## The Effectiveness of Different Irrigation Techniques in Root Canal Treatment

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#### Abstract:

Various irrigation techniques play a crucial role in the success of root canal procedures. The primary goal of irrigation is to remove debris, disinfect the canal system, and enhance the penetration of medicaments. Traditional syringe irrigation remains widely used, but its limitations in complete canal cleaning have prompted the exploration of more advanced methods, such as passive ultrasonic irrigation (PUI) and laser-assisted irrigation. Research indicates that PUI enhances the cleaning efficacy by producing ultrasonic waves that agitate the irrigant, allowing better access to canal irregularities and improving the removal of microorganisms and debris. Additionally, laser-assisted irrigation has emerged as a promising technique, utilizing laser energy to disrupt biofilms and facilitate the delivery of irrigants, which may lead to improved disinfection and overall treatment outcomes. Comparative studies have shown that the effectiveness of these irrigation techniques can vary based on factors such as the complexity of the canal anatomy and the type of irrigant used. While traditional methods may still be effective for straightforward cases, more intricate cases often benefit from enhanced techniques like PUI and laser irrigation. Moreover, the choice of irrigant, typically sodium hypochlorite or EDTA, can also influence the outcome. Ultimately, the integration of advanced irrigation techniques into standard root canal treatments may lead to higher success rates and reduced postoperative complications. Ongoing research is essential to evaluate long-term outcomes and establish standardized protocols for different clinical scenarios.

**Keywords:** root canal treatment, irrigation techniques, passive ultrasonic irrigation, laser-assisted irrigation, sodium hypochlorite, EDTA, canal disinfection, debris removal, treatment outcomes, comparative studies.

#### **Introduction:**

Root canal treatment, a common endodontic procedure, is essential for saving teeth affected by pulpitis, trauma, or extensive caries. The primary goal of this therapeutic intervention is to eradicate microorganisms, eliminate infected tissue, and ultimately maintain the integrity of the tooth. A crucial step in this process is the irrigation of the root canal system, which plays a significant role in disinfecting root canals, facilitating thorough cleaning, and shaping the canal to ensure optimal

sealability. With a rising understanding of the microbial ecology within the root canal and the complexities surrounding its anatomy, the effectiveness of irrigation techniques has come to the forefront of contemporary endodontic research [1].

Irrigation serves multiple purposes during root canal therapy. It aids in the removal of debris created during canal instrumentation, dissolves organic tissue, helps control bleeding, and—in effect—disinfects the canal system by reducing bacterial

load. However, the traditional use of sodium hypochlorite, often the primary irrigant due to its excellent antimicrobial properties, may not be sufficient on its own. Consequently, various irrigation techniques and agents have emerged to enhance the effectiveness of disinfection and cleaning during root canal treatment. These techniques include, but are not limited to, passive irrigation, negative pressure irrigation, ultrasonic irrigation, and the use of adjunct irrigants such as EDTA or chlorhexidine [2].

Passive irrigation, often considered the conventional method, relies on the free flow of irrigant into the canal system using a syringe without any additional mechanical assistance. While straightforward, this technique may overlook the intricacies of the canal architecture, particularly in complex cases with curved or calcified canals. The limitations of passive irrigation have prompted the exploration of other methodologies [3].

Negative pressure irrigation represents an advancement that draws irrigant through the canal via a suction device, creating a more controlled and efficient delivery of the irrigant, which, in turn, facilitates the removal of debris and infected material. Research has shown that this technique may be superior to passive irrigation, particularly in the context of effectively cleaning the apical area and promoting safety by minimizing the risk of extruding irrigants beyond the apex [4].

Ultrasonic irrigation, another innovation in the field, employs ultrasonic waves to enhance the agitation of the irrigant, thereby improving the effectiveness of canal cleaning. This technique is particularly beneficial for reaching and cleaning difficult-to-access areas, such as the depths of the canal's intricate systems. Studies suggest that ultrasonic irrigation can significantly reduce bacterial counts when combined with conventional irrigation protocols [5].

Given the variety of irrigation techniques available, questions remain regarding which methods provide optimal outcomes in terms of bactericidal efficacy, removal of smear layers, and overall treatment success rates. The selection of an appropriate irrigation technique can have significant implications for the long-term prognosis of treated teeth, making this a critical focus of research. The existing literature presents a diverse array of

findings, pointing to the need for comprehensive comparative studies that evaluate the effectiveness of various irrigation methods across different clinical scenarios [6].

This research seeks to elucidate the effectiveness of various irrigation techniques in root canal treatment through a systematic review of the current literature. By compiling and analyzing comparative data from multiple studies, this investigation aims not only to highlight potential disparities in efficacy among irrigation methods but also to provide practical recommendations for endodontic practitioners. Additionally, this research will explore correlations between specific irrigation techniques and variables such as the anatomical complexities of the canal, the types of endodontic infections, and patient outcomes, thus contributing to a more nuanced understanding of how irrigation practices can be optimized for improved clinical results [8].

