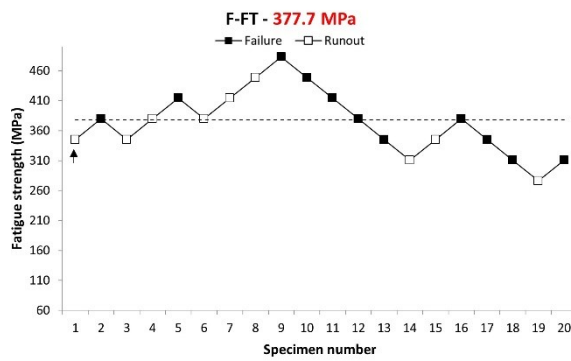
FIGURES AND TABLES:

Figures

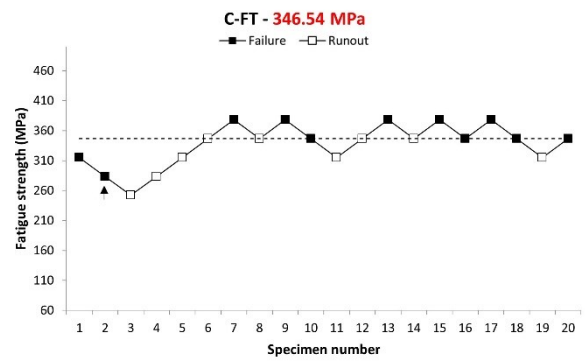
a



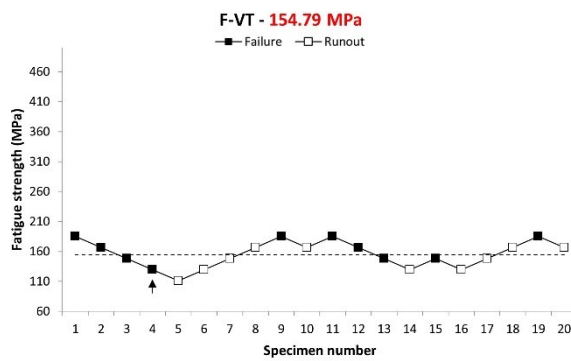
b



c



d



e

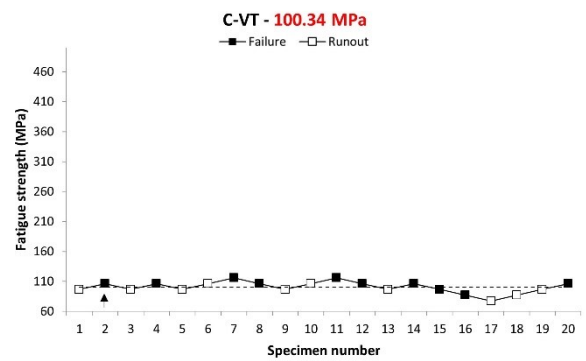
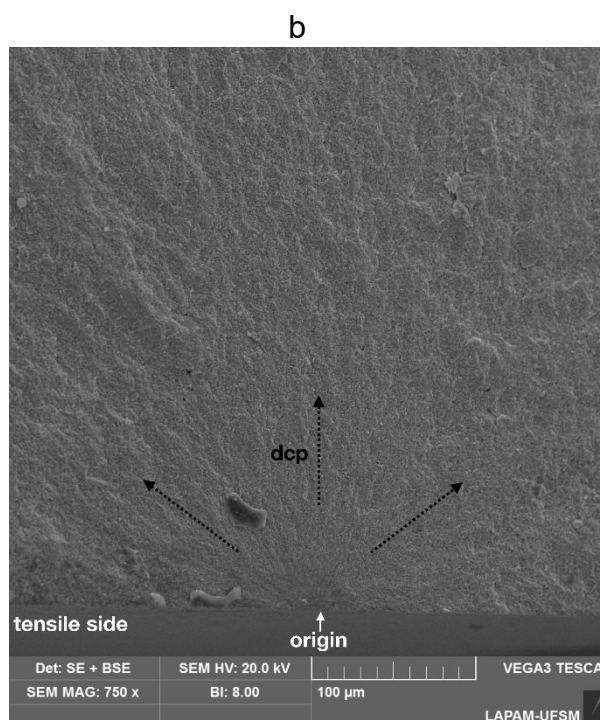
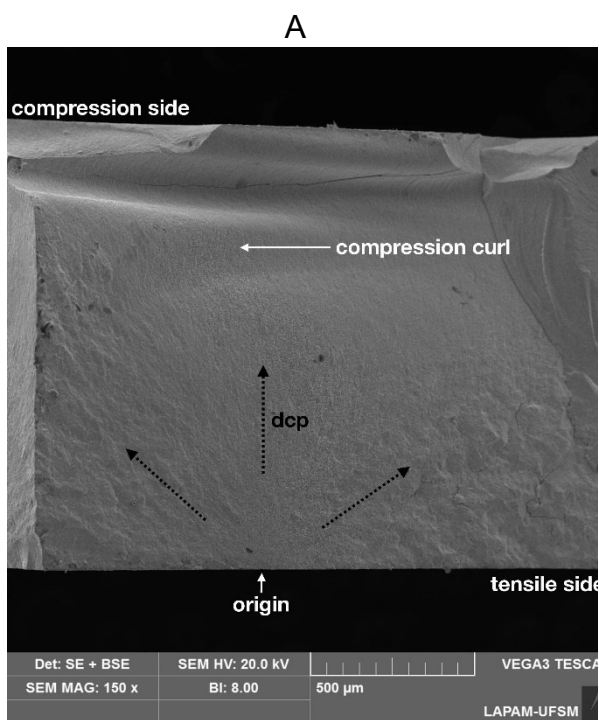
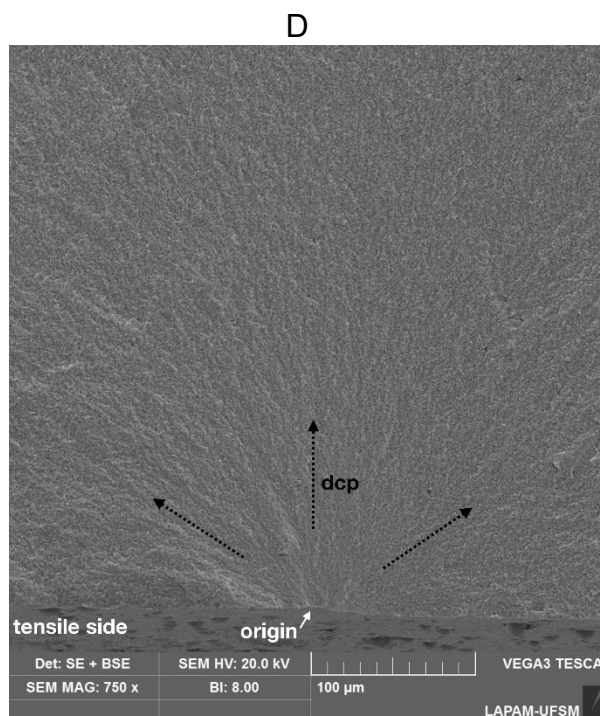
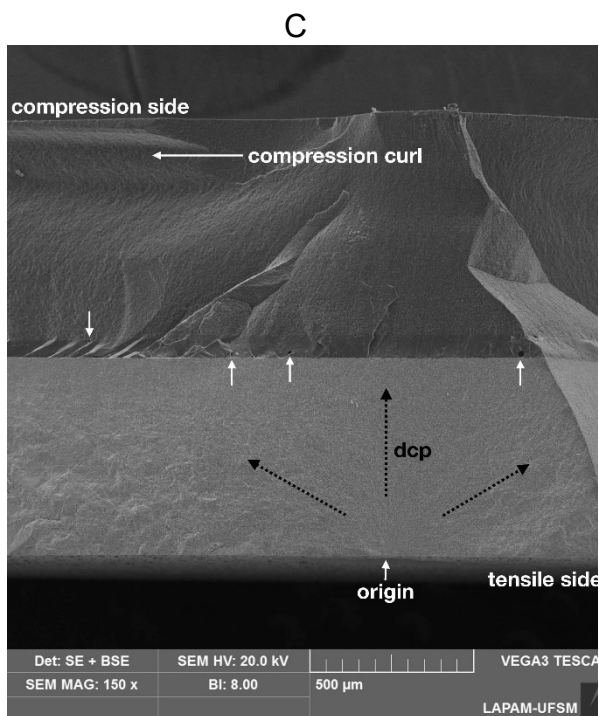


Fig. 1 - Staircase test results during mechanical cycling (750000 cycles) for M (a), F-FT (b), C-FT (c), F-VT (d), and C-VT (e). The arrows indicate the stress level at which the up-and-down behavior started. The dashed lines indicate the fatigue strength mean.

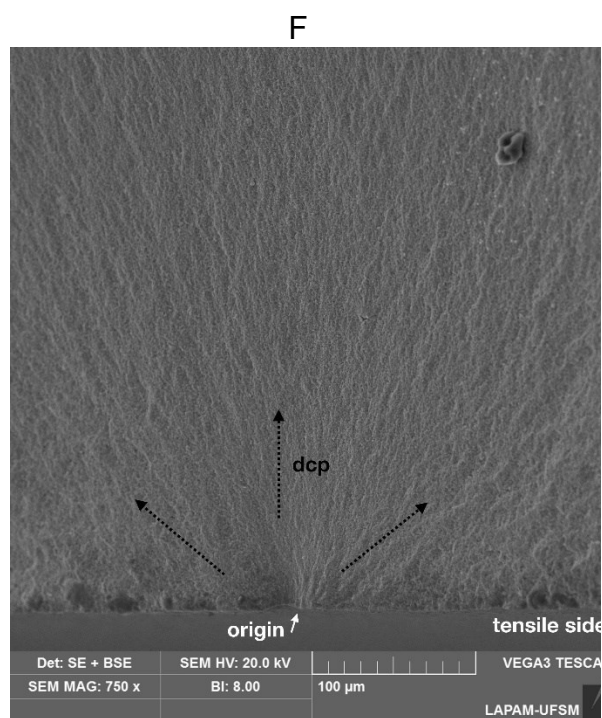
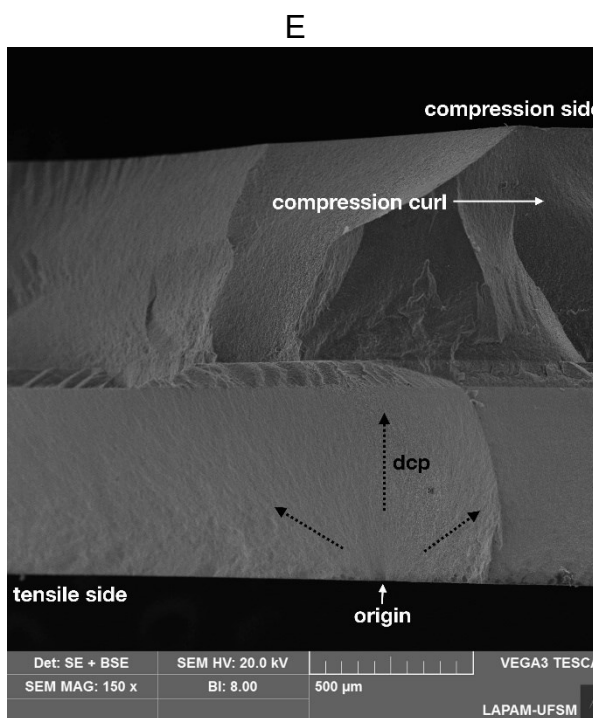
M



