

45. Watts A, Paterson RC. Pulpal response to a zinc oxide-eugenol cement. *Int Endod J* 1987;20:82-86.
46. Andelin WE, Browning DF, Hsu GH, Roland DD, Torabinejad M. Microleakage of resected MTA. *J Endod* 2002;28:573-574.
47. Cotes O, Boj JR, Canalda C, Carreras M. Pulpal tissue reaction to formocresol vs ferric sulfate in pulpotomized rat teeth. *J Clin Pediatr Dent* 1997;21:247-253.
48. Mjor IA. *Reaction patterns in human teeth*. Boca Raton, Fla: CRC Press Inc; 1983:104-105.
49. Willard RM. Radiographic changes following formocresol pulpotomy in primary molars. *J Dent Child* 1976;43:414-415.
50. Tziafas D, Smith AJ, Lesot H. Designing new treatment strategies in vital pulp therapy. *J Dent* 2000;28:77-92.
51. Fuks AB, Bimstein E. Clinical evaluation of diluted formocresol pulpotomy in primary teeth of school children. *Pediatr Dent* 1981;3:321-324.
52. Fuks AB, Holan G, Davis JM, Eidelman E. Ferric sulfate versus diluted formocresol in pulpotomized primary molar: Long-term follow up. *Pediatr Dent* 1997;19:327-330.
53. Fuks AB. Current concepts in vital primary pulp therapy. *Eur J Paediatr Dent* 2002;3:115-120.
54. Holland R, de Souza V, Murata SS, Nevy MJ, Bernabe PF, Otoboni Filho JA, Dezan Junior E. Healing process of dog dental pulp after pulpotomy and pulp covering with mineral trioxide aggregate or Portland cement. *Braz Dent J* 2001;12:109-113.
55. Agamy HA, Bakry NS, Mounir MM, Avery DR. Comparison of mineral trioxide aggregate and formocresol as pulp-capping agents in pulpotomized primary teeth. *Pediatr Dent* 2004;26:302-309.
56. Eidelman E, Holan G, Fuks AB. Mineral trioxide aggregate vs formocresol in pulpotomized primary molars: A preliminary report. *Pediatr Dent* 2001;23:15-18.

## ABSTRACT OF THE SCIENTIFIC LITERATURE



### EFFECTS OF ARGON LASER AND FLUORIDE ON PRIMARY TOOTH CARIES

Dental caries is the most common chronic childhood disease, as documented by the U.S. Surgeon General in the report *Oral Health in America*. Recently, laser irradiation has been touted in the prevention of dental caries in permanent teeth by reducing enamel solubility and dissolution rates. The purpose of this study was to evaluate topical fluoride and low-fluence argon laser treatment effects on in vitro caries formation in primary tooth enamel.

Twenty primary molars with caries-free buccal and lingual surfaces were selected and divided into 4 groups. Group 1 served as the control with no treatment; group 2 had argon laser irradiation only; group 3 had an acidulated phosphate fluoride treatment (1.23% for 4 minutes) before laser treatment; and group 4 had laser then fluoride treatment. In all instances of laser treatment, exposure was limited to 10 seconds.

The teeth had an acid-resistant coating applied, leaving buccal and lingual windows exposed, and were immersed in an artificial caries medium. Following a 10-day exposure to this medium, teeth were sectioned longitudinally, and the in vitro lesions created were evaluated for depth.

The results showed that argon laser alone or a combination of a laser with fluoride in either order of application resulted in a significant reduction in lesion depth. The combination of fluoride and laser was more effective than the laser alone.

**Comments:** This procedure is relatively simple and noninvasive. Pediatric dentists need to explore and keep abreast of caries-preventive regimes and innovative techniques. With the incorporation of argon laser irradiation, a practice can exhibit "cutting-edge" technology and provide a major step toward creating "cavity-free" patients by imparting significant caries resistance to primary teeth.

*Address correspondence to Dr. John Hicks, Department of Pathology, MCI-2261, Texas Children's Hospital, 6621 Fannin Street, Houston, TX 77030-2313.*

Westerman GH, Hicks MJ, Flaitz CM, Ellis RW, Powell, GL. Argon laser irradiation and fluoride treatment effects on caries-like enamel lesion formation in primary teeth: An in vitro study. *Am J Dent* 2004;17:241-244.

40 references

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