## Overview of Irrigation Techniques in Endodontics:

Endodontics, the branch of dentistry concerned with the diagnosis and treatment of diseases related to the dental pulp and the surrounding tissues, requires meticulous attention to detail and a comprehensive understanding of various procedures. Among these, root canal treatment (RCT) is perhaps the most significant, as it aims to eliminate infection from the root canal system, thereby salvaging the natural tooth. One of the most critical components of successful RCT is the irrigation of the root canal. [9].

### II. Importance of Irrigation in Endodontics

Irrigation during endodontic therapy plays a pivotal role in cleaning and disinfecting the root canal system. The fundamental objective is to remove debris, necrotic tissue, and bacteria from the canals, which are often challenging to reach using alone. mechanical instrumentation Effective helps prevent irrigation to postoperative complications, including reinfection and pain. Additionally, the intricacies of the root canal anatomy, which can feature diverse configurations, curvature, and anastomoses, complicate the mechanical cleaning process. As such, irrigation serves not only to cleanse but also to facilitate the efficacy of mechanical instrumentation [10].

#### III. Commonly Used Irrigation Solutions

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Several types of irrigation solutions are utilized in endodontic practice, each with specific properties and mechanisms of action:

- 1. Sodium Hypochlorite (NaOCl): Sodium hypochlorite is the most widely used endodontic irrigant, renowned for its potent antimicrobial properties. It effectively dissolves organic tissue, promoting thorough cleaning of the canal. Clinically, NaOCl is commonly used at concentrations ranging from 0.5% to 5.25%. However, care must be taken, as it can cause tissue irritation and damage if extruded beyond the apex or if it comes into contact with periapical tissues [11].
- 2. Chlorhexidine: Chlorhexidine is another antimicrobial agent that has gained popularity in endodontics. It has a broad-spectrum activity against bacteria and offers residual antimicrobial effects due to its substantivity. Chlorhexidine is often employed as a supplementary irrigant or in cases where sodium hypochlorite contraindications exist, such as in patients with a history of allergy to chlorine-containing agents [12].
- 3. EDTA (Ethylene Diamine Tetraacetic Acid): EDTA is used primarily for its chelating properties, which help to remove inorganic debris and smear layer created during instrumentation. By chelating calcium ions present in dentin, EDTA enhances the permeability of the root canal walls and allows for better access of disinfectants [13].
- 4. **Iodine-based Solutions**: Iodine solutions, including povidone-iodine, possess broadspectrum antimicrobial properties. Although less common than sodium hypochlorite and chlorhexidine, these solutions can be useful in specific scenarios, particularly for patients allergic to other solutions.
- 5. **Bioceramics**: Emerging bioceramic materials have been explored for their potential as irrigants. These materials exhibit antibacterial properties and may promote healing, making them an interesting alternative to traditional irrigants.

#### IV. Methods of Irrigation

The effectiveness of irrigation not only depends on the solutions used but also on the methods by which they are delivered into the root canals. Traditional irrigation methods involve the use of a syringe to manually deliver irrigants. However, modern techniques have introduced advancements for enhanced efficiency and effectiveness [14].

- 1. **Syringe Irrigation**: The most common and straightforward method of irrigation is syringe irrigation, wherein a controlled volume of solution is expelled into the canal using a Luer lock syringe. This technique allows for the delivery of irrigants under gravity, but the flushing mechanism primarily relies on the operator's skill and technique.
- 2. Passive Ultrasonic Irrigation (PUI): This technique utilizes ultrasonic energy to enhance the delivery of irrigants into the canal. A thin, ultrasonic file is placed in the canal while the irrigant is simultaneously delivered. The ultrasonic vibrations create acoustic streaming, resulting in improved penetration of the irrigant into areas that would otherwise remain inaccessible [15].
- 3. **Negative Pressure Irrigation**: This technique employs a specialized suction device that creates negative pressure, allowing for better control of irrigation fluid movement within the canal. This method effectively removes debris and facilitates a continuous flow of the irrigant, decreasing the risk of extruding the irrigant beyond the apex.
- 4. Laser Irrigation: Through the use of laser technology, such as Er:YAG lasers, laser irrigation can enhance the cleaning and disinfection of the canal. The laser dislodges debris, stimulates the surrounding tissues, and can even have bactericidal effects.
- 5. Mechanical Irrigation Systems: Innovative irrigation systems that combine continuous irrigation with mechanical agitation are gaining traction. These systems utilize specialized instruments that can enhance irrigation effectiveness through movement within the canal [15].