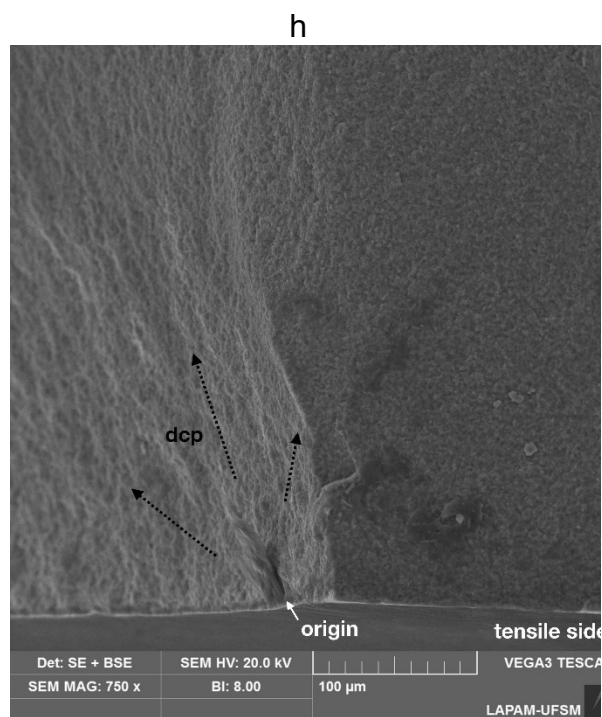
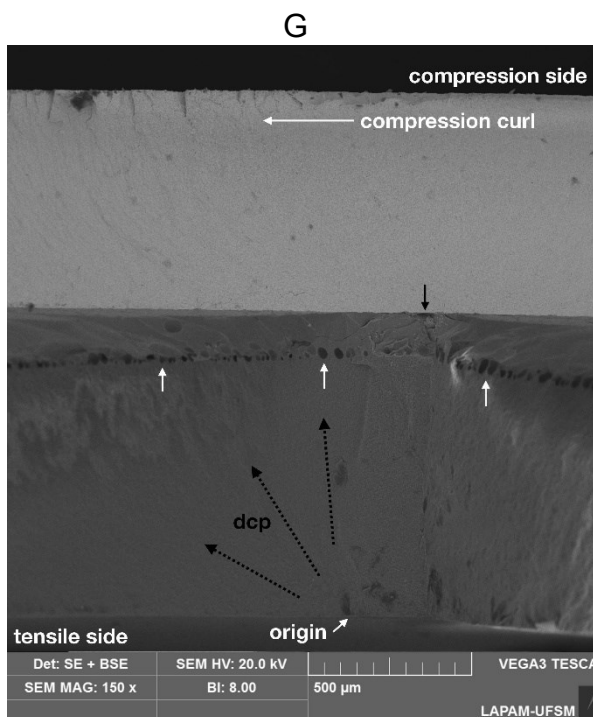
F-FT



C-FT

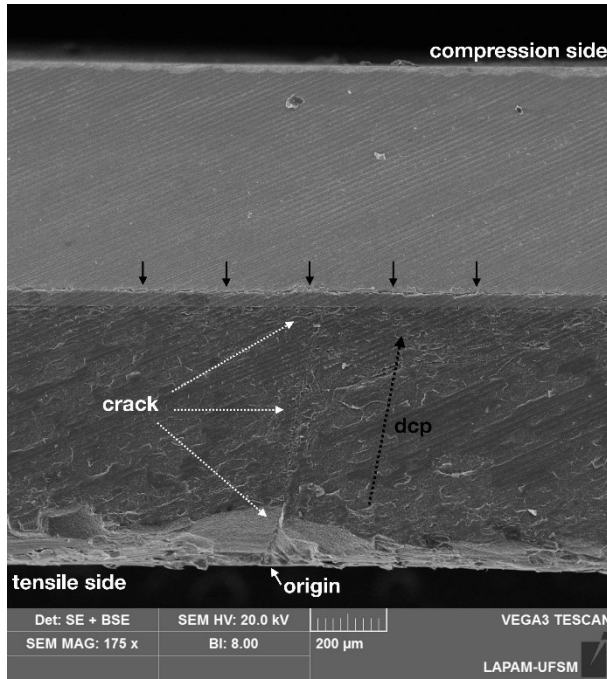


F-VT



C-VT

I



J

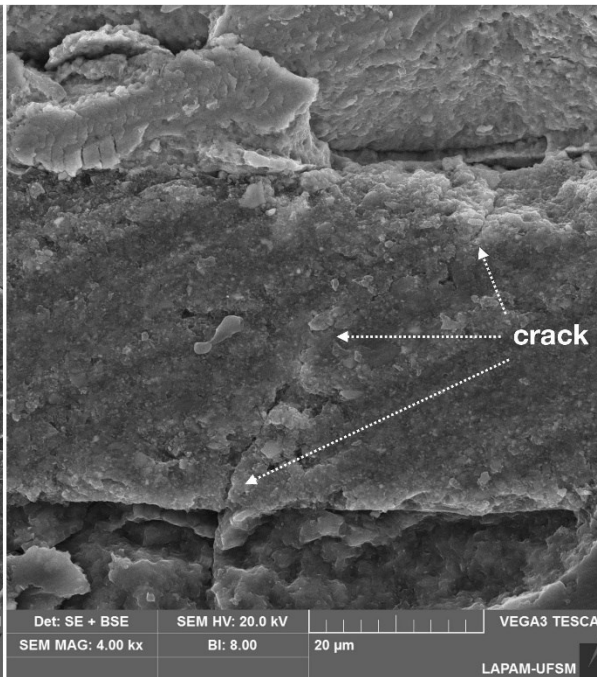
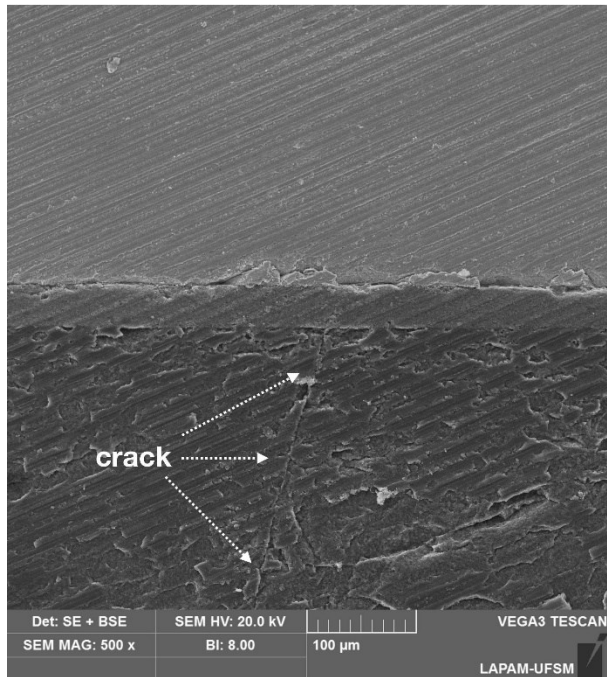


Fig. 2- Representative SEM images from the fracture surfaces of M (a,b), F-FT (c,d), C-FT (e,f), F-VT (g,h), and C-VT (i,j) groups. The failure origin (mirror region) [31] at the tensile side of the specimens and the direction of crack propagation (dcp, dashed black arrows) to the opposite side (signaled by a compression curl) can be detected in low magnification images for M (a), F-FT (c), C-FT (e) and F-VT (g) groups [32]. The

origins were also photographed at high magnification (b, d, f and h). In the C-VT group (i), the crack originates from the tensile side and propagates (dcp, dashed black arrows) through the cement layer. Crack propagation is displayed at higher magnifications (500x and 4000x) (j). Voids in the fusion ceramic in F-FT (d) and F-VT (g) (white arrows) can be visualized, as well as separation between the fusion ceramic and Y-TZP in F-VT (g) and between cement and Y-TZP in C-VT (j) (black arrows).

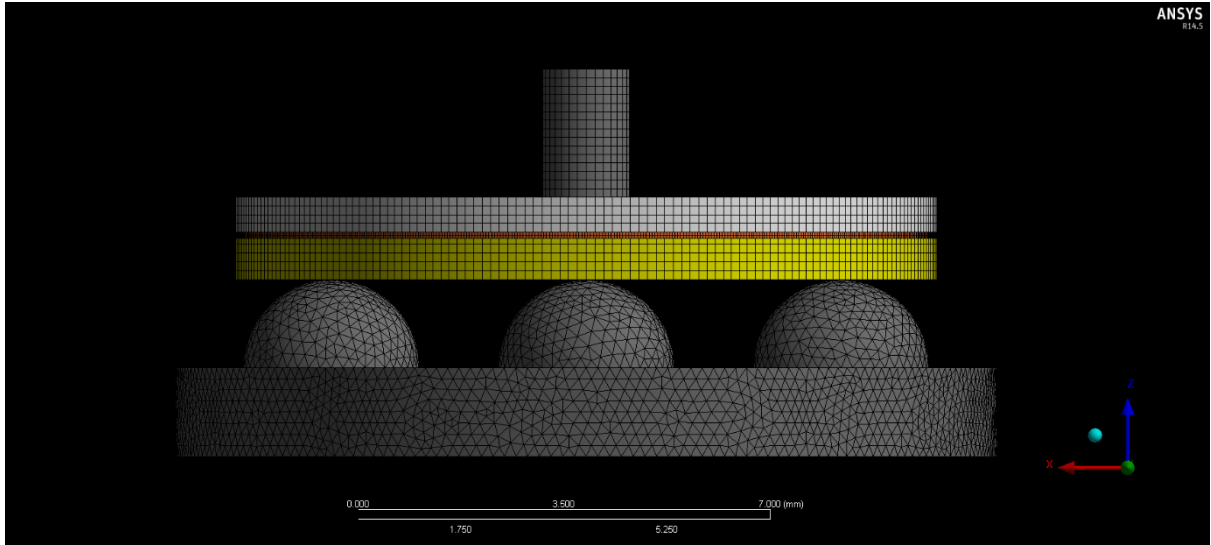


Fig. 3- Example of generated mesh pattern (trilayer with Y-TZP under tension).

