

Review Article

Biocompatibility and performance of new generation dental composites

**Abdulmajeed A. Assiri^{1*}, Raed Y. Alzahrani², Mariam A. Alkhashram³, Deema A. Albuti⁴,
Azzah M. Alghamdi⁵, Ammar S. Basaad⁵, Hamad M. Alsaadi⁶, Wisam W. Khawandanah⁷,
Amal M. Alrashidi⁸, Khalid M. Alhabash⁹, Khalid F. Alsulami⁵, Mohammed A. Mandourah¹**

¹North Jeddah Specialist Dental Center, King Abdullah Medical Complex, Jeddah, Saudi Arabia

²College of Dentistry, Visions Colleges, Mecca, Saudi Arabia

³College of Dentistry, University of Hail, Hail, Saudi Arabia

⁴College of Dentistry, King Saud University, Riyadh, Saudi Arabia

⁵College of Dentistry, King Abdulaziz University, Jeddah, Saudi Arabia

⁶College of Dentistry, Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia

⁷College of Dentistry, Umm Al-Qura University, Mecca, Saudi Arabia

⁸College of Dentistry, University of Hail, Hail, Saudi Arabia

⁹College of Dentistry, King Khalid University, Abha, Saudi Arabia

Received: 01 October 2024

Accepted: 16 October 2024

*Correspondence:

Dr. Abdulmajeed A. Assiri,

E-mail: abalassiri@moh.gov.sa

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Dental composites have undergone significant advancements in recent years, with new-generation materials being developed to improve both biocompatibility and mechanical performance. These innovations have led to the increased use of dental composites in restorative dentistry, particularly in both anterior and posterior restorations. Biocompatibility remains a key concern, as the release of unreacted monomers, such as bisphenol A glycidyl methacrylate (Bis-GMA), can cause local tissue irritation or systemic effects. Modern composites aim to reduce these risks by incorporating alternative resin systems and advanced photo initiators. Nanotechnology has further enhanced the performance of these materials by improving mechanical strength and wear resistance, but questions about the safety of nanoparticles and their long-term biological effects continue to be explored. In addition to biocompatibility, the mechanical properties of new-generation composites have been significantly optimized. The introduction of bulk-fill composites allows for deeper polymerization and faster placement, reducing clinical procedure times while maintaining high mechanical integrity. Polymerization shrinkage, a common issue in traditional composites, has been minimized in newer formulations, reducing the risk of marginal gaps and microleakage. The effectiveness of different light-curing units, such as light-emitting diode (LED) versus halogen lights, plays a crucial role in achieving optimal polymerization depth, especially in posterior restorations where light penetration can be limited. Long-term clinical outcomes depend on several factors, including material choice, placement technique, and patient adherence to oral hygiene. Despite the improvements in composite materials, the longevity of restorations still faces challenges such as wear, fracture, and degradation over time. Continued research into the safety, effectiveness, and clinical performance of new-generation composites is essential to ensuring patient safety and enhancing the durability of restorations in the future. These advancements promise to address many of the limitations seen in earlier dental materials while offering superior performance and patient satisfaction.

Keywords: Dental composites, Biocompatibility, Nanotechnology, Polymerization, Mechanical properties

INTRODUCTION

Dental composites have become a staple in restorative dentistry due to their aesthetic appeal, versatility, and improved mechanical properties. Over the years, these materials have evolved significantly, with newer generations of dental composites being developed to enhance both biocompatibility and performance. As patient demands for tooth-colored restorations increase, dental composites have emerged as the preferred choice over amalgam, particularly in anterior and posterior restorations. However, the biocompatibility of these materials remains a critical factor in determining their long-term success and safety.¹

Biocompatibility refers to the ability of a material to perform with an appropriate host response in a specific application. For dental composites, this means minimizing adverse reactions such as toxicity, inflammation, or allergic responses while maintaining structural integrity in the oral environment. The introduction of new monomers, fillers, and additives in dental composites has significantly improved their mechanical properties and wear resistance, yet questions remain about their potential biological effects. Some components, particularly bisphenol A-glycidyl methacrylate (Bis-GMA), have been associated with cytotoxicity, raising concerns about their long-term safety in patients.² New-generation composites aim to address these concerns by incorporating alternative resin systems and advanced filler technologies.