### V. Recent Trends in Irrigation Techniques

Endodontology continues to evolve with advancements in technology, materials, and methods. Some notable trends include:

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- 1. Integration of Irrigation Protocols: The development of standardized protocols for irrigation combining multiple agents is becoming increasingly popular. The sequential use of sodium hypochlorite, EDTA, and chlorhexidine can maximize cleaning efficiency and antimicrobial action [16].
- 2. **Technology-Driven Approaches**: The advent of advanced imaging techniques, such as conebeam computed tomography (CBCT), provides practitioners with a more accurate understanding of the anatomy of the root canal system, aiding in the selection of the most effective irrigation strategy.
- 3. **Biocompatibility and Natural Solutions**: In response to concerns about chemical irritants, researchers are exploring natural and biocompatible irrigation agents to reduce potential adverse reactions and promote healing. Substances derived from plant extracts and biological materials are currently under investigation [16].
- 4. Personalized Medicine in Endodontics: Cross-disciplinary research in the fields of genetics and biomaterials holds promise for personalized irrigation protocols based on individual patient profiles and biological responses [16].

## Traditional Syringe Irrigation: Efficacy and Limitations:

Endodontics, a specialized branch of dentistry, focuses on the diagnosis and treatment of diseases of the dental pulp and the tissues surrounding the root of a tooth. A critical component of endodontic therapy is effective cleaning and disinfection of the root canal system. This process involves the removal of necrotic tissue, debris, and bacteria, which, if not adequately addressed, can lead to treatment failure and persistent infection. Conventional syringe irrigation remains one of the most widely employed methods for delivering irrigants into the root canal system [17].

### **Effectiveness of Conventional Syringe Irrigation**

1. **Simplicity and Accessibility**: Conventional syringe irrigation is straightforward, requiring minimal specialized equipment. Dental practitioners can utilize a standard syringe along with a thin, flexible needle for irrigation,

- making this method widely accessible in both private practices and resource-limited settings. The simplicity of the technique facilitates its use as an integral part of routine endodontic procedures [17].
- 2. Ability to Deliver Irrigants: One of the primary roles of irrigation is to wash away debris and disinfect the root canal. With conventional syringe irrigation, clinicians can effectively deliver irrigants—such as sodium hypochlorite (NaOCl), chlorhexidine, and EDTA—directly into the canal. The ability to control the volume and pressure of the irrigant being delivered allows practitioners to optimize contact with canal walls and enhance the effectiveness of the chemical agents [18].
- 3. Mechanical Action and Debris Removal: As irrigants are pushed through the canal, the mechanical flow can aid in flushing out debris, especially in the apical regions where cleaning is challenging. The use of a syringe also allows for repeated irrigative cycles, enabling the clinician to achieve a more thorough cleaning action, particularly when combined with manual or rotary instrumentation [19].
- 4. **Disinfection Efficacy**: Some studies have indicated that conventional irrigation can significantly reduce bacterial load within the root canal system. The delivery of potent antimicrobial agents, such as sodium hypochlorite, has been shown to effectively eliminate common endodontic pathogens, contributing to a favorable outcome in endodontic treatment when employed properly [19].

### **Limitations of Conventional Syringe Irrigation**

Limited Penetration and Distribution:
 Despite the advantages, conventional syringe
 irrigation has inherent limitations regarding the
 penetration of irrigants into the intricate
 anatomy of the root canal system. Many canals
 possess complex configurations, including
 curves and fins, which can prevent adequate
 contact between the irrigant and all areas of the
 canal. Consequently, residual debris and
 bacterial biofilms may remain, posing a risk of
 reinfection [20].

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- 2. **Risk of Air Embolism**: Using a syringe can inadvertently introduce air into the root canal system, particularly if the needle is not kept adequately submerged beneath the irrigant level. Air embolisms can complicate treatment and may lead to iatrogenic injuries, particularly when they travel to systemic circulation [20].
- 3. **Operator Dependence**: The effectiveness of conventional syringe irrigation is highly contingent upon the operator's skill and experience. Variations in technique, such as the angle of needle placement or the timing and volume of irrigation, can dramatically influence the overall efficacy. Furthermore, there is the potential for over-instrumentation or under-irrigation, which can compromise treatment outcomes [21].
- 4. **Potential for Heat Generation**: While irrigants like sodium hypochlorite are effective, they may also react exothermically with organic matter. The friction from syringe application can generate heat, which, if not carefully managed, can lead to temperature spikes that may damage the surrounding periapical tissues or alter the properties of the irrigant [21].
- 5. **Inconsistent Flow Dynamics**: The flow dynamics associated with syringe irrigation can be inconsistent, particularly as the canal approach changes during the procedure. Additionally, if there is an inadvertent creation of a "cap" of debris at the apical foramen, the flow of irrigant into the canal may be obstructed, leading to inadequate cleaning in that critical area [22].

### **Comparative Approaches and Innovations**

Given the limitations of conventional syringe irrigation, the endodontic field is witnessing the incorporation of various alternative methods, including ultrasonic irrigation and negative pressure systems (such as the EndoVac system). These technologies are designed to enhance the irrigation process by improving penetration and ensuring more consistent delivery of irrigants. Ultrasonic irrigation uses high-frequency sound waves to agitate the irrigant, promoting better cleaning of canal surfaces. Even so, while these methods show promise, proper validation and consideration of costs and training are necessary for widespread adoption [23].

## Passive Ultrasonic Irrigation: Mechanisms and Benefits:

Root canal treatment (RCT) is a critical procedure employed to save teeth that are irreversibly damaged due to decay, trauma, or infection. The primary goal of RCT is to remove the infected pulp from the interior of the tooth and to thoroughly disinfect the root canal space to prevent future re-infection. Traditional techniques have relied on various mechanical instrumentation and chemical disinfectants, but advancements in technology have led to the development of innovative methods aimed at improving efficacy and outcomes. One such method is passive ultrasonic irrigation (PUI), a technique that utilizes ultrasonic energy to enhance the cleaning and disinfection of root canal systems [24].

At the core of passive ultrasonic irrigation is the application of ultrasonic waves through a specially designed ultrasonic tip placed within the root canal. The basic principle of PUI revolves around the generation of ultrasonic energy, which activates the irrigation solution used during the procedure, leading to enhanced cleaning and disinfection [25].

When the ultrasonic tip oscillates, it produces high-frequency sound waves (typically between 25 kHz and 40 kHz) that propagate through the irrigant. This is not to be confused with active ultrasonic irrigation, where the tip is engaged and moved within the canal. In passive ultrasonic irrigation, the tip remains stationary while the ultrasonic energy activates the irrigant, causing cavitation bubbles to form and collapse. Cavitation is the rapid formation and implosion of bubbles in a liquid medium, which generates localized high shear stress and micro jets that can reach even the most intricate sections of the root canal system [26].

The hydrodynamic effects produced by these micro jets contribute to effective debris removal, biofilm disruption, and improved penetration of the irrigating solution into lateral canals and isthmus spaces that may otherwise remain untouched through conventional methods. Consequently, these mechanisms facilitate better cleaning of the canal walls, removal of necrotic tissue, and enhanced disinfection of the canal system [27].

### **Benefits of Passive Ultrasonic Irrigation**

The incorporation of passive ultrasonic irrigation into root canal treatment offers multiple benefits compared to traditional methods, making it a valuable addition to endodontic practice.

### 1. Enhanced Cleaning and Disinfection:

One of the most significant advantages of PUI is its ability to thoroughly clean and disinfect complex root canal anatomies. The ultrasonic energy helps dislodge debris and bacteria that are not effectively removed using traditional endodontic files alone. Studies indicate that PUI can reduce the presence of viable bacteria within the root canal system, thereby contributing to a more successful treatment outcome [28].

### 2. Improved Irrigation Dynamics:

The ultrasonic activation of the irrigant enhances its flow dynamics, promoting better distribution and penetration throughout the canal system. This is particularly important in cases where the anatomy is irregular or when dealing with multiple canals. The cavitation phenomenon facilitates the movement of the irrigant into convoluted spaces, ensuring that all areas are exposed to disinfecting agents [29].

#### 3. Reduction of Instrumentation Time:

PUI is associated with a reduction in the time required for irrigation during root canal treatments. The enhanced cleaning capabilities mean that practitioners may require less time to achieve the desired level of hygiene within the canal. This efficiency can lead to shorter chair time for patients, thereby increasing overall patient satisfaction.

#### 4. Minimized Risk of Procedural Errors:

The use of ultrasonic irrigation can also minimize the risk of procedural errors commonly associated with conventional irrigation techniques, such as the over-activity of the syringe that could lead to the extravasation of irrigants beyond the apex. PUI provides a controlled environment for achieving optimal irrigation without the risks of extravasation [30].

#### 5. Biocompatibility and Tissue Response:

The application of certain irrigants in conjunction with PUI has shown promising results in terms of biocompatibility and reduced inflammation. The combination of effective bacterial reduction and the synchronized use of biocompatible irrigating

solutions can improve the tissue response posttreatment, which is critical for successful healing.

#### 6. Versatility:

PUI can be integrated with various irrigation solutions, including sodium hypochlorite, EDTA, and other antimicrobial agents, further enhancing its versatility as an endodontic irrigant. This adaptability allows practitioners to customize their approach based on the specific requirements of the case [31].

## Laser-Assisted Irrigation: Innovations and Clinical Applications:

Root canal therapy (RCT) is a critical procedure aimed at saving teeth affected by pulpitis or necrosis. The efficacy of this treatment profoundly depends on the thoroughness of cleaning and shaping the root canal system to eliminate bacteria and prevent reinfection. Traditional mechanical instrumentation has long been the standard method for disinfecting root canals; however, persistent challenges such as the complex anatomy of teeth, the presence of biofilms, and limitations in the penetration of irrigants have propelled researchers and clinicians towards innovative solutions. Among these innovations, laser-assisted irrigation of root canals has emerged as a promising alternative that enhances disinfection protocols and improves treatment outcomes [32].

At its core, laser-assisted irrigation (LAI) combines the mechanical and chemical methods of root canal irrigation with advanced laser technology. The primary goal of this technique is to enhance the effectiveness of cleaning and disinfecting root canal systems by utilizing the unique properties of lasers to create cavitation bubbles and to disrupt biofilms on canal walls.

The principle behind laser-assisted irrigation involves the interaction between laser light and irrigating solutions, typically sodium hypochlorite (NaOCl) or other biocompatible solutions. When laser energy is applied, it causes the irrigant to rapidly expand and contract, generating cavitation bubbles. These bubbles collapse and release highenergy shock waves that physically agitate the irrigant within the canal, resulting in improved penetration and biofilm disruption [33].

The most commonly used laser types in endodontics include Nd:YAG (neodymium-doped yttrium

aluminum garnet) lasers, Er:YAG (erbium-doped yttrium aluminum garnet) lasers, and diode lasers. Each type possesses distinct wavelengths and absorption characteristics, causing varied interactions with dental tissues and the irrigating solutions [34].

### **Advantages of Laser-Assisted Irrigation**

Several studies have demonstrated the benefits of using laser-assisted irrigation in root canal therapy. The notable advantages include:

- 1. **Enhanced Disinfection:** The use of laser energy significantly improves the penetration of irrigants into the intricate canal system, reducing bacterial loads more effectively than conventional irrigation techniques [35].
- 2. **Biofilm Disruption:** Laser applications are effective in dislodging biofilms, which are often resistant to traditional chemical irrigants alone. This is particularly important because biofilms are a leading cause of post-treatment infections.
- 3. Lower Postoperative Pain: Some studies suggest that patients who undergo laser-assisted irrigation may experience less postoperative pain compared to those who receive standard irrigation. This could be attributed to reduced inflammation and more effective eradication of bacteria [35].
- 4. Improved Cleaning of Complex Anatomy: The intricate nature of root canal systems, with their curves and fins, poses significant challenges for traditional file systems. Laser-assisted irrigation enhances the cleaning process in these complex areas, ensuring a more successful disinfection protocol [36].
- 5. Reduced Risk of Accidents: The precision of laser applications reduces potential damage to periapical tissues that may occur with mechanical tools, thereby decreasing the risk of procedural mishaps such as ledging or separation of instruments [36].

Clinical Applications of Laser-Assisted Irrigation

The clinical applications of laser-assisted irrigation have evolved since its introduction, gaining traction through research and practical use in dental practices. Below are some specific contexts in which this technology has been effectively implemented:

In cases where a tooth is severely infected, achieving complete disinfection is crucial. Traditional methods may not adequately address the bacterial population within the canal. Laser-assisted irrigation enables dentists to better eliminate pathogens through the enhanced properties of irrigants, leading to a more favorable healing environment [37].

Retreatments are often complicated by residual pathways of infection and the challenges associated with previously disturbed dentin. Both conventional and laser-assisted methods may be employed, although studies indicate a marked improvement in disinfection outcomes with LAI. The ability of lasers to penetrate areas that might remain untouched by other mechanical instruments also makes them particularly beneficial in managing retreatment cases [38].

The combination of lasers with various irrigants such as EDTA (ethylenediaminetetraacetic acid), chlorhexidine, or alternative biocompatible solutions can lead to synergistic effects, further improving the treatment outcome. By employing multiple solutions and utilizing lasers for activation, clinicians can harness the unique antibacterial properties of different irrigants.

In cases of necrotic pulp, cavities left behind can pose significant risk for reinfection. The use of lasers during irrigation helps in thoroughly cleaning residual tissue and bacteria within the canal system. Furthermore, laser-assisted irrigation can play an adjunctive role during apical surgeries by providing additional disinfection of the surgical site and facilitating better healing [39].

For pediatric patients, the less invasive and more comfortable aspect of laser-assisted irrigation presents an appealing option. The lower incidence of postoperative pain, combined with its ability to effectively eliminate bacteria, makes LAI a desirable method for treating young patients.

Despite the many advantages of laser-assisted irrigation, there are challenges and limitations to consider. Cost can be a significant barrier, as laser devices represent a considerable investment for

dental practices. Additionally, the need for training and technical proficiency in using lasers safely and effectively cannot be overlooked, as improper use can lead to tissue damage [40].

Moreover, research is still ongoing to fully understand the optimal protocols for use, including the best combinations of lasers with various irrigants, exposure times, and energy settings. As more studies are carried out in clinical settings, practitioners will gain a better grasp of the circumstances in which laser-assisted irrigation can be most beneficial [41].

## Comparative Effectiveness of Various Irrigation Methods:

Root canal treatment (RCT) is a dental restorative procedure aimed at treating infection or damage within the pulp of a tooth. Effective cleaning and shaping of the root canal system are crucial for ensuring successful outcomes. A key aspect of RCT is the disinfection of the canal space, typically achieved through mechanical instrumentation and the use of irrigation solutions. Different irrigation methods have been developed, each with its own advantages and limitations. [42].

Conventional syringe irrigation is the most commonly employed technique in RCT. It involves the manual delivery of irrigating solutions, typically sodium hypochlorite (NaOCl), via a syringe with a specific needle. This method's primary advantage is its accessibility and ease of use, making it suitable for most dental practices [42].

However, the effectiveness of conventional syringe irrigation is limited by several factors. Primarily, the irrigation solution may not reach all areas of the complex root canal system, particularly in curved canals or areas with lateral canals. The effectiveness of cleaning depends heavily on the operator's technique and the choice of needle size and design. Due to these limitations, areas of biofilm and debris may remain, potentially resulting in persistent infections.

Negative pressure irrigation (NPI) is a more advanced technique that addresses some drawbacks associated with conventional syringe irrigation. NPI systems utilize a suction mechanism that creates negative pressure within the root canal, allowing for continuous evacuation of debris and irrigating solutions. This method utilizes specialized devices

such as the EndoVac system, which have been shown to enhance the extent to which the irrigant can penetrate lateral canals and apical areas [43].

Research has demonstrated that NPI provides more effective removal of debris and biofilms than conventional syringe techniques. This is attributable to its ability to create negative pressure, allowing for thorough disinfection of the canal space. Furthermore, NPI minimizes the risk of irrigant extrusion beyond the apex, which can occur with traditional methods. However, the need for specialized equipment can limit its widespread adoption in clinical settings.

Ultrasonic irrigation employs ultrasonic devices to enhance the efficacy of irrigating solutions by producing high-frequency vibrations. This technique promotes cavitation and acoustic streaming within the canal, thereby facilitating the penetration of the irrigant deeper into the root canal system and enhancing debris removal [44].

Studies indicate that ultrasonic irrigation can significantly increase the effectiveness of NaOCl and other irrigants in disrupting biofilms and cleaning complex canal systems. Additionally, ultrasonic waves can help in breaking up and emulsifying certain organic debris, which may be difficult to achieve with standard syringe irrigation. Nonetheless, the use of ultrasonic irrigation necessitates careful control of energy settings and operator technique to avoid complications such as root canal wall damage or inadequate cleaning in very narrow canals.

Laser-assisted irrigation is an emerging method that uses laser technology to improve the disinfection of root canals. The application of laser energy can enhance the effectiveness of irrigants by not only promoting tissue dissolution but also by damaging microbial cell membranes. This method can reach areas within the canal that other irrigation techniques may struggle to disinfect, such as isthmuses and furcations [45].

Research suggests that lasers can create a thermal and photoacoustic effect that enhances the antimicrobial capabilities of irrigants. However, the cost and complexity associated with laser equipment limit its routine application in many dental practices. Moreover, understanding the appropriate laser settings and ensuring patient safety are crucial

considerations that need to be addressed by clinicians.

When comparing the effectiveness of different irrigation methods, several key factors come into play: accessibility, cleaning efficacy, potential risks, and overall treatment outcomes. Conventional syringe irrigation remains the most accessible, yet its limitations regarding thoroughness and cleaning capability can compromise treatment success. In contrast, negative pressure irrigation has shown significant advantages in debris removal and enhanced disinfection, although it requires specialized equipment that may not be available in all practices [46].

Ultrasonic and laser-assisted irrigation techniques offer promising advances in cleaning efficiency and biofilm disruption; however, they also come with higher costs and learning curves. Ultimately, the choice of irrigation method may also depend on the specific clinical situation, including the morphology of the tooth, the extent of infection, and the clinician's familiarity with particular technologies [47].

# Influence of Irrigant Solutions on Disinfection and Cleaning:

Root canal treatment (RCT) is a well-established dental procedure aimed at treating infections and diseases of the dental pulp. This vital therapeutic intervention is crucial for saving teeth that would otherwise need extraction. One of the key components in achieving a successful root canal treatment is the use of irrigation solutions, which play an integral role in disinfecting and cleaning the root canal system. The effectiveness of these irrigation solutions directly impacts the prognosis of the treatment, and understanding their properties, actions, and outcomes can provide insight into effective endodontic therapy [48].

The root canal anatomy is complex and varies significantly among different teeth. Understanding this variability is essential for effective disinfection. The primary purpose of RCT is to remove infected or necrotic pulp tissue and to eliminate microbes from the root canal system. However, the intricate and often unpredictable configurations of the canals can make complete cleaning and disinfection challenging. The presence of lateral canals, isthmus, and anastomoses can harbor bacteria even after mechanical instrumentation. Consequently,

effective irrigation becomes vital in ensuring that all areas of the root canal are adequately treated [49].

Irrigation serves several critical functions during root canal treatment. Primarily, it helps to flush out debris produced by the mechanical cleaning process, which involves the use of files to shape and clean the canal. Additionally, irrigation solutions are crucial for their antimicrobial properties, helping to reduce the microbial load within the canal. The potential to dislodge and dissolve organic matter within the pulpal tissue is another significant advantage. Inadequate irrigation can lead to persistent infection, chronic inflammation, and ultimately, treatment failure [49].

#### **Common Irrigation Solutions**

Several irrigation solutions are commonly used in endodontics, each with specific properties and effects on disinfection and cleaning:

### 1. Sodium Hypochlorite (NaOCl):

Sodium hypochlorite is perhaps the most widely used irrigation solution in endodontics. Its effectiveness as a bactericidal agent is well-documented, with studies showing its capability to dissolve organic tissue and disrupt bacterial biofilms. The concentration of NaOCl typically ranges from 0.5% to 5.25%, with the higher concentrations being more effective in terms of disinfection. However, clinicians must be cautious as higher concentrations can also cause tissue irritation and potential harm to the periapical tissues if extruded beyond the apex [49].

#### 2. Chlorhexidine (CHX):

Chlorhexidine is a broad-spectrum antimicrobial agent that inhibits bacterial growth. It's frequently used as an adjunct to NaOCl for its substantivity, meaning it can remain active within the canal for longer periods. CHX is particularly effective against Enterococcus faecalis, a bacterium commonly found in failed endodontic cases. Despite its benefits, studies have indicated that CHX may not dissolve organic tissue as efficiently as NaOCl.

## 3. EDTA (Ethylenediaminetetraacetic Acid):

EDTA is primarily used in conjunction with other irrigants to remove the smear layer formed during instrumentation. The smear layer, composed of debris and inorganic materials, can create a barrier

to the effective penetration of disinfectants. EDTA chelates calcium ions, thus promoting the removal of this layer and improving the effectiveness of subsequent irrigants. EDTA is often used as a final rinse following the use of NaOCI [50].

#### 4. Saline:

While not specifically an antimicrobial agent, saline is used for its ability to flush debris out of the canal system. Its role as a neutral irrigant allows clinicians to clean the canal without introducing additional chemical effects. However, its efficacy as a standalone irrigant is limited compared to other agents [50].

#### 5. **Iodine-based Solutions**:

Povidone-iodine is another solution with broadspectrum antimicrobial properties. Used less frequently than NaOCl and CHX, it can be effective in specific cases, especially for patients allergic to other irrigants. Its application in endodontics is still under investigation, warranting further studies to understand its full potential [50].

## The Impact of Irrigation Solutions on Cleaning and Disinfection

The efficacy of irrigation solutions in disinfection and cleaning can be influenced by several factors, including their concentration, temperature, volume used, and the duration of contact with the canal walls. Higher concentrations generally exhibit greater antibacterial activity; however, clinicians must balance effective disinfection with the potential risks of tissue damage. The temperature of the irrigating solutions can also enhance their efficacy—warmed NaOCl, for example, has shown improved antimicrobial activity compared to solutions maintained at room temperature [51].

Moreover, the volume of irrigation solution utilized during treatment directly correlates with the thoroughness of cleaning. Adequate flushing of the canal during and after mechanical instrumentation facilitates the removal of debris and enhances disinfection. This practice is crucial, especially when dealing with resistant bacteria or complex canal systems.

Recent advancements in endodontics include the exploration of alternative irrigating solutions and techniques to improve the overall efficiency of disinfection. For instance, the use of laser-assisted

irrigation, or the introduction of ultrasonic irrigation systems, has shown promise in enhancing the delivery and efficacy of traditional irrigants. These emerging technologies allow for deeper penetration into complex canal anatomies and improved disruption of biofilms [51].

Additionally, the development of novel irrigant solutions—such as bioactive materials and herbal extracts—has gained interest. These alternatives aim to combine antimicrobial efficacy with biocompatibility to minimize adverse reactions in surrounding tissues [51].

## Future Directions and Recommendations for Clinical Practice:

Root canal treatment (RCT) has undergone significant advancements over the years, evolving from a rudimentary understanding of dental pulp anatomy and pathology to a sophisticated approach involving various diagnostic, therapeutic, and technological components. As it stands, RCT is a cornerstone of endodontics, aimed at saving teeth that would otherwise be lost due to infection or trauma. However, the field continues to progress, with numerous factors influencing the future directions and clinical practices associated with root canal therapy [52].

### 1. Advancements in Diagnostic Techniques

One of the most pivotal areas driving the future of root canal treatment is diagnostic imaging. Traditional radiography, while valuable, often has limitations in providing a comprehensive view of root canal systems. The advent of cone-beam computed tomography (CBCT) has revolutionized the way endodontists visualize dental anatomy, allowing for three-dimensional assessments of complex root canal systems. CBCT enables practitioners to identify additional canals, variations in root morphology, and periapical lesions with greater accuracy [52].

**Recommendation**: Endodontic practitioners should consider integrating CBCT into their diagnostic toolkit for cases that present with ambiguous radiographic findings. Appropriate training and experience in interpreting CBCT images are also essential to maximize the benefits of this technology [53].

## 2. Enhancement of Cleaning and Shaping Techniques

The process of cleaning and shaping root canals is fundamental to the success of RCT. It's essential to remove infected tissues and debris while preserving the integrity of the canal walls. Advances in instruments and techniques, such as rotary nickeltitanium (NiTi) files and warm vertical compaction of gutta-percha, have significantly improved efficiency and success rates in root canal treatments [54].

The importance of chemomechanical preparation cannot be overstated. Novel irrigants, including those with enhanced antimicrobial properties or those designed to penetrate biofilms more effectively, are being developed. The use of laser-activated irrigation and ultrasound technology also shows promise in improving canal cleanliness [54].

**Recommendation**: Clinicians should stay informed about new materials and methodologies for canal cleaning and shaping. Regular training and attendance at workshops on the latest advancements in endodontic instruments and techniques can help practitioners stay adept at delivering superior RCTs.

## 3. Bioceramic Materials and Advances in Obturation Techniques

The materials used for obturation play an essential role in the long-term success of RCT. Traditional materials, such as gutta-percha, are being increasingly supplemented or replaced with bioceramic materials. These newer materials offer superior sealing properties, biocompatibility, and the ability to aid in the regeneration of periapical tissues [55].

Moreover, the trend towards minimally invasive dentistry has prompted the development of alternative obturation techniques, such as single-cone obturation combined with bioceramic sealers. Research indicates that these methods can enhance the seal of the obturation while conserving tooth structure [55].

**Recommendation**: Endodontists should explore the use of bioceramic materials and consider incorporating them into their practices based on individual case assessments. Emphasis should also be placed on patient education regarding the choice of materials and techniques, fostering informed consent [56].

### 4. Emphasis on Minimally Invasive Techniques

There is a growing push in dentistry towards minimally invasive techniques to preserve tooth structure and promote faster recovery. Techniques such as the use of small-diameter NiTi files, and a focus on conservation of dentin, align with this philosophy. The goal is to retain as much healthy tooth structure as possible while effectively addressing the infection [57].

**Recommendation**: Practitioners should adopt a conservative approach and consider minimally invasive techniques in cases where it is clinically feasible. Continuous education on new materials and methodologies that facilitate a preservationist approach will further enhance patient outcomes [57].

## 5. Addressing Patient Anxiety and Enhancing the Patient Experience

Patient anxiety surrounding RCT is a significant barrier to seeking timely care. Future directions in clinical practice should prioritize techniques and technologies that improve the overall patient experience. Innovations such as virtual reality distraction, sedation options, and improved communication about the procedures can help alleviate patient fears.

**Recommendation**: Dentists should invest in resources and training that enable them to recognize and address patient anxiety proactively. Creating a comfortable environment, coupled with clear and empathetic communication, is crucial for improving patient satisfaction and outcomes [58].

## 6. Continued Research and Evidence-Based Practice

The landscape of endodontics is continuously evolving, necessitating a commitment to lifelong learning and evidence-based practice. It is essential for clinicians to remain current with ongoing research regarding the efficacy and safety of novel techniques, materials, and technologies. A focus on gathering and analyzing clinical data is crucial for improving outcomes and creating guidelines that inform practice [59].

**Recommendation**: Endodontists should engage in continuing education, participate in professional associations, and contribute to scientific literature to stay abreast of developments within the field. Collaboration with colleagues in clinical research

projects can foster a culture of inquiry and innovation [60].

### **Conclusion:**

In conclusion, the effectiveness of different irrigation techniques in root canal treatment is pivotal in achieving successful clinical outcomes. Traditional syringe irrigation has served as the foundation for canal cleaning, but advancements in techniques such as passive ultrasonic irrigation and laser-assisted irrigation offer significant improvements in both disinfection and debris removal. The enhanced ability of these methods to navigate complex canal anatomies and disrupt biofilms leads to a more thorough cleaning process, which is critical in preventing post-treatment complications.

Evidence suggests that while traditional techniques are sufficient for straightforward cases, more complex scenarios often require the adoption of advanced irrigation strategies for optimal results. Future research should focus on long-term outcomes and the development of standardized protocols that integrate these innovative techniques in diverse clinical situations. Ultimately, the careful selection of irrigation methods based on the specific intricacies of each case will not only improve the success rates of root canal treatments but also promote better patient outcomes and satisfaction.

#### **References:**

- Comparative evaluation of smear layer removal in apical third using four different irrigants with ultrasonic agitation: an in vitro scanning electron microscopy (SEM) analysis. Murugesan K, Vishwanath S, Kadandale S, Thanikachalam Y, Parthasarathy R, Ilango S. Cureus. 2022;14:0. doi: 10.7759/cureus.23142.
- The effectiveness of gly-oxide and sodium hypochlorite in preventing smear layer formation. Rome WJ, Doran JE, Walker WA 3rd. J Endod. 1985;11:281–288. doi: 10.1016/S0099-2399(85)80158-8.
- 3. Current trends in root canal irrigation. Ali A, Bhosale A, Pawar S, Kakti A, Bichpuriya A, Agwan MA. Cureus. 2022;14:0. doi: 10.7759/cureus.24833.

- 4. Evaluation of different irrigating solutions on smear layer removal of primary root dentin. Balto H, Salama F, Al-Mofareh S, Al-Yahya F. J Contemp Dent Pract. 2015;16:187–191. doi: 10.5005/jp-journals-10024-1659.
- The interaction of two widely used endodontic irrigants, chlorhexidine and sodium hypochlorite, and its impact on the disinfