

Does refurbishing composites lead to short-term effects or long-lasting improvement?

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AMERICAN JOURNAL OF DENTISTRY

Volumen: 28

Número: 4

Páginas: 203-208

Fecha de publicación: AUG 2015

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Resumen

Purpose: To evaluate the clinical performance of refurbished resin composite restorations compared to untreated (negative control) restorations over a period of 10 years. Methods: 26 subjects (having a total of 52 composite restorations) were recruited. All restorations in the refurbished group showed clinical features rated bravo according to modified USPHS criteria. Untreated restorations were those that had been deemed acceptable (alpha or bravo rated); these were used as controls. Two examiners performed assessments at baseline and during the 5th and 10th years after the intervention. Wilcoxon tests were performed for within-group comparisons, Friedman tests were used for multiple within-group comparisons, and Mann Whitney tests were used for between-groups comparisons. Kaplan-Meier survival curves were calculated, and the Mantel-Cox test was used to compare curves. $P < 0.05$ was considered statistically significant. Results: In both groups, 10-year scores were significantly different from baseline scores in all clinical parameters except secondary caries. There were no statistically significant differences in the survival analysis of groups (log-rank test, $P = 0.376$). Refurbishing treatment improved the anatomy, roughness, luster, and marginal adaptation of restorations with a short term effect, with most properties rated acceptable after 10 years of clinical service. The clinical characteristics were similar for all groups at the 10th year.

Palabras clave

KeyWords Plus: [10-Year Clinical-Trial](#); [Defective Restorations](#); [Amalgam Restorations](#); [Longevity](#); [Repair](#); [Performance](#); [Replacement](#); [Reasons](#)

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Financiación

Entidad financiadora	Número de concesión
U. Apoya - VID - University of Chile	

[Ver texto de financiación](#)

Editorial

Mosher & Linder, INC, 318 INDIAN TRACE SUITE 500, WESTON, FL 33326 USA

Categorías / Clasificación

Áreas de investigación: Dentistry, Oral Surgery & Medicine

Categorías de Web of Science: Dentistry, Oral Surgery & Medicine

Información del documento

Tipo de documento: Article

Idioma: English

Número de acceso: [WOS:000359880700004](#)

ISSN: 0894-8275

Información de la revista

- **Impact Factor:** [Journal Citation Reports®](#)

Otra información

Número IDS: CP4VM

Referencias citadas en la Colección principal de Web of Science: [24](#)

Veces citado en la Colección principal de Web of Science: 0