In addition to biocompatibility, performance is a key consideration in the development of dental composites. These materials must withstand the mechanical stresses of chewing, temperature changes, and exposure to oral fluids. Newer composites are designed to have superior physical properties, such as higher flexural strength, better polymerization, and reduced shrinkage, which enhance their longevity and clinical performance.³ Furthermore, the introduction of nanotechnology in dental composites has improved the physical and aesthetic properties, providing more durable and visually pleasing restorations.⁴ These advancements promise longer-lasting results and reduced failure rates, making them increasingly popular among both dentists and patients. As the dental industry continues to advance, it is essential to critically assess these materials to ensure that they meet the highest standards of patient care and safety.⁵

The biocompatibility of new-generation dental composites is an area of continued interest due to the potential impact on patient safety and long-term clinical outcomes. While many composites now utilize advanced resin systems and filler materials, concerns remain about the potential release of harmful substances, such as monomers or additives, into the oral environment. Studies have shown that the polymerization process may leave residual monomers within the composite material, which can subsequently leach out, causing local irritation or allergic reactions in susceptible individuals.⁶ Furthermore, recent

advancements in nanotechnology have introduced nanofillers to improve the mechanical properties of composites. While these innovations have enhanced performance, the biological implications of nanoparticles in dental materials are still not fully understood, particularly their interaction with oral tissues and long-term stability.⁷ In terms of mechanical performance, newer composites demonstrate improved resistance to wear, fracture, and polymerization shrinkage, which are critical factors for the longevity of restorations. Studies indicate that nanocomposites offer enhanced durability and aesthetic properties, making them more suitable for both anterior and posterior restorations.⁶ However, the long-term clinical success of these materials depends not only on their mechanical resilience but also on their biocompatibility, underscoring the need for ongoing research into their safety and performance in various clinical settings.

BIOCOMPATIBILITY OF MODERN DENTAL COMPOSITE MATERIALS

Biocompatibility is a crucial consideration in the selection of dental materials, particularly in composite restorations. As these materials come into direct contact with oral tissues, it is essential that they do not provoke adverse biological reactions, such as cytotoxicity, inflammation, or allergic responses. Modern dental composites are composed of a resin matrix, filler particles, and coupling agents, all of which can influence their biocompatibility. The most widely used resin monomer in dental composites is Bis-GMA, which has raised concerns due to its potential estrogenic activity and cytotoxic effects on cells.⁸ As a result, many manufacturers have explored alternative monomers, such as urethane dimethacrylate (UDMA) and ethoxylated bisphenol-A dimethacrylate (Bis-EMA), which have shown reduced cytotoxicity while maintaining the desired mechanical properties.

One of the primary concerns with dental composites is the release of unreacted monomers after polymerization. Inadequate polymerization or light-curing techniques may lead to the leaching of these monomers, which can cause irritation or inflammatory responses in the pulp or surrounding gingival tissues. Studies have demonstrated that the degree of conversion (polymerization) significantly affects the biocompatibility of composite materials. Higher conversion rates result in fewer residual monomers and reduced cytotoxicity.⁹ However, achieving optimal polymerization can be challenging, particularly in deeper cavities where light penetration is limited, potentially leading to increased monomer release and biological effects over time.

Another aspect of biocompatibility in modern dental composites involves the use of fillers. Nanotechnology has introduced nanofillers that enhance the mechanical and aesthetic properties of composites. While these fillers improve wear resistance and surface smoothness, their small size raises concerns about their potential toxicity if

released into the oral environment. Although current research suggests that most nanocomposites do not release significant quantities of nanoparticles, the long-term biological effects of these materials require further investigation.¹⁰ Moreover, the presence of heavy metals such as aluminum or silica in some fillers may contribute to inflammatory responses in oral tissues, emphasizing the need for ongoing monitoring of the safety of composite components. While new-generation dental composites offer substantial improvements in mechanical performance and aesthetics, their biocompatibility remains a critical issue. Further research is needed to fully understand the long-term biological effects of these materials and to ensure their safety in clinical use. Advances in polymerization techniques and the development of alternative monomers and fillers hold promise for improving the biocompatibility of future dental composites.