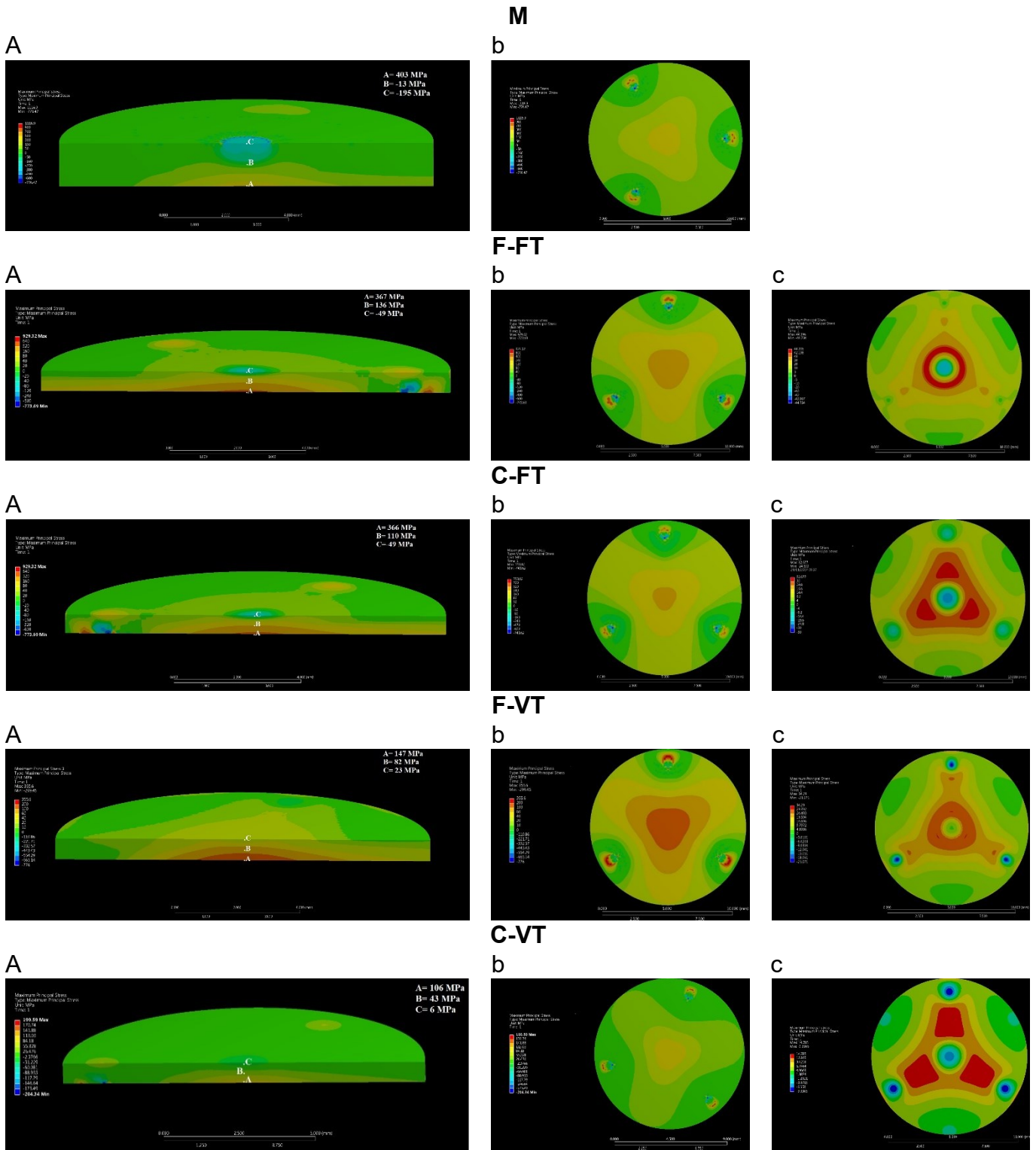


Fig. 4- FEA images for the maximum principal stresses (MPa) distribution on the sectioned (a) and bottom view (b) of the layer under tension and on the bottom view of the intermediate (fusion ceramic or cement) layer (c).

Table 1- Experimental groups, mean (SD) of the monotonic flexural strength, fatigue initial stress level, step size, fatigue flexural strength and FEA calculated stresses (MPa).

Group	Description	Material under tension	Monotonic strength (SD)	Fatigue initial stress	Step	Fatigue strength (CI)	FEA
M	Monolithic Y-TZP	-	689.86 (18.94)	413.92	40	405.92 (CI 397.58-414.26)	403
F-FT	Fused trilayer	Y-TZP framework	575.26 (11.03)	345.15	34.5	377.73 (CI 374.59-380.88)	367
C-FT	Cemented trilayer	Y-TZP framework	525.06 (0.53)	315.04	31.5	346.54 (CI 340.62-352.46)	366
F-VT	Fused trilayer	Lithium disilicate veneer	308.64 (22.11)	185.18	18.5	154.79 (CI 151.86-157.72)	147
C-VT	Cemented trilayer	Lithium disilicate veneer	160.83 (19.42)	96.5	9.6	100.34 (CI 97.42-103.26)	106

5 DISCUSSÃO

Devido à alta porcentagem de lascamento e delaminação de restaurações de Y-TZP com cobertura cerâmica (NÄPÄNKANGAS; PIHLAJA; RAUSTIA, 2015; PJETURSSON et al., 2015), há constante preocupação com o desenvolvimento de novos materiais e técnicas para melhorar o desempenho clínico dessas restaurações (COSTA et al., 2014). Assim, surgiu uma nova técnica de cobertura cerâmica por CAD/CAM, também conhecida por “*file-splitting*”, em que a infraestrutura de Y-TZP e a cobertura de cerâmica feldspática ou reforçada por partículas são usinadas e unidas por uma cerâmica de fusão ou por um cimento resinoso (KANAT-ERTÜRK et al., 2015; KANAT et al., 2014; SCHMITTER et al., 2014).

Os resultados da revisão sistemática intitulada “***Does veneering technique affect the flexural strength or load to failure of bilayer Y-TZP? A systematic review and meta-analysis***” mostraram ausência de diferença estatística para as meta-análises de resistência flexural e carga à fratura entre os métodos de prensagem e estratificação manual. O achado está provavelmente relacionado à composição e propriedades similares das cerâmicas usadas para ambas as técnicas (LIMA et al., 2013; TSALOUCHOU et al., 2008), já que os estudos incluídos usaram cerâmicas feldspáticas ou de fluorapatita para as duas técnicas. O estudo de Güngör e Nemli (2017) (que não foi incluído na revisão sistemática por não apresentar valores quantitativos de desvio-padrão) não mostrou diferença estatística entre as médias de carga à fratura e resistência característica, assim como encontrou módulo de Weibull similar na comparação de coroas de Y-TZP com estratificação manual e com prensagem com dissilicato de lítio. Os autores justificaram tais resultados em função das sucessivas etapas necessárias para o processamento, que tornam os dois métodos delicados: a estratificação manual é sensível à experiência do técnico, homogeneidade da mistura cerâmica, ciclo de sinterização, resfriamento e contração de sinterização, enquanto a prensagem é influenciada pelo correto preenchimento do anel de revestimento, limpeza da cera, qualidade do material de prensagem, temperatura do forno e abrasão para remover resíduos de refratário (KANAT et al., 2014). Portanto, além das propriedades mecânicas do material de cobertura, outras variáveis afetam o comportamento mecânico de restaurações *bilayer*.

Em relação ao método CAD/CAM, a meta-análise geral avaliando carga à fratura da técnica fusionada mostrou diferença estatística, favorecendo tal método em comparação com estratificação manual, assim como a análise por subgrupos dos estudos que usaram cerâmica de cobertura reforçada por partículas para a técnica de fusão favoreceu a fusão em relação à estratificação manual. Porém, ao considerar a técnica cimentada, a meta-análise para carga à fratura não mostrou diferença estatisticamente significativa entre os grupos. A análise de subgrupos favoreceu a estratificação manual em comparação com cimentação com cerâmicas predominantemente vítreas e não pôde ser realizada para cerâmicas reforçadas por partículas pelo número limitado de estudos.

Assim, o primeiro artigo desta tese indicou a necessidade de mais estudos avaliando a técnica CAD/CAM cimentada, especialmente com cerâmicas reforçadas por partículas. Sabe-se que as cerâmicas são suscetíveis à falha por fadiga quando submetidas a tensões cíclicas abaixo da sua resistência nominal, sendo que a água desempenha papel importante no crescimento lento de trincas (GONZAGA et al., 2011; ZHANG; SAILER; LAWN, 2013). A fadiga mecânica ocorre exclusivamente com carregamento cíclico e não pode ser inferida por testes monotônicos (ZHANG; SAILER; LAWN, 2013). A revisão sistemática também levantou a necessidade de estudos com testes de fadiga para avaliar o método CAD/CAM fusionado e cimentado, pois a maior parte dos estudos disponíveis usaram testes monotônicos.

O segundo artigo, de título “***File-splitting multilayer vs monolithic Y-TZP: fatigue flexural strength and loading stresses by finite element analysis***” objetivou trazer mais informações em relação aos tópicos levantados no primeiro artigo. O principal achado do segundo estudo foi que independentemente de a infraestrutura ou cobertura estar voltada para o lado de tração, a técnica de fusão apresentou maior resistência à fadiga. Tal achado se conecta aos resultados da revisão sistemática, em que a técnica CAD/CAM fusionada apresentou melhor desempenho mecânico que a estratificação manual, da mesma forma que a técnica cimentada foi similar à estratificação manual ou inferior na análise de subgrupos.

Outro achado importante foi que o material posicionado no lado de tração influenciou a resistência à fadiga do conjunto: quando o dissilicato de lítio foi testado para baixo a resistência à fadiga foi inferior que quando a Y-TZP foi testada sob tração. As propriedades mecânicas do material submetido à tração são mandatórias no comportamento do conjunto, o que explica a maior resistência à fadiga com a Y-TZP

voltada para baixo (BORBA et al., 2011; BORBA et al., 2016; ZENG, ODÉN e HOWCLIFFE et al., 1998). Os resultados da análise de elementos finitos também mostraram que a máxima tensão de tração ocorre na superfície do espécime posicionada para baixo, corroborando com a influência do material sob tração na resistência da estrutura. Na revisão sistemática, o material voltado para o lado de tração variou entre os estudos primários, avaliando resistência flexural e, em alguns casos, não foi especificado.

A Y-TZP monolítica mostrou resistência superior aos demais grupos, inclusive aos grupos em que a camada de zircônia estava voltada para baixo. Apesar de as propriedades do material sob tração terem importante efeito no comportamento do conjunto, estruturas cerâmicas com múltiplas camadas são influenciadas também por outros fatores. Huang e Hsueh (2011) converteram a equação da ISO 6872 usada para cálculo resistência flexural biaxial de espécimes monolíticos para uso em estruturas multicamadas. É possível observar na equação que a espessura, coeficiente de Poisson e módulo de elasticidade de cada camada apresentam influência na resistência à flexão do conjunto. Além disso, a análise de elementos finitos do segundo artigo mostrou distribuição de tensões descontínua entre as camadas dos grupos com a zircônia, diferentemente da Y-TZP monolítica, em que o espécime é uniformemente constituído por um único material. No estudo de Borba et al. (2011), espécimes *bilayer* com infraestrutura de óxido de alumínio e zircônio infiltrados por vidro ou alumina policristalina com cobertura de cerâmica feldspática apresentaram resistência flexural estatisticamente similar aos correspondentes espécimes monolíticos com mesmo material da infraestrutura. No entanto, quando a infraestrutura foi confeccionada de Y-TZP, não foi possível comparar estatisticamente os grupos monolítico e bilayer, pois no último a cobertura falhou por compressão antes de a infraestrutura falhar por tração.

Novas investigações com ensaios de fadiga e simulação mais próxima das condições clínicas devem ser conduzidos, como espécimes que reproduzam a anatomia coronária cimentados a troqueis que simulem a dentina. Além disso, ensaios clínicos randomizados são necessários para confirmar os achados do presente estudo clinicamente.

6 CONCLUSÃO

A partir dos dois artigos apresentados nesta tese, pode-se concluir que a técnica CAD/CAM fusionada representa uma alternativa com melhor desempenho mecânico entre as técnicas de cobertura cerâmica em infraestruturas de Y-TZP, principalmente com cerâmicas reforçadas por partículas como o dissilicato de lítio. A utilização de restaurações monolíticas, quando indicada, parece ser mais favorável à longevidade estrutural das restaurações.

REFERÊNCIAS

3M ESPE. Lava DVS Full Contour Digital Crowns, 2010.

ALBRECHT, T. et al. Fracture load of different crown systems on zirconia implant abutments. **Dental Materials**, v. 27, n. 3, p. 298-303, 2011.

ALESSANDRETTI, R. et al. Reliability and mode of failure of bonded monolithic and multilayer ceramics. **Dental Materials**, v. 33, n. 2, p. 191-197, 2017.

AL-WAHADNI, A.; SHAHIN, A.; KURTZ, K. S. Veneered Zirconia-Based Restorations Fracture Resistance Analysis. **Journal of Prosthodontics**, 2016. [In press]

BALADHANDAYUTHAM, B.; LAWSON, N. C.; BURGESS J. O. Fracture load of ceramic restorations after fatigue loading. **The Journal of Prosthetic Dentistry**, v. 114, n. 2, p. 266-271, 2015.

