previous findings⁵ in that prosthetic restorations on a zirconia base do not need to be fitted adhesively to the abutment teeth. Instead, conventional dental cements can be used for this purpose.

Conclusions

- In bonding zirconia ceramic to hard tooth tissues, the bond strength was found to be significantly affected by the type of bonding material used.
- The highest bond strengths of zirconia ceramic to dentin and to tooth enamel were obtained with Panavia F 2.0, which appears to be related to its unique chemical composition.
- Bond strengths between zirconia ceramic and enamel were found to be significantly higher compared to zirconia ceramic and dentin, regardless of the type of cement used.

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Literature Abstract

Effect of platelet-rich fibrin on frequency of alveolar osteitis following mandibular third molar surgery: A double-blinded randomized clinical trial

The aim of this double-blind randomized clinical trial (RCT) was to investigate the effect that platelet-rich fibrin (PRF) may have on wound healing after surgical removal of mandibular third molar teeth, in terms of frequency of occurrence of alveolar osteitis (AO). Seventy-eight patients (mean age: 25 years) had bilateral surgical removal of mandibular third molars assessed to have the same level of difficulty. Surgery was carried out by a single surgeon using the same surgical protocol. PRF was randomly inserted by another operator into one of the wounds and the contralateral socket served as control (non-PRF). During postoperative follow-up, AO cases were treated with irrigation and placement of Alvogyl iodoform and prescription of antibiotics and analgesics. Results showed a frequency of AO of 14.74%. No significant differences were found according to statistical analysis based on demographic, preoperative, and perioperative variables. Third molar sockets that had PRF placed had significantly lower frequency of AO compared to those without PRF (odds ratio = 0.44, P < .05 to that of the control). The results of this study are in agreement with previous studies by other authors on the effect of PRF in preventing osteitis in third molar sites. However, at the time of writing, this study was the first RCT investigating PRF. The beneficial effects of PRF may be attributed to the hemostatic and cicatricial properties of the platelets, leukocytes, and cytokines within the natural fibrin matrix that supports and maintains the clot within the third molar socket after removal.

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