

Evaluation of Efficacy of Platelet Rich Plasma as a Scaffold in Regenerative Endodontic Treatment: An In-Vivo Study.

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ABSTRACT

Background: In the past years, there has been several discoveries regarding regenerative endodontics. Studies conducted in the past showed that platelet concentrates can be used as a scaffold for regeneration. These platelet concentrates can be easily prepared in dental environment, are autologous and are high in growth factors like transforming growth factor, platelet derived growth factor and endothelial growth factor. The present study was conducted with the aim to determine PRP as a scaffold in regenerative endodontics.

Materials and methods:

The study was conducted in the Department of dentistry at the institute. The study included immature single rooted teeth that required root canal treatment. Teeth were randomly divided into two groups- group I received PRP and Group II received blood clot. Triple antibiotic powder (metronidazole, cefalor, ciprofloxacin) was placed. Subjects were recalled after 3 weeks for the resolution of symptoms and the triple antibiotic powder was placed again. Vitality was assessed, and the radiographs were taken to determine apical closure and periapical healing. Radiographic root area was measured preoperatively and postoperatively by a trained radiologist who was blinded. All the data was arranged in a tabulated form and analyzed statistically using SPSS software.

Results: The mean age of the subjects was 10.24 years. There were 12 males (60%) and 8 females (40%) in the study. Mean first preoperative reading was 18.35+/-3.23. Mean second preoperative reading was 18.30+/-3.21. There were 50% teeth in Group I and 20% teeth in Group II that showed positive response to vitality tests.

Conclusion: Platelet rich plasma are a useful scaffold material for regenerative endodontics, it favorably lead to apical closure and positive vitality test. Key words: endodontics, regenerative, scaffold, Platelet.

INTRODUCTION

Initially, immature permanent tooth with pulpal necrosis were managed by apexification. Iwaya in the year 2001 reported the initial case of revascularization of the immature tooth with apical periodontitis¹. Due to this there has been a paradigm shift in the management of permanent teeth with pulp necrosis. In the past years, there has been several discoveries regarding regenerative endodontics²⁻⁴. The results of most of the studies were successful with positive recoveries of periapical lesion, root development and salvage of root sensitivity⁵. Different procedures and protocols have been given for the concentrations of irrigant solution to be used⁶, antibiotics for disinfection and material for regeneration of tissue⁸⁻⁹.

Regenerative endodontic treatment is based on the concept of tissue engineering¹⁰. that needs complete removal of the microorganisms, stem cell preservation and scaffolds and signal molecules. Ideally a scaffold should allow stem cells to migrate, proliferate and differentiate. Studies conducted in the past showed that platelet concentrates can be used as a scaffold for regeneration. These platelet concentrates can be easily prepared in dental environment, are autologous and are high in growth factors like transforming growth factor, platelet derived growth factor and endothelial growth factor. Studies conducted in vitro have shown that these molecule signal cell migration, differentiation and synthesis of matrix¹². Nowadays, platelet concentrates have been used as a scaffolding for revitalization of the tooth. First generation platelet concentrates is platelet rich plasma and that is widely used nowadays¹³. Different case reports and randomized controlled trials¹⁵, have shown its use in periapical healing, thickening of the dentinal wall and apical closure. Another second generation platelet concentrate is platelet rich fibrin that is more advantageous than PRP. The present study was conducted with the aim to determine PRP as a scaffold in regenerative endodontics.

MATERIALS AND METHOD

The study was conducted in the Department of dentistry at the institute. The study included immature single rooted teeth that required root canal treatment. The study was approved by the institutional ethical board and all the subjects were informed about the study and a written consent was obtained from the guardians. Teeth with or without periapical lesion having

pulpal necrosis with the chances of restoration were included in the study. Teeth were fractures, mobility or ankylosis were excluded from the study. Pulp testing was diagnosed clinically by electric pulp testing and cold stimulation test. Presence of clinical signs and symptoms were noted.

Teeth were randomly divided into two groups- group I received PRP and Group II received blood clot. Endodontic treatment was performed as per the standards by American association of endodontics. Triple antibiotic powder (metronidazole, cefalor, ciprofloxacin) was placed. Subjects were recalled after 3 weeks for the resolution of symptoms and the triple antibiotic powder was placed again. In the following visits, the antibiotic powder was removed, and the canals were irrigated with saline and EDTA. This was followed by the injection of the PRP mixture into the canal space till CEJ. MTA was placed as final restoration. In group II, filling was done to initiate bleeding and the canal was filled with bleed till the CEJ and allowed to clot. Follow ups were performed every 3 months for a period of 1 year. Vitality was assessed, and the radiographs were taken to determine apical closure and periapical healing. Radiographic root area was measured preoperatively and postoperatively by a trained radiologist who was blinded. All the data was arranged in a tabulated form and analyzed statistically using SPSS software. Student t test was used for analysis. Probability value of less than 0.05 was considered as significant.