BALDASSARRI, M. et al. Reliability and failure modes of implant-supported zirconium-oxide fixed dental prostheses related to veneering techniques. **Journal of Dentistry**, v. 39, n. 7, p. 489-498, 2011.

BASSO, G. R. et al. Flexural strength and reliability of monolithic and trilayer ceramic structures obtained by the CAD-on technique. **Dental Materials**, v. 31, n. 12, p. 1453-1459, 2015.

BASSO, G. R. et al. Reliability and failure behavior of CAD-on fixed partial dentures. **Dental Materials**, v. 32, n. 5, p. 624-630, 2016.

BELLI, R. Fracture Rates and Lifetime Estimations of CAD/CAM All-ceramic Restorations. **Journal of Dental Research**, v. 95, n. 1, p. 67-73, 2016.

BEUER, F. et al. High-strength CAD/CAM-fabricated veneering material sintered to zirconia copings--a new fabrication mode for all-ceramic restorations. **Dental Materials**, v. 25, n. 1, p. 121-128, 2009.

BEUER, F. et al. *In vitro* performance of full-contour zirconia single crowns. **Dental Materials**, v. 28, n. 4, p. 449-456, 2012.

BORBA, M. et al. Flexural strength and failure modes of layered ceramic structures. **Dental Materials**, v. 27, n. 12, p. 1259-1266, 2011.

BORBA, M. et al. Effect of different aging methods on the mechanical behavior of multi-layered ceramic structures. **Dental Materials**, v. 32, n. 12, p. 1536-1542, 2016.

CHOI, J. E. et al. Pressed ceramics onto zirconia. Part 1: Comparison of crystalline phases present, adhesion to a zirconia system and flexural strength. **Dental Materials**, v. 27, n. 12, p. 1204-1212, 2011.

COLLINS, J. A. **Failure of materials in mechanical design: analysis, prediction, prevention**. 2. ed. New York: John Wiley & Sons, 1993.

COSTA, A. K. et al. The strength of sintered and adhesively bonded zirconia/veneering-ceramic bilayers. **Journal of Dentistry**, v. 42, n. 10, p. 1269-1276, 2014.

COSTA, A. K. **Comportamento biomecânico de estruturas multicamadas em restaurações protéticas**. 2016. 173 f. Tese (Doutorado em Odontologia Restauradora)-Universidade Estadual Paulista, São José dos Campos, SP, 2016.

GÜNGÖR, M. B.; NEMLI, S. K. Fracture resistance of CAD-CAM monolithic ceramic and veneered zirconia molar crowns after aging in a mastication simulator. **The Journal of Prosthetic Dentistry**, 2017. [In press]

GONZAGA, C. C. et al. Slow crack growth and reliability of dental ceramics. **Dental Materials**, v. 27, n. 4, p. 394-406, 2011.

GROHMANN, P. et al. Three-unit posterior zirconia-ceramic fixed dental prostheses (FDPs) veneered with layered and milled (CAD-on) veneering ceramics: 1-year follow-up of a randomized controlled clinical trial. **Quintessence International**, v. 46, n. 10, p. 871-880, 2015.

GUESS, P.C.; ZHANG, Y.; THOMPSON, V. P. Effect of veneering techniques on damage and reliability of Y-TZP trilayers. **The European Journal of Esthetic Dentistry**, v. 4, n. 3, p. 262-276, 2009.

GUESS, P. C. et al. Effect of core design and veneering technique on damage and reliability of Y-TZP-supported crowns. **Dental Materials**, v. 29, n. 3, p. 307-316, 2013.

HUANG, C. W.; HSUEG, C.H. Piston-on-three-ball versus piston-on-ring in evaluating the biaxial strength of dental ceramics. **Dental Materials**, v. 27, n. 6, p. e117-e123, 2011.

INTERNATIONAL ORGANIZATION FOR STANDARDIZATION. ISO 6872: Dental Ceramics, Geneva: The Organization, 3 ed., 2008.

IVOCLAR VIVADENT. IPS e.max CAD Veneering Solutions: Instructions for Use, 2015.

IVOCLAR VIVADENT. IPS e.max Ceram: Instruções de Uso, 2009.

IVOCLAR VIVADENT. IPS e.max ZirPress: Instruções de Uso, 2009.

KANAT-ERTÜRK, B. et al. Effect of Veneering Methods on Zirconia Framework-Veneer Ceramic Adhesion and Fracture Resistance of Single Crowns. **Journal of Prosthodontics**, v. 24, n. 8, p. 620-628, 2015.

KANAT, B. et al. Effect of Various Veneering Techniques on Mechanical Strength of Computer-Controlled Zirconia Framework Designs. **Journal of Prosthodontics**, v. 23, n. 6, p. 445-455, 2014.

KELLY, J. R. Dental ceramics: current thinking and trends. **The Dental Clinics of North America**, v. 48, n. 2, p. 513-530, 2004.

KELLY, J. R. et al. ADM guidance-ceramics: Fatigue principles and testing. **Dental Materials**, v. 33, n. 11, p. 1192-1204, 2017.

LIMA, J. M. et al. Effects of thickness, processing technique, and cooling rate protocol on the flexural strength of a bilayer ceramic system. **Dental Materials**, v. 29, n. 10, p. 1063-1072, 2013.

LOTTI, R. S.; MACHADO, A. W.; MAZZIEIRO, E. T.; LANDRE JÚNIOR, J. aplicabilidade científica do método dos elementos finitos. **Revista Dental Press de Ortodontia e Ortopedia Facial**, v. 11, n. 2, p. 35-43, 2006.

MORÁGUEZ, O. D.; WISKOTT, H. W.; SCHERRER, S. S. Three- to nine-year survival estimates and fracture mechanisms of zirconia- and alumina-based restorations using standardized criteria to distinguish the severity of ceramic fractures. **Clinical Oral Investigations**, v. 19, n. 9, p. 2295-2307.

MONACO, C. et al. Clinical evaluation of 1,132 zirconia-based single crowns: a retrospective cohort study from the AIOP clinical research group. **The International Journal of Prosthodontics**, v. 26, n. 5, p. 435-442.

NÄPÄNKANGAS, R.; PIHLAJA, J.; RAUSTIA, A. Outcome of zirconia single crowns made by predoctoral dental students: a clinical retrospective study after 2 to 6 years of clinical service. **The Journal of Prosthetic Dentistry**, v. 113, n. 4, p. 289-294, 2015.

NOSSAIR, S. A.; ABOUSHELIB, M. N.; MORSI, T. S. Fracture and Fatigue Resistance of Cemented versus Fused CAD-on Veneers over Customized Zirconia Implant Abutments. **Journal of Prosthodontics**, v. 24, n. 7, p. 543-548, 2015.

OBERMEIER, M. et al. Mechanical performance of cement- and screw-retained all-ceramic single crowns on dental implants. **Clinical Oral Investigations**, 2017. [In press]

OH, J. W. et al. Effects of core characters and veneering technique on biaxial flexural strength in porcelain fused to metal and porcelain veneered zirconia. **The Journal of Advanced Prosthodontics**, v. 7, n. 5, p. 349-357, 2015.

PHARR, S. W. et al. Influence of Veneering Fabrication Techniques and Gas-Phase Fluorination on Bond Strength between Zirconia and Veneering Ceramics. **Journal of Prosthodontics**, v. 25, n. 6, p. 478-484, 2016.

PJETURSSON, B. E. et al. All-ceramic or metal-ceramic tooth-supported fixed dental prostheses (FDPs)? A systematic review of the survival and complication rates. Part II: Multiple-unit FDPs. **Dental Materials**, v. 31, n. 6, p. 624-639, 2015.

PREIS, V. et al. Influence of substructure design, veneer application technique, and firing regime on the in vitro performance of molar zirconia crowns. **Dental Materials**, v. 29, n. 7, p. e113-e121, 2013.

SCHMITTER, M.; MUELLER, D.; RUES, S. Chipping behaviour of all-ceramic crowns with zirconia framework and CAD/CAM manufactured veneer. **Journal of Dentistry**, v. 40, n. 2, p. 154-162, 2012.

SCHMITTER, M.; MUELLER, D.; RUES, S. *In vitro* chipping behaviour of all-ceramic crowns with a zirconia framework and feldspathic veneering: comparison of CAD/CAM-produced veneer with manually layered veneer. **Journal of Oral Rehabilitation**, v. 40, n. 7, p. 519-525, 2013.

SCHMITTER, M.; SCHWEIGER, M.; MUELLER, D.; RUES, S. Effect on in vitro fracture resistance of the technique used to attach lithium disilicate ceramic veneer to zirconia frameworks. **Dental Materials**, n. 30, v. 2, p. 122-130, 2014.

SEYDLER, B.; SCHMITTER, M. Clinical performance of two different CAD/CAM-fabricated ceramic crowns: 2-Year results. **The Journal of Prosthetic Dentistry**, v. 114, n. 2, p. 212-216, 2015.

SILVA, L. H. et al. Dental ceramics: a review of new materials and processing methods. **Brazilian Oral Research**, v. 31, n. suplemento 1, p. e-58, 2017.

STAWARCZYK, B. et al. Load-bearing capacity and failure types of anterior zirconia crowns veneered with overpressing and layering techniques. **Dental Materials**, v. 27, n. 10, p. 1045-1053, 2011.

TSALOUCHOU, E. et al. Fatigue and fracture properties of yttria partially stabilized zirconia crown systems. **Dental Materials**, v. 24, n. 3, p. 308-318, 2008.

VITA. VITA PM 9/ VITA VM 9 Add-On: Working Instructions, 2009.

VITA. VITA Rapid Layer Technology: Working Instructions, 2011.

VITA. VITA VM 9: Working Instructions, 2013.

VITA. VITA YZ: Technical and scientific documentation, 2016.

VITA. VITABLOCKS: Working Instructions, 2012.

WANDSCHER, V. F. et al. Fatigue surviving, fracture resistance, shear stress and finite element analysis of glass fiber posts with different diameters. **Journal of the Mechanical Behavior of Biomedical Materials**, v. 43, p. 69-77, 2015.

WISKOTT, H. W.; NICHOLLS, J. I.; BELSER, U. C. Stress fatigue: basic principles and prosthodontic implications. **The International Journal of Prosthodontics**, v. 8, n. 2, p. 105-116, 1995.

ZENG, K.; ODÉN, A.; ROWCLIFFE, D. Evaluation of mechanical properties of dental ceramic core materials in combination with porcelains. **The International Journal of Prosthodontics**, v. 11, n. 2, p. 183-189, 1998.

ZHANG, Y.; SAILER, I.; LAWN, B. R. Fatigue of dental ceramics. **Journal of Dentistry**, v. 41, n. 12, p. 1135-1147, 2013.

ANEXO A - NORMAS PARA PUBLICAÇÃO NO PERIÓDICO *THE JOURNAL OF PROSTHETIC DENTISTRY*

Article Types

Articles are classified as one of the following: research/clinical science article, clinical report, technique article, systematic review, or tip from our readers. Required sections for each type of article are listed in the order in which they should be presented.

Research and Education/Clinical Research

The research report should be no longer than 10-12 double-spaced, typed pages and be accompanied by no more than 12 high-quality illustrations. Avoid the use of outline form (numbered and/or bulleted sentences or paragraphs). The text should be written in complete sentences and paragraph form.

Abstract (approximately 400 words): Create a structured abstract with the following subsections: Statement of Problem, Purpose, Material and Methods, Results, and Conclusions. The abstract should contain enough detail to describe the experimental design and variables. Sample size, controls, method of measurement, standardization, examiner reliability, and statistical method used with associated level of significance should be described in the Material and Methods section. Actual values should be provided in the Results section.