MECHANICAL PROPERTIES AND PERFORMANCE OF NEW GENERATION COMPOSITES

The mechanical properties of new-generation dental composites are pivotal in ensuring their durability and functionality in the challenging oral environment. Significant advancements have been made in recent years to enhance the mechanical strength, wear resistance, and overall performance of these materials. A key component of this improvement is the optimization of filler content and size. Modern composites utilize nanoparticles or nanofillers, which not only increase the material's strength but also improve its handling properties. Nanocomposites, due to their smaller particle size, create a more homogeneous distribution within the resin matrix, resulting in higher flexural strength and greater resistance to fracture and deformation under stress.⁸ The increased filler load also contributes to better wear resistance, a critical factor for restorations placed in areas subjected to heavy occlusal forces.

Polymerization shrinkage remains a concern with composite restorations, as it can lead to marginal gaps, microleakage, and secondary caries. To address this issue, new-generation composites have incorporated advanced monomer systems designed to minimize volumetric shrinkage during the curing process. Bulk-fill composites, for instance, allow for the placement of thicker increments, reducing the number of layers required during restoration and decreasing the overall shrinkage stress.⁹ These materials are particularly advantageous in deep cavities where traditional composites may require more complex layering techniques to control shrinkage. The ability to cure thicker layers in one go also reduces chair time, benefiting both the clinician and the patient.

The wear resistance of dental composites is another critical factor, especially in posterior restorations where the materials are subjected to constant masticatory forces. New-generation composites have shown enhanced wear

resistance due to the incorporation of improved filler technology. The high filler content, combined with nanotechnology, results in a more robust material that can better withstand the repetitive forces of chewing over time.¹⁰ Additionally, these materials exhibit better surface polishability and gloss retention, which are important for maintaining aesthetic quality and reducing plaque accumulation. The long-term maintenance of a smooth surface contributes to the overall success of the restoration, as it helps prevent discoloration and biofilm formation.

LONG-TERM CLINICAL OUTCOMES AND PATIENT SAFETY CONSIDERATIONS

The long-term clinical outcomes of new-generation dental composites are closely tied to their biocompatibility, durability, and overall performance under the stresses of the oral environment. Over time, these materials must withstand constant exposure to mechanical forces, temperature fluctuations, and the presence of saliva and oral bacteria. One of the main concerns with any dental composite is its potential to degrade over time, which can impact both the restoration's longevity and patient safety. Degradation products, such as residual monomers and breakdown products from filler materials, can leach out, potentially causing local irritation or systemic effects.¹¹ For example, concerns have been raised about the long-term release of bisphenol A (BPA) from composites containing Bis-GMA, although newer composites are designed to minimize such risks through alternative resin systems.

Clinical studies on the longevity of composite restorations have shown that modern composites offer improved resistance to wear, and fracture compared to earlier formulations. However, the longevity of these materials is also influenced by factors such as placement technique, patient oral hygiene, and occlusal load. Long-term follow-up studies indicate that restorations in high-stress areas, such as posterior teeth, may still be susceptible to failure over time, particularly if there are marginal gaps or suboptimal polymerization.¹² These gaps can lead to microleakage, which allows bacteria to penetrate the interface between the restoration and the tooth, potentially causing secondary caries or pulpitis. Regular monitoring and maintenance of these restorations are essential for ensuring their long-term success.

From a patient safety perspective, the introduction of nanotechnology in dental composites has brought both benefits and concerns. While nanocomposites offer superior mechanical properties and aesthetics, the potential release of nanoparticles into the oral environment remains an area of ongoing investigation. Current research suggests that the risk of nanoparticle release from dental composites is low under normal conditions of use. However, there is still a need for long-term studies to fully understand the biological effects of these materials, particularly in cases where restorations are subjected to high levels of wear or degradation.¹³ Ultimately, the safety and success of dental

composites depend on multiple factors, including material composition, clinician expertise, and patient adherence to good oral hygiene practices. As newer composites continue to evolve, it is essential to balance the pursuit of improved performance with a thorough understanding of their long-term implications for patient health.

POLYMERIZATION DEPTH AND LIGHT-CURING EFFICIENCY

The polymerization depth of dental composites is critical for the material's clinical performance, as inadequate curing can result in unreacted monomers, leading to reduced mechanical properties, increased wear, and potential biocompatibility concerns. The depth of cure refers to the thickness of composite material that can be adequately polymerized by a light source. This parameter is influenced by factors such as the composite's composition, the type of light-curing unit, and the duration and intensity of the light exposure.¹⁴ Achieving sufficient polymerization depth is especially important in posterior restorations, where deeper cavities can present challenges for light penetration.

New-generation composites, including bulk-fill materials, have been developed to enhance the depth of cure, allowing for the placement of thicker increments without

compromising polymerization. Bulk-fill composites are specifically designed to be cured in layers up to 4-6 mm thick, compared to traditional composites, which typically require curing in 2-mm increments. Studies have shown that bulk-fill composites exhibit higher curing efficiency, largely due to modifications in their resin matrix and the inclusion of photo initiators that are more responsive to curing light.¹⁵ However, the effectiveness of the curing light also plays a significant role in determining the polymerization depth. For example, light-emitting diode (LED) curing units are generally more efficient than halogen lights, offering higher intensity and deeper penetration into the composite material (Figure 1).¹⁶

The light-curing efficiency is not only affected by the light source but also by the exposure time and distance from the composite surface. In clinical practice, improper positioning of the curing light or insufficient curing times can lead to under-cured composite layers, particularly in deep cavities or areas shielded by the anatomy of the tooth. This under-curing can compromise the restoration's longevity and may increase the risk of marginal discoloration and secondary caries.¹⁷

Therefore, it is essential for clinicians to carefully select appropriate curing protocols, considering both the composite material and the light-curing unit being used.

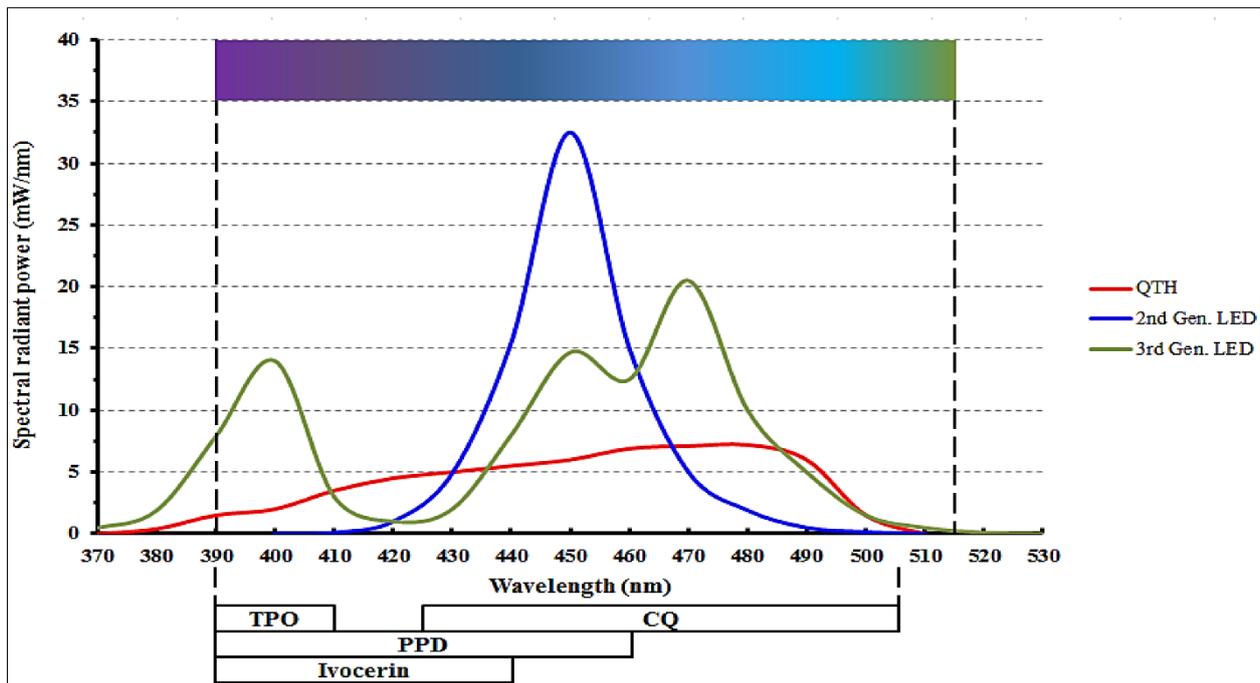


Figure 1: An overview of different curing units.¹⁶

CONCLUSION

New-generation dental composites offer significant advancements in both biocompatibility and mechanical performance, making them suitable for a wide range of clinical applications. Improvements in filler technology,

polymerization depth, and light-curing efficiency have enhanced their durability and patient safety. However, ongoing research is necessary to address potential concerns such as monomer release and the long-term effects of nanotechnology in these materials. Ensuring proper curing techniques and material selection remains crucial for optimal clinical outcomes.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: Not required

REFERENCES

1. Elfakhri F, Alkahtani R, Li C, Khaliq J. Influence of filler characteristics on the performance of dental composites: A comprehensive review. *Ceram Int*. 2022;48(19):27280-94.
2. Geurtsen W. Biocompatibility of dental casting alloys. *Crit Rev Oral Biol Med*. 2002;13(1):71-84.
3. Ferracane JL. Resin composite—state of the art. *Dent Mat*. 2011;27(1):29-38.
4. Mitra SB, Wu D, Holmes BN. An application of nanotechnology in advanced dental materials. *J Am Dent Assoc*. 2003;134(10):1382-90.
5. Van Landuyt KL, Snauwaert J, De Munck J, Peumans M, Yoshida Y, Poitevin A, et al. Systematic review of the chemical composition of contemporary dental adhesives. *Biomaterials*. 2007;28(26):3757-85.
6. Izutani N, Imazato S, Nakajo K, Takahashi N, Takahashi Y, Ebisu S, et al. Effects of the antibacterial monomer 12-methacryloyloxy-dodecylpyridinium bromide (MDPB) on bacterial viability and metabolism. *Eur J Oral Sci*. 2011;119(2):175-81.
7. Kamel M, Elsayed H, Abdalla A, Darrag A. The effect of water storage on micro-shear bond strength of contemporary composite resins using different dentin adhesive systems. *Tanta Dent J*. 2014;11(1):47-55.
8. Ilie N, Hickel R. Resin composite restorative materials. *Aust Dent J*. 2011;56:59-66.
9. Navimipour EJ, Azar FP, Keshipour S, Nadervand S. Thermal Stability and Monomer Elution of Bulk fill Composite resins cured from different irradiation distances. *Front Dentistry*. 2021;18.
10. Alrahlah A, Silikas N, Watts D. Post-cure depth of cure of bulk fill dental resin-composites. *Dent Mat*. 2014;30(2):149-54.
11. Polydorou O, König A, Hellwig E, Kümmerer K. Long-term release of monomers from modern dental-composite materials. *Eur J Oral Sci*. 2009;117(1):68-75.
12. Opdam NJ, Bronkhorst EM, Loomans BA, Huysmans M-CD. Longevity of repaired restorations: a practice based study. *J Dentistry*. 2012;40(10):829-35.
13. Schwendicke F, Göstemeyer G, Blunck U, Paris S, Hsu L-Y, Tu Y-K. Directly placed restorative materials: review and network meta-analysis. *J Dent Res*. 2016;95(6):613-22.
14. Price R, Felix CA, Andreou P. Evaluation of a dual peak third generation LED curing light. *Compend Contin Educ Dent*. 2005;26(5):331-2.
15. Ilie N, Hickel R. Investigations on a methacrylate-based flowable composite based on the SDR™ technology. *Dent Mat*. 2011;27(4):348-55.
16. Hasanain FA, Nassar HM. Utilizing light cure units: A concise narrative review. *Polymers*. 2021;13(10):1596.
17. Rueggeberg F, Caughman WF, Curtis J. Effect of light intensity and exposure duration on cure of resin composite. *Oper Dent*. 1994;19:26.

Cite this article as: Assiri AA, Alzahrani RY, Alkhashram MA, Albuti DA, Alghamdi AM, Basaad AS, et al. Biocompatibility and performance of new generation dental composites. *Int J Community Med Public Health* 2024;11:4492-6.