RESULTS:

variables	frequency
Mean age	10.24 years
Gender	
Male	12(60%)
Female	8(40%)
Types of tooth	
Incisor	15(75%)
premolar	5(25%)

Table 1: Demographic characteristics of the study

Table 1 shows the demographic information of the subjects. The mean age of the subjects was 10.24 years. There were 12 males (60%) and 8 females (40%) in the study. There were 75% incisors and 25% premolars as study teeth in the study.

Root area measurement	Mean +/- SD	P value
Preoperative 1	18.35+/-3.23	>0.05
Preoperative 2	18.30+/-3.21	
Postoperative 1	20.30+/-3.77	>0.05
Postoperative 2	20.34+/-3.65	

Table 2: root area measurements amongst subject.

Table 2 illustrates the mean root area measurements in the study. Mean first preoperative reading was 18.35+/-3.23. Mean second preoperative reading was 18.30+/-3.21. The postoperative readings increased to 20.30+/-3.77 during the first time and 20.34+/-3.65 during the second time.

Variable	Group 1	Group 2
Complete apical closure	7(70%)	6(60%)
Mean % increase in RRA	23.5	24
Positive response to vitality tests	5(50%)	2(20%)

Table 3: Post-operative symptoms amongst the groups

Table 3 shows the postoperative symptoms amongst the groups. Complete apical closure was seen amongst 70% (n=7) subjects in Group I and 60% (n=6) subjects in Group II. The mean percentage increase in RRA in Group I was 23.5% and in Group II was 24%. There were 50% teeth in Group I and 20% teeth in Group II that showed positive response to vitality tests.

DISCUSSION

The Necrotic and immature permanent teeth can obtain benefit from the biologically established treatment procedures in regard of restoration of root development and

reinforcement of dentinal walls for increasing the likelihood of long-term retention of teeth¹⁶⁻¹⁹. As per a retrospective survey there is a higher survival rate with use of regenerative endodontic treatment when it was compared with apexification using mineral trioxide aggregate and calcium hydroxide²⁰. With the advent of regenerative endodontics, the growth of cells and vasculature is obtained by the formation of scaffold that has different growth factors¹⁶⁻²¹. They suggested method for the formation of scaffold creation involves the induction of bleeding from the periapical tissue and hence leads to the formation of an intracanal blood clot²². Different reports have indicated favorable success using blood clot scaffolds²³⁻²⁸; whereas, since it is not possible to induce bleeding in the root canal²⁹⁻³⁰ the scientists have begun their search for other 3-Dimensional scaffolds that be made without bleeding¹⁷. Recent studies have shown that platelet rich plasma³¹⁻³⁵ that is plasma containing platelet concentrates having greater number of growth factors insist in proliferation of stem cells leading to healing and regeneration of tissue³⁶⁻³⁷. Release of growth factors from the PRP are important for cellular processes like mitogenesis, differentiation, chemotaxis and healing stimulation³⁷. PRP are extensively used in head and neck surgery, cardiovascular surgery and maxillofacial surgical fields³⁶. In some fields of regenerative endodontics some researchers have used PRP as an adjuvant to blood clot scaffolds^{17,19,20}. Reports by Torabinejad and Turman³¹ and Bezgin et al³¹ have shown that cases in where platelet rich plasma was used alone resulted in good formation of scaffold giving a direction towards the capacity of PRPs in the revascularization process. In our study, mean first preoperative reading was 18.35+/-3.23. Mean second preoperative reading was 18.30+/-3.21. The postoperative readings increased to 20.30+/-3.77 during the first time and 20.34+/-3.65 during the second time. Apical closure was seen amongst 70% (n=7) subjects in Group I and 60% (n=6) subjects in Group II. The mean percentage increase in RRA in Group I was 23.5% and in Group II was 24%. There were 50% teeth in Group I and 20% teeth in Group II that showed positive response to vitality tests. Geisler¹⁷ in his study stated that outcomes of regenerative therapy may vary between the teeth that exhibit partial necrosis and those that exhibit full necrosis, where pulp is completely lost. Huang¹⁸ in his study illustrated that the type of regeneration of pulp varies per the different clinical situations. Flake et al³⁸ regarded a mean RRA increase of 31% to indicate obvious root development.

CONCLUSION: Platelet rich plasma are a useful scaffold material for regenerative endodontics, it favorably lead to apical closure and positive vitality test. Though no

significant difference was observed in the outcome between blood clot and platelet rich plasma.

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