Clinical Implications: In 2-4 sentences, describe the impact of the study results on clinical practice.

Introduction: Explain the problem completely and accurately. Summarize relevant literature, and identify any bias in previous studies. Clearly state the objective of the study and the research hypothesis at the end of the Introduction. Please note that, for a thorough review of the literature, most (if not all references) should first be cited in the Introduction and/or Material and Methods section.

Material and Methods: In the initial paragraph, provide an overview of the experiment. Provide complete manufacturing information for all products and instruments used, either in parentheses or in a table. Describe what was measured, how it was measured, and the units of measure. List criteria for quantitative judgment. Describe the experimental design and variables, including defined criteria to control variables, standardization of testing, allocation of specimens/subjects to groups (specify method of randomization), total sample size, controls, calibration of examiners, and reliability of instruments and examiners. State how sample sizes were determined (such as with power analysis). Avoid the use of group numbers to indicate groups. Instead, use codes or abbreviations that will more clearly indicate the characteristics of the groups and will therefore be more meaningful for the reader. Statistical tests and associated significance levels should be described at the end of this section.

Results: Report the results accurately and briefly, in the same order as the testing was described in the Material and Methods section. For extensive listings, present data in tabular or graphic form to help the reader. For a 1-way ANOVA report of, F and P values in the appropriate location in the text. For all other ANOVAs, per guidelines, provide the ANOVA table(s). Describe the most significant findings and trends. Text, tables, and figures should not repeat each other. Results noted as significant must be validated by actual data and P values.

Discussion: Discuss the results of the study in relation to the hypothesis and to relevant literature. The Discussion section should begin by stating whether or not the data support rejecting the stated null hypothesis. If the results do not agree with other studies and/or with accepted opinions, state how and why the results differ. Agreement with other studies should also be stated. Identify the limitations of the present study and suggest areas for future research.

Conclusions: Concisely list conclusions that may be drawn from the research; do not simply restate the results. The conclusions must be pertinent to the objectives and justified by the data. In most situations, the conclusions are true for only the population of the experiment. All statements reported as conclusions should be accompanied by statistical analyses.

References: See Reference Guidelines and Sample References page.

Tables: See Table Guidelines.

Illustrations: See Figure Submission and Sample Figures page.

Clinical Report

The clinical report describes the author's methods for meeting a patient treatment challenge. It should be no longer than 4 to 5 double-spaced, pages and be accompanied by no more than 8 high-quality illustrations. In some situations, the Editor may approve the publication of additional figures if they contribute significantly to the manuscript.

Abstract: Provide a short, nonstructured, 1-paragraph abstract that briefly summarizes the problem encountered and treatment administered.

Introduction: Summarize literature relevant to the problem encountered. Include references to standard treatments and protocols. Please note that most, if not all, references should first be cited in the Introduction and/or Clinical Report section.

Clinical Report: Describe the patient, the problem with which he/she presented, and any relevant medical or dental background. Describe the various treatment options and the reasons for selection of the chosen treatment. Fully describe the treatment rendered, the length of the follow-up period, and any improvements noted as a result of treatment. This section should be written in past tense and in paragraph form.

Discussion: Comment on the advantages and disadvantages of the chosen treatment and describe any contraindications for it. If the text will only be repetitive of previous sections, omit the Discussion.

Summary: Briefly summarize the patient treatment.

References: See Reference Guidelines and Sample References page.

Illustrations: See Figure Submission and Sample Figures page.

Dental Technique

The dental technique article presents, in a step-by-step format, a unique procedure helpful to dental professionals. It should be no longer than 4 to 5 double-spaced, typed pages and be accompanied by no more than 8 high-quality illustrations. In some situations, the Editor may approve the publication of additional figures if they contribute significantly to the manuscript.

Abstract: Provide a short, nonstructured, 1-paragraph abstract that briefly summarizes the technique.

Introduction: Summarize relevant literature. Include references to standard methods and protocols. Please note that most, if not all, references should first be cited in the Introduction and/or Technique section.

Technique: In a numbered, step-by-step format, describe each step of the technique. The text should be written in command rather than descriptive form ("Survey the diagnostic cast" rather than "The diagnostic cast is surveyed.") Include citations for the accompanying illustrations.

Discussion: Comment on the advantages and disadvantages of the technique, indicate the situations to which it may be applied, and describe any contraindications for its use. Avoid excessive claims of effectiveness. If the text will only be repetitive of previous sections, omit the Discussion.

Summary: Briefly summarize the technique presented and its chief advantages.

References: See Reference Guidelines and Sample References page

Illustrations: See Figure Submission and Sample Figures page.

Systematic Review

The author is advised to develop a systematic review in the Cochrane style and format. The *Journal* has

transitioned away from literature reviews to systematic reviews. For more information on systematic reviews, please see www.cochrane.org. An example of a Journal systematic review: Torabinejad M, Anderson P, Bader J, Brown LJ, Chen LH, Goodacre CJ, Kattadiyil MT, Kutsenko D, Lozada J, Patel R, Petersen F, Puterman I, White SN. Outcomes of root canal treatment and restoration, implant-supported single crowns, fixed partial dentures, and extraction without replacement: a systematic review. *J Prosthet Dent* 2007;98:285-311.

The systematic review consists of:

An Abstract using a structured format (Statement of Problem, Purpose, Material and Methods, Results, Conclusions).

Text of the review consisting of an introduction (background and objective), methods (selection criteria, search methods, data collection and data analysis), results (description of studies, methodological quality, and results of analyses), discussion, authors' conclusions, acknowledgments, and conflicts of interest. References should be peer reviewed and follow JPD format.

Tables and figures, if necessary, showing characteristics of the included studies, specification of the interventions that were compared, the results of the included studies, a log of the studies that were excluded, and additional tables and figures relevant to the review.

Tips From Our Readers

Tips are brief reports on helpful or timesaving procedures. They should be limited to 2 authors, no longer than 250 words, and include no more than 2 high quality illustrations. Describe the procedure in a numbered, step-by-step format; write the text in command rather than descriptive or passive form ("Survey the diagnostic cast" rather than "The diagnostic cast is surveyed").

Contact Information

The Journal of Prosthetic Dentistry
 Editorial Office
 The Journal of Prosthetic Dentistry
 The Dental College of Georgia at Augusta University
 1120 15th St., GC3094
 Augusta, GA 30912-1255
 Phone: (706) 721-4558
 E-mail: JPD@augusta.edu
 Website: <http://www.prosdent.org>
 Online submission: <http://www.ees.elsevier.com/jpd/>

Submission Guidelines

Thank you for your interest in writing an article for *The Journal of Prosthetic Dentistry*. In publishing, as in dentistry, precise procedures are essential. Your attention to and compliance with the following policies will help ensure the timely processing of your submission.

Length of Manuscripts

Manuscript length depends on manuscript type. In general, research and clinical science articles should not exceed 10 to 12 double-spaced, typed pages (excluding references, legends, and tables). Clinical Reports and Technique articles should not exceed 4 to 5 pages, and Tips articles should not exceed 1 to 2 pages. The length of systematic reviews varies.

Number of Authors

The number of authors is limited to 4; the inclusion of more than 4 *must be justified* in the letter of submission. (Each author's contribution must be listed.) Otherwise, contributing authors in excess of 4 will be listed in the Acknowledgments. There can only be one corresponding author.

General Formatting

All submissions must be submitted via the EES system in Microsoft Word with an 8.5×11 inch page size. The following specifications should also be followed:

- Times Roman, 12 pt
- Double-spaced

- Left-justified
- No space between paragraphs
- 1-inch margins on all sides
- Half-inch paragraph indents
- Headers/Footers should be clear of page numbers or other information
- Headings are upper case bold, and subheads are upper/lower case bold. No italics are used.
- References should not be automatically numbered. Endnote or other reference-generating programs should be turned off.
- Set the Language feature in MS Word to English (US). Also change the language to English (US) in the style named Balloon Text.

Ethics in publishing

Please see our information pages on Ethics in publishing and Ethical guidelines for journal publication.

Declaration of interest

All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. Examples of potential conflicts of interest include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. If there are no conflicts of interest then please state this: 'Conflicts of interest: none'. More information.

Submission declaration and verification

Submission of an article implies that the work described has not been published previously (except in the form of an abstract or as part of a published lecture or academic thesis or as an electronic preprint, see 'Multiple, redundant or concurrent publication' section of our ethics policy for more information), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright-holder. To verify originality, your article may be checked by the originality detection service CrossCheck.

Changes to authorship

Authors are expected to consider carefully the list and order of authors **before** submitting their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion or rearrangement of author names in the authorship list should be made only **before** the manuscript has been accepted and only if approved by the journal Editor. To request such a change, the Editor must receive the following from the **corresponding author**: (a) the reason for the change in author list and (b) written confirmation (e-mail, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed.

Only in exceptional circumstances will the Editor consider the addition, deletion or rearrangement of authors **after** the manuscript has been accepted. While the Editor considers the request, publication of the manuscript will be suspended. If the manuscript has already been published in an online issue, any requests approved by the Editor will result in a corrigendum.

Copyright

Upon acceptance of an article, authors will be asked to complete a 'Journal Publishing Agreement' (see more information on this). An e-mail will be sent to the corresponding author confirming receipt of the manuscript together with a 'Journal Publishing Agreement' form or a link to the online version of this agreement.

Subscribers may reproduce tables of contents or prepare lists of articles including abstracts for internal circulation within their institutions. Permission of the Publisher is required for resale or distribution outside the institution and for all other derivative works, including compilations and translations. If excerpts from other copyrighted works are included, the author(s) must obtain written permission from the copyright owners and credit the source(s) in the article. Elsevier has preprinted forms for use by authors in these cases.

For open access articles: Upon acceptance of an article, authors will be asked to complete an 'Exclusive

License Agreement' (more information). Permitted third party reuse of open access articles is determined by the author's choice of user license.

Author rights

As an author you (or your employer or institution) have certain rights to reuse your work. More information.

Elsevier supports responsible sharing

Find out how you can share your research published in Elsevier journals.

Role of the funding source

You are requested to identify who provided financial support for the conduct of the research and/or preparation of the article and to briefly describe the role of the sponsor(s), if any, in study design; in the collection, analysis and interpretation of data; in the writing of the report; and in the decision to submit the article for publication. If the funding source(s) had no such involvement then this should be stated.

Funding body agreements and policies

Elsevier has established a number of agreements with funding bodies which allow authors to comply with their funder's open access policies. Some funding bodies will reimburse the author for the Open Access Publication Fee. Details of existing agreements are available online.

Creative Commons Attribution (CC BY)

Lets others distribute and copy the article, create extracts, abstracts, and other revised versions, adaptations or derivative works of or from an article (such as a translation), include in a collective work (such as an anthology), text or data mine the article, even for commercial purposes, as long as they credit the author(s), do not represent the author as endorsing their adaptation of the article, and do not modify the article in such a way as to damage the author's honor or reputation.

Creative Commons Attribution-NonCommercial-NoDerivs (CC BY-NC-ND)

For non-commercial purposes, lets others distribute and copy the article, and to include in a collective work (such as an anthology), as long as they credit the author(s) and provided they do not alter or modify the article.

The open access fee for this journal is **USD 2500**, excluding taxes. Learn more about Elsevier's pricing policy: <https://www.elsevier.com/openaccesspricing>.

Green open access

Authors can share their research in a variety of different ways and Elsevier has a number of green open access options available. We recommend authors see our green open access page for further information. Authors can also self-archive their manuscripts immediately and enable public access from their institution's repository after an embargo period. This is the version that has been accepted for publication and which typically includes author-incorporated changes suggested during submission, peer review and in editor-author communications. Embargo period: For subscription articles, an appropriate amount of time is needed for journals to deliver value to subscribing customers before an article becomes freely available to the public. This is the embargo period and it begins from the date the article is formally published online in its final and fully citable form. Find out more.

Language (usage and editing services)

Please write your text in good American English. Authors who feel their English language manuscript may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English may wish to use the English Language Editing service available from Elsevier's WebShop <http://webshop.elsevier.com/languageediting/> or visit our customer support site <http://support.elsevier.com> for more information.

Informed consent and patient details

Studies on patients or volunteers require ethics committee approval and informed consent, which should be documented in the paper. Appropriate consents, permissions and releases must be obtained where an author wishes to include case details or other personal information or images of patients and any other individuals in an Elsevier publication. Written consents must be retained by the author and copies of the consents or evidence that such consents have been obtained must be provided to Elsevier on

request. For more information, please review the Elsevier Policy on the Use of Images or Personal Information of Patients or other Individuals. Unless you have written permission from the patient (or, where applicable, the next of kin), the personal details of any patient included in any part of the article and in any supplementary materials (including all illustrations and videos) must be removed before submission.

Submission

Our online submission system guides you stepwise through the process of entering your article details and uploading your files. The system converts your article files to a single PDF file used in the peer-review process. Editable files (e.g., Word, LaTeX) are required to typeset your article for final publication. All correspondence, including notification of the Editor's decision and requests for revision, is sent by e-mail.

Submit your article

Please submit your article via <http://www.ees.elsevier.com/jpd/>.

Use of word processing software

It is important that the file be saved in the native format of the MS Word program. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the Guide to Publishing with Elsevier: <http://www.elsevier.com/guidepublication>). Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text. See also the section on Electronic artwork.

To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

Embedded math equations

If you are submitting an article prepared with Microsoft Word containing embedded math equations then please read this related support information (http://support.elsevier.com/app/answers/detail/a_id/302/).

Essential title page information

- *Title.* Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae. Trade names should not be used in the title.
- *Author names and affiliations.* Author's names should be complete first and last names. Where the family name may be ambiguous (e.g., a double name), please indicate this clearly. Present the authors' current title and affiliation, including the city and state/country of that affiliation. If it is private practice, indicate the city and state/country of the practice. Indicate all affiliations with a lower-case superscript letter immediately after the author's name and in front of the appropriate affiliation.
- *Corresponding author.* Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. Ensure that phone numbers (with country and area code) are provided in addition to the e-mail address and the complete postal address. Contact details must be kept up to date by the corresponding author.

Title page format

- *Title:* Capitalize only the first letter of the first word. Do not use any special formatting. Abbreviations or trade names should not be used. Trade names should not be used in the title.
- *Authors:* Directly under the title, type the names and academic degrees of the authors.
- Under the authors' names, provide the title, department and institutional names, city/state and country (unless in the U.S.) of each author. If necessary, provide the English translation of the institution. If the author is in private practice, indicate where with city/state/country. Link names and affiliations with a superscript letter (a,b,c,d).
- *Presentation/support information and titles:* If research was presented before an organized group,

indicate name of the organization and location and date of the meeting. If work was supported by a grant or any other kind of funding, supply the name of the supporting organization and the grant number.

- Corresponding author: List the mailing address, business telephone, and e-mail address of the author who will receive correspondence.
- Acknowledgments: Indicate special thanks to persons or organizations involved with the manuscript.
- See Sample Title page.

Formatting of funding sources

List funding sources in this standard way to facilitate compliance to funder's requirements:

Funding: This work was supported by the National Institutes of Health [grant numbers xxxx, yyyy]; the Bill & Melinda Gates Foundation, Seattle, WA [grant number zzzz]; and the United States Institutes of Peace [grant number aaaa].

It is not necessary to include detailed descriptions on the program or type of grants and awards. When funding is from a block grant or other resources available to a university, college, or other research institution, submit the name of the institute or organization that provided the funding.

If no funding has been provided for the research, please include the following sentence:

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

Units

Follow internationally accepted rules and conventions: use the international system of units (SI). If other units are mentioned, please give their equivalent in SI.

Math formulae

Please submit math equations as editable text and not as images. Present simple formulae in line with normal text where possible and use the solidus (/) instead of a horizontal line for small fractional terms, e.g., X/Y. In principle, variables are to be presented in italics. Powers of e are often more conveniently denoted by exp. Number consecutively any equations that have to be displayed separately from the text (if referred to explicitly in the text).

Embedded math equations

If you are submitting an article prepared with Microsoft Word containing embedded math equations then please read this (related support information).

Artwork

Figure Submission

JPD takes pride in publishing only the highest quality figures in its journal. All incoming figures must pass a thorough examination in Photoshop before the review process can begin. With more than 1,000 manuscripts submitted yearly, the manuscripts with few to no submission errors move through the system quickly. Figures that do not meet the guidelines will be sent back to the author for correction and moved to the bottom of the queue, creating a delay in the publishing process.

File Format

All figures should be submitted as TIF files or JPEG files only.

Image File Specifications

Figure dimensions must be 5.75 × 3.85 inches.

Figures should be size-matched (the same physical size) unless the image type prohibits size matching to other figures within the manuscript, as in the case of panoramic or periapical radiographs, SEM images, or graphs and screen shots. Do not "label" the faces of the figures with letters or numbers to indicate the order in which the figures should appear; such labels will be inserted during the publication process. Do not add wide borders to increase size.

Resolution

The figures should be of professional quality and high resolution. The following are resolution requirements:

- Color and black-and-white photographs should be created and saved at 300 dots per inch (dpi).
- Note: A 5.75 × 3.85-inch image at a resolution of 300 dpi will be approximately 6 megabytes. A figure of less than 300 dpi must not be increased artificially to 300 dpi; the resulting quality and resolution will be poor.
- Line art or combination artwork (an illustration containing both line art and photograph) should be created and saved at a minimum of 600dpi.
- Clarity, contrast, and quality should be uniform among the parts of a multipart figure and among all of the figures within a manuscript.
- A uniform background of nontextured, medium blue should be provided for color figures when possible.

Text within Images

If text is to appear within the figure, labeled and unlabeled versions of the figures must be provided. Text appearing within the labeled versions of the figures should be in **Arial font and a minimum of 10 pt.** The text should be sized for readability if the figure is reduced for production in the Journal. Lettering should be in proportion to the drawing, graph, or photograph. A consistent font size should be used throughout each figure, and for all figures, Please note: Titles and captions should not appear within the figure file, but should be provided in the manuscript text (see Figure Legends).

If a key to an illustration requires artwork (screen lines, dots, unusual symbols), the key should be incorporated into the drawing instead of included in the typed legend. All symbols should be done professionally, be visible against the background, and be of legible proportion should the illustration be reduced for publication.

All microscopic photographs must have a measurement bar and unit of measurement on the image.

Color Figures

Generally, a maximum of 8 figures will be accepted for clinical report and dental technique articles, and 2 figures will be accepted for tips from our reader articles. However, the Editor may approve the publication of additional figures if they contribute significantly to the manuscript.

Clinical figures should be color balanced. Color images should be in CMYK (Cyan/Magenta/Yellow/Black) color format as opposed to RGB (Red/Green/Blue) color format.

Graphs/Screen Captures

Graphs should be numbered as figures, and the fill for bar graphs should be distinctive and solid; no shading or patterns. Thick, solid lines should be used and bold, solid lettering. Arial font is preferred. Place lettering on white background is preferred to reverse type (white lettering on a dark background). Line drawing should be a minimum of 600 dpi. Screen Captures should be a minimum of 300 dpi and as close to 5.75 and 3.85 as possible.

Composites

Composites are multiple images within one Figure file and, as a rule, are not accepted. They will be sent back to the author to replace them with each image sent separately as, Fig. 1A, Fig. 1B, Fig. 1C, etc. Each figure part must meet JPD Guidelines. (Some composite figures are more effective when submitted as one file. These files will be reviewed per case.) Contact the editorial office for more information about specific composites.

Figure Legends

The figure legends should appear within the text of the manuscript on a separate page after Tables and should appear under the heading FIGURES. Journal style requires that the articles (a, an, and the) are omitted from the figure legends. If an illustration is taken from previously published material, the legend must give full credit to the source (see Permissions).

File Naming

Each figure file must be numbered according to its position in the text (Figure 1, Figure 2, and so on)

with Arabic numerals. The electronic image files must be named so that the figure number and format can be easily identified. For example, a Figure 1 in TIFF format should be named fig. 1.tif. Multipart figures must be clearly identifiable by the file names: Fig. 1A, Fig. 1B, Fig. 1C, Fig. 1-unlabeled, Fig. 1-labeled, etc.

Callouts

In the article, clearly reference each Figure and Table by including its number in parentheses at the end of the appropriate sentence before closing punctuation. For example: The sutures were removed after 3 weeks (Fig. 4). Or: are illustrated in Table 4.

The *Journal* reserves the right to standardize the format of graphs and tables.

Authors are obligated to disclose whether illustrations have been modified in any way.

Thumbnails

Place thumbnails (reduced size versions) of your figures in Figures section below each appropriate legend.

Thumbnails refers to placing a small (compressed file) copy of your figure into the FIGURES section of the manuscript after each appropriate legend. No smaller than 2" × 1.5" and approximately 72dpi. The goal is to give the editors/reviewers something to review but we want to keep the dimensions and the file size small for easy access. These small images are called thumbnails.

Figures Quick Checklist

- All files are saved as TIFFs or JPEGs (only).
- Figure size: 5.75" × 3.85" (radiographs, SEMS, and screen captures may vary but they must all be size matched).
- Figures are 300 dpi; line or combo line/photo illustrations are minimum 600 dpi.
- For text in figures use Ariel font.
- Label the Figure files according to their sequence in the text.
- Provide figure legends in the manuscript Figure section.
- Place thumbnails (small versions of figure files approx. 2" × 1.5") in Figure section below each legend.
- Submit composite figure parts as separate files.

A detailed guide to electronic artwork is available on our website: You are urged to visit this site; some excerpts from the detailed information about figure preparation are given here.
<http://www.elsevier.com/artworkinstructions>.

Please make sure that artwork files are TIFFs and with the correct resolution. If, together with your accepted article, you submit usable color figures then Elsevier will ensure, at no additional charge, that these figures will appear in color online (e.g., ScienceDirect and other sites) in addition to color reproduction in print. For further information on the preparation of electronic artwork, please see <http://www.elsevier.com/artworkinstructions>.

Illustration services

Elsevier's WebShop (<http://webshop.elsevier.com/illustrationservices>) offers Illustration Services to authors preparing to submit a manuscript but concerned about the quality of the images accompanying their article. Elsevier's expert illustrators can produce scientific, technical, and medical-style images, as well as a full range of charts, tables, and graphs. Image 'polishing' is also available, where our illustrators take your image(s) and improve them to a professional standard. Please visit the website to find out more.

Electronic Artwork

General points

- Make sure you use uniform lettering and sizing.
- Embed the used fonts if the application provides that option.
- Use the font Ariel or Helvetica in your illustrations.
- Number the illustration files according to their sequence in the text.
- Use a logical naming convention for your artwork files.
- Provide figure legends in the Figure section.

- Size the illustrations close to the desired dimensions of the published version.
- Submit each illustration as a separate file.

A detailed guide on electronic artwork is available on our website:

<http://www.elsevier.com/artworkinstructions>. **You are urged to visit this site; some excerpts from the detailed information are given here.**

Formats

If your electronic artwork is created in a Microsoft Office application (Word, PowerPoint, Excel) then please supply 'as is' in the native document format.

Regardless of the application used other than Microsoft Office, when your electronic artwork is finalized, please 'Save as' or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):

TIFF (or JPEG): Color or grayscale photographs (halftones), keep to a minimum of 300 dpi.

TIFF (or JPEG): Bitmapped (pure black & white pixels) line drawings, keep to a minimum of 600 dpi.

TIFF (or JPEG): Combinations bitmapped line/half-tone (color or grayscale), keep to a minimum of 600 dpi.

Please do not:

- Supply files that are optimized for screen use (e.g., GIF, PNG, PICT, WPG); these typically have a low number of pixels and limited set of colors;
- Supply files that are too low in resolution? or smaller than 5.75 × 3.85-inch.;
- Submit graphics that are disproportionately large for the content.

Color artwork

Please make sure that artwork files are in an acceptable format (TIFF or JPEG) and with the correct size and resolution. If, together with your accepted article, you submit usable color figures then Elsevier will ensure, at no additional charge, that these figures will appear in color online (e.g., ScienceDirect and other sites) in addition to color reproduction in print. For further information on the preparation of electronic artwork, please see <http://www.elsevier.com/artworkinstructions>.

Illustration services

Elsevier's WebShop offers Illustration Services to authors preparing to submit a manuscript but concerned about the quality of the images accompanying their article. Elsevier's expert illustrators can produce scientific, technical and medical-style images, as well as a full range of charts, tables and graphs. Image 'polishing' is also available, where our illustrators take your image(s) and improve them to a professional standard. Please visit the website to find out more.

Figure captions

Ensure that each illustration has a caption. Supply captions separately, not attached to the figure. A caption should comprise a brief title (**not** on the figure itself) and a description of the illustration. Keep text in the illustrations themselves to a minimum but explain all symbols and abbreviations used. See Sample Figures page.

Tables

- Tables should be self-explanatory and should supplement, not duplicate the text.
- Provide all tables at the end of the manuscript after the reference list and before the Figures. There should be only one table per page. Omit internal horizontal and vertical rules (lines). Omit any shading or color.
- Do not list tables in parts (Table 1a, 1b, etc.). Each should have its own number. Number the tables in the order in which they are mentioned in the text (Table 1., Table 2, etc).
- Supply a concise legend that describes the content of the table. Create descriptive column and row headings. Within columns, align data such that decimal points may be traced in a straight line. Use decimal points (periods), not commas, to mark places past the integer (eg, 3.5 rather than 3,5).
- In a line beneath the table, define any abbreviations used in the table.
- If a table (or any data within it) was published previously, give full credit to the original source in a footnote to the table. If necessary, obtain permission to reprint from the author/publisher.
- The tables should be submitted in Microsoft Word. If a table has been prepared in Excel, it should be imported into the manuscript.

References

Citation in text

Please ensure that every reference cited in the text is also present in the reference list (and vice versa). Any references cited in the abstract must be given in full. Unpublished results and personal communications are not permitted in the reference list, but may be mentioned in the text. Citation of a reference as 'in press' implies that the item has been accepted for publication.

Reference links

Increased discoverability of research and high quality peer review are ensured by online links to the sources cited. In order to allow us to create links to abstracting and indexing services, such as Scopus, CrossRef and PubMed, please ensure that data provided in the references are correct. Please note that incorrect surnames, journal/book titles, publication year and pagination may prevent link creation. When copying references, please be careful as they may already contain errors. Use of the DOI is encouraged.

A DOI can be used to cite and link to electronic articles where an article is in-press and full citation details are not yet known, but the article is available online. A DOI is guaranteed never to change, so you can use it as a permanent link to any electronic article. An example of a citation using DOI for an article not yet in an issue is: VanDecar J.C., Russo R.M., James D.E., Ambeh W.B., Franke M. (2003). Aseismic continuation of the Lesser Antilles slab beneath northeastern Venezuela. *Journal of Geophysical Research*, <https://doi.org/10.1029/2001JB000884>. Please note the format of such citations should be in the same style as all other references in the paper.

Data references

This journal encourages you to cite underlying or relevant datasets in your manuscript by citing them in your text and including a data reference in your Reference List. Data references should include the following elements: author name(s), dataset title, data repository, version (where available), year, and global persistent identifier. Add [dataset] immediately before the reference so we can properly identify it as a data reference. The [dataset] identifier will not appear in your published article.

Acceptable references and their placement

- Most, if not all, references should first be cited in the Introduction and/or Material and Methods section. Only those references that have been previously cited or that relate directly to the outcomes of the present study may be cited in the Discussion.
- Only peer-reviewed, published material may be cited as a reference. Manuscripts in preparation, manuscripts submitted for consideration, and unpublished theses are not acceptable references.
- Abstracts are considered unpublished observations and are not allowed as references unless follow-up studies were completed and published in peer-reviewed journals.
- References to foreign language publications should be kept to a minimum (no more than 3). **They are permitted only when the original article has been translated into English.** The translated title should be cited and the original language noted in brackets at the end of the citation.
- Textbook references should be kept to a minimum, as textbooks often reflect the opinions of their authors and/or editors. The most recent editions of textbooks should be used. Evidence-based journal citations are preferred.

Reference formatting

- References must be identified in the body of the article with superscript Arabic numerals. At the end of a sentence, the reference number falls *after* the period.
- The complete reference list, double-spaced and in numerical order, should follow the Conclusions section but start on a separate page. Only references cited in the text should appear in the reference list.
- Reference formatting should conform to **Vancouver style** as set forth in "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" (*Ann Intern Med* 1997;126:36-47).
- References should be manually numbered.
- List up to six authors. If there are seven or more, after the sixth author's name, add et al.
- Abbreviate journal names per the **Cumulative Index Medicus**. A complete list of standard abbreviations is available through the PubMed website: <http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>.
- Format for journal articles: Supply the last names and initials of all authors; the title of the article; the

journal name; and the year, volume, and page numbers of publication. Do not use italics, bold, or underlining for any part of the reference. Put a period after the initials of the last author, after the article title, and at the end of the reference. Put a semicolon after the year of publication and a colon after the volume. *Issue numbers are not used in Vancouver style.*

- Ex: Jones ER, Smith IM, Doe JQ. Uses of acrylic resin. J Prosthet Dent 1985;53:120-9.
- Book References: The most current edition must be cited. Supply the names and initials of all authors/editors, the title of the book, the city of publication, the publisher, the year of publication, and the inclusive page numbers consulted. Do not use italics, bold, or underlining for any part of the reference.
- Ex: Zarb GA, Carlsson GE, Bolender CL. Boucher's prosthodontic treatment for edentulous patients. 11th ed. St. Louis: Mosby; 1997. p. 112-23.

References should not be submitted in Endnote or other reference-generating software. Endnote formatting cannot be edited by the Editorial Office or reviewers, and must be suppressed or removed from the manuscript prior to submission. Nor should references be automatically numbered. Please number manually.

See Sample Manuscript.

Approved Abbreviations for Journals

Because the *Journal of Prosthetic Dentistry* is published not only in print but also online, authors must use the standard PubMed abbreviations for journal titles. If alternate or no abbreviations are used, the references will not be linked in the online publication. A complete list of standard abbreviations is available through the PubMed website: <http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>.

Video

Elsevier accepts video material and animation sequences to support and enhance your scientific research. Authors who have video or animation files that they wish to submit with their article are strongly encouraged to include links to these within the body of the article. This can be done in the same way as a figure or table by referring to the video or animation content and noting in the body text where it should be placed. All submitted files should be properly labeled so that they directly relate to the video file's content. In order to ensure that your video or animation material is directly usable, please provide the files in one of our recommended file formats with a preferred maximum size of 150 MB. Video and animation files supplied will be published online in the electronic version of your article in Elsevier Web products, including ScienceDirect. Please supply 'stills' with your files: you can choose any frame from the video or animation or make a separate image. These will be used instead of standard icons and will personalize the link to your video data. For more detailed instructions please visit our video instruction pages. Note: since video and animation cannot be embedded in the print version of the journal, please provide text for both the electronic and the print version for the portions of the article that refer to this content.

Supplementary material

Supplementary material such as applications, images and sound clips, can be published with your article to enhance it. Submitted supplementary items are published exactly as they are received (Excel or PowerPoint files will appear as such online). Please submit your material together with the article and supply a concise, descriptive caption for each supplementary file. If you wish to make changes to supplementary material during any stage of the process, please make sure to provide an updated file. Do not annotate any corrections on a previous version. Please switch off the 'Track Changes' option in Microsoft Office files as these will appear in the published version.

AudioSlides

The journal encourages authors to create an AudioSlides presentation with their published article. AudioSlides are brief, webinar-style presentations that are shown next to the online article on ScienceDirect. This gives authors the opportunity to summarize their research in their own words and to help readers understand what the paper is about. More information and examples are available. Authors of this journal will automatically receive an invitation e-mail to create an AudioSlides presentation after acceptance of their paper.

Submission Checklist

The following list will be useful during the final checking of an article before sending it to the journal for

review. Please consult this Guide for Authors for further details of any item. **Ensure the following items are present:**

One author has been designated as the corresponding author with contact details:

- Email address
- Full postal address
- Phone number

All necessary files have been uploaded, and contain the following:

- All figure thumbnails and legends
- All tables (including title, description, footnotes)
- Justification letter for more than 4 authors
- Patient photo permission
- IRB statements

Further considerations:

- Manuscript has been 'spell-checked' and 'grammar-checked'
- References are in the correct format for this journal
- All references mentioned in the Reference list are cited in the text, and vice versa
- There are call-outs for each figure in the text
- Permission has been obtained for the use of copyrighted material from other sources (including the Web)

For any further information please visit our customer support site at <http://support.elsevier.com>.

ANEXO B - NORMAS PARA PUBLICAÇÃO NO PERIÓDICO *DENTAL MATERIALS*

GUIDE FOR AUTHORS

Authors are requested to submit their original manuscript and figures via the online submission and editorial system for Dental Materials. Using this online system, authors may submit manuscripts and track their progress through the system to publication. Reviewers can download manuscripts and submit their opinions to the editor. Editors can manage the whole submission/review/revise/publish process. Please register at: <http://ees.elsevier.com/dema>.

Dental Materials now only accepts online submissions.

The Artwork Quality Control Tool is now available to users of the online submission system. To help authors submit high-quality artwork early in the process, this tool checks the submitted artwork and other file types against the artwork requirements outlined in the Artwork Instructions to Authors on <http://www.elsevier.com/artworkinstructions>. The Artwork Quality Control Tool automatically checks all artwork files when they are first uploaded. Each figure/file is checked only once, so further along in the process only new uploaded files will be checked.

Manuscripts

The journal is principally for publication of Original Research Reports, which should preferably investigate a defined hypothesis. Maximum length 6 journal pages (approximately 20 double-spaced typescript pages) including illustrations and tables.

Systematic Reviews will however be considered. Intending authors should communicate with the Editor beforehand, by email, outlining the proposed scope of the review. Maximum length 10 journal pages (approximately 33 double-spaced typescript pages) including figures and tables. Three copies of the manuscript should be submitted: each accompanied by a set of illustrations. The requirements for submission are in accordance with the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals", *Annals of Internal Medicine*, 1997, 126, 36-47. All manuscripts must be written in American English. Authors are urged to write as concisely as possible. The Editor and Publisher reserve the right to make minimal literary corrections for the sake of clarity. Authors for whom English is not the first language should have their manuscripts read by colleagues fluent in English. If extensive English corrections are needed, authors may be charged for the cost of editing. For additional reference, consult issues of *Dental Materials* published after January 1999 or the Council of Biology Editors Style Manual (1995 ed.).

All manuscripts should be accompanied by a letter of transmittal, signed by each author, and stating that the manuscript is not concurrently under consideration for publication in another journal, that all of the named authors were involved in the work leading to the publication of the paper, and that all the named authors have read the paper before it is submitted for publication. Always keep a backup copy of the electronic file for reference and safety. Manuscripts not conforming to the journal style will be returned. In addition, manuscripts, which are not written in fluent English, will be rejected automatically without refereeing.

Article structure

Subdivision - numbered sections

Divide your article into clearly defined and numbered sections. Subsections should be numbered 1.1 (then 1.1.1, 1.1.2, ...), 1.2, etc. (the abstract is not included in section numbering). Use this numbering also for internal cross-referencing: do not just refer to 'the text'. Any subsection may be given a brief heading. Each heading should appear on its own separate line.

Introduction

This must be presented in a structured format, covering the following subjects, although actual subheadings should not be included:

- succinct statements of the issue in question;
- the essence of existing knowledge and understanding pertinent to the issue (reference);
- the aims and objectives of the research being reported relating the research to dentistry, where not obvious.

Materials and methods

- describe the procedures and analytical techniques.
- only cite references to published methods.

- include at least general composition details and batch numbers for all materials.
- identify names and sources of all commercial products e.g. "The composite (Silar, 3M Co., St. Paul, MN, USA)..."
- "... an Au-Pd alloy (Estheticor Opal, Cendres et Metaux, Switzerland)."
- specify statistical significance test methods.

Results

- refer to appropriate tables and figures.
- refrain from subjective comments.
- make no reference to previous literature.
- report statistical findings.

Discussion

- explain and interpret data.
- state implications of the results, relate to composition.
- indicate limitations of findings.
- relate to other relevant research.

Conclusion (if included)

- must NOT repeat Results or Discussion
- must concisely state inference, significance, or consequences

Appendices

If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

Essential title page information

- Title. Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.
- Author names and affiliations. Please clearly indicate the given name(s) and family name(s) of each author and check that all names are accurately spelled. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lowercase superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author.
- Corresponding author. Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. Ensure that the e-mail address is given and that contact details are kept up to date by the corresponding author.
- Present/permanent address. If an author has moved since the work described in the article was done, or was visiting at the time, a 'Present address' (or 'Permanent address') may be indicated as a footnote to that author's name. The address at which the author actually did the work must be retained as the main, affiliation address. Superscript Arabic numerals are used for such footnotes.

Abstract (structured format)

- 250 words or less.
- subheadings should appear in the text of the abstract as follows: Objectives, Methods, Results, Significance. (For Systematic Reviews: Objectives, Data, Sources, Study selection, Conclusions). The Results section may incorporate small tabulations of data, normally 3 rows maximum.

Keywords

Up to 10 keywords should be supplied e.g. dental material, composite resin, adhesion.

Abbreviations

Define abbreviations that are not standard in this field in a footnote to be placed on the first page of the article. Such abbreviations that are unavoidable in the abstract must be defined at their first mention there, as well as in the footnote. Ensure consistency of abbreviations throughout the article.

Acknowledgements

Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those

individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

Units

Follow internationally accepted rules and conventions: use the international system of units (SI). If other units are mentioned, please give their equivalent in SI.

Math formulae

Please submit math equations as editable text and not as images. Present simple formulae in line with normal text where possible and use the solidus (/) instead of a horizontal line for small fractional terms, e.g., X/Y . In principle, variables are to be presented in italics. Powers of e are often more conveniently denoted by exp. Number consecutively any equations that have to be displayed separately from the text (if referred to explicitly in the text).

Embedded math equations

If you are submitting an article prepared with Microsoft Word containing embedded math equations then please read this related support information (http://support.elsevier.com/app/answers/detail/a_id/302/).

Footnotes

Footnotes should be used sparingly. Number them consecutively throughout the article. Many word processors can build footnotes into the text, and this feature may be used. Otherwise, please indicate the position of footnotes in the text and list the footnotes themselves separately at the end of the article. Do not include footnotes in the Reference list.

Artwork

Electronic artwork

General points

- Make sure you use uniform lettering and sizing of your original artwork.
- Embed the used fonts if the application provides that option.
- Aim to use the following fonts in your illustrations: Arial, Courier, Times New Roman, Symbol, or use fonts that look similar.
- Number the illustrations according to their sequence in the text.
- Use a logical naming convention for your artwork files.
- Provide captions to illustrations separately.
- Size the illustrations close to the desired dimensions of the published version.
- Submit each illustration as a separate file.

A detailed guide on electronic artwork is available on our website: <http://www.elsevier.com/artworkinstructions>.

You are urged to visit this site; some excerpts from the detailed information are given here.

Formats

If your electronic artwork is created in a Microsoft Office application (Word, PowerPoint, Excel) then please supply 'as is' in the native document format. Regardless of the application used other than Microsoft Office, when your electronic artwork is finalized, please 'Save as' or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):

EPS (or PDF): Vector drawings, embed all used fonts.

TIFF (or JPEG): Color or grayscale photographs (halftones), keep to a minimum of 300 dpi.

TIFF (or JPEG): Bitmapped (pure black & white pixels) line drawings, keep to a minimum of 1000 dpi.

TIFF (or JPEG): Combinations bitmapped line/half-tone (color or grayscale), keep to a minimum of 500 dpi. Please do not:

- Supply files that are optimized for screen use (e.g., GIF, BMP, PICT, WPG); these typically have a low number of pixels and limited set of colors;
- Supply files that are too low in resolution;
- Submit graphics that are disproportionately large for the content.

Color artwork

Please make sure that artwork files are in an acceptable format (TIFF (or JPEG), EPS (or PDF), or MS Office files) and with the correct resolution. If, together with your accepted article, you submit usable color figures then Elsevier will ensure, at no additional charge, that these figures will appear in color

online (e.g., ScienceDirect and other sites) regardless of whether or not these illustrations are reproduced in color in the printed version. For color reproduction in print, you will receive information regarding the costs from Elsevier after receipt of your accepted article. Please indicate your preference for color: in print or online only. For further information on the preparation of electronic artwork, please see <http://www.elsevier.com/artworkinstructions>.

Please note: Because of technical complications that can arise by converting color figures to 'gray scale' (for the printed version should you not opt for color in print) please submit in addition usable black and white versions of all the color illustrations.

Captions to tables and figures

- list together on a separate page.
- should be complete and understandable apart from the text.
- include key for symbols or abbreviations used in Figures.
- individual teeth should be identified using the FDI two-digit system.

Tables

Please submit tables as editable text and not as images. Tables can be placed either next to the relevant text in the article, or on separate page(s) at the end. Number tables consecutively in accordance with their appearance in the text and place any table notes below the table body. Be sparing in the use of tables and ensure that the data presented in them do not duplicate results described elsewhere in the article. Please avoid using vertical rules.

References

Must now be given according to the following numeric system:

Cite references in text in numerical order. Use square brackets: in-line, not superscript e.g. [23]. All references must be listed at the end of the paper, double-spaced, without indents. For example: 1.

Moulin P, Picard B and Degrange M. Water resistance of resin-bonded joints with time related to alloy surface treatments. *J Dent*, 1999; 27:79-87. 2. Taylor DF, Bayne SC, Sturdevant JR and Wilder AD. Comparison of direct and indirect methods for analyzing wear of posterior composite restorations. *Dent Mater*, 1989; 5:157-160. Avoid referencing abstracts if possible. If unavoidable, reference as follows: 3. Demarest VA and Greener EH. Storage moduli and interaction parameters of experimental dental composites. *J Dent Res*, 1996; 67:221, Abstr. No. 868.

Citation in text

Please ensure that every reference cited in the text is also present in the reference list (and vice versa). Any references cited in the abstract must be given in full. Unpublished results and personal communications are not recommended in the reference list, but may be mentioned in the text. If these references are included in the reference list they should follow the standard reference style of the journal and should include a substitution of the publication date with either 'Unpublished results' or 'Personal communication'. Citation of a reference as 'in press' implies that the item has been accepted for publication.

Reference links

Increased discoverability of research and high quality peer review are ensured by online links to the sources cited. In order to allow us to create links to abstracting and indexing services, such as Scopus, CrossRef and PubMed, please ensure that data provided in the references are correct. Please note that incorrect surnames, journal/book titles, publication year and pagination may prevent link creation. When copying references, please be careful as they may already contain errors. Use of the DOI is encouraged.

Web references

As a minimum, the full URL should be given and the date when the reference was last accessed. Any further information, if known (DOI, author names, dates, reference to a source publication, etc.), should also be given. Web references can be listed separately (e.g., after the reference list) under a different heading if desired, or can be included in the reference list.

References in a special issue

Please ensure that the words 'this issue' are added to any references in the list (and any citations in the text) to other articles in the same Special Issue.

Reference management software

Most Elsevier journals have a standard template available in key reference management packages. This covers packages using the Citation Style Language, such as Mendeley (<http://www.mendeley.com/features/reference-manager>) and also others like EndNote (<http://www.endnote.com/support/enstyles.asp>) and Reference Manager (<http://refman.com/support/rmstyles.asp>). Using plug-ins to word processing packages which are available from the above sites, authors only need to select the appropriate journal template when preparing their article and the list of references and citations to these will be formatted according to the journal style as described in this Guide. The process of including templates in these packages is constantly ongoing. If the journal you are looking for does not have a template available yet, please see the list of sample references and citations provided in this Guide to help you format these according to the journal style. If you manage your research with Mendeley Desktop, you can easily install the reference style for this journal by clicking the link below: <http://open.mendeley.com/use-citation-style/dental-materials> When preparing your manuscript, you will then be able to select this style using the Mendeley plugins for Microsoft Word or LibreOffice. For more information about the Citation Style Language, visit <http://citationstyles.org>.

Reference style

Text: Indicate references by number(s) in square brackets in line with the text. The actual authors can be referred to, but the reference number(s) must always be given. Example: '..... as demonstrated [3,6]. Barnaby and Jones [8] obtained a different result' List: Number the references (numbers in square brackets) in the list in the order in which they appear in the text.

Examples:

Reference to a journal publication:

[1] J. van der Geer, J.A.J. Hanraads, R.A. Lupton, The art of writing a scientific article, *J. Sci. Commun.* 163 (2010) 51–59.

Reference to a book:

[2] W. Strunk Jr., E.B. White, *The Elements of Style*, fourth ed., Longman, New York, 2000.

Reference to a chapter in an edited book:

[3] G.R. Mettam, L.B. Adams, How to prepare an electronic version of your article, in: B.S. Jones, R.Z. Smith (Eds.), *Introduction to the Electronic Age*, E-Publishing Inc., New York, 2009, pp. 281–304.

Journal abbreviations source

Journal names should be abbreviated according to the List of Title Word Abbreviations:

<http://www.issn.org/services/online-services/access-to-the-ltwa/>.

Submission checklist

The following list will be useful during the final checking of an article prior to sending it to the journal for review. Please consult this Guide for Authors for further details of any item.

Ensure that the following items are present:

One author has been designated as the corresponding author with contact details:

- E-mail address
- Full postal address

All necessary files have been uploaded, and contain:

- Keywords
- All figure captions
- All tables (including title, description, footnotes)

Further considerations

- Manuscript has been 'spell-checked' and 'grammar-checked'
- References are in the correct format for this journal
- All references mentioned in the Reference list are cited in the text, and vice versa
- Permission has been obtained for use of copyrighted material from other sources (including the Internet)

Printed version of figures (if applicable) in color or black-and-white

- Indicate clearly whether or not color or black-and-white in print is required.
- For reproduction in black-and-white, please supply black-and-white versions of the figures for printing purposes.

For any further information please visit our customer support site at <http://support.elsevier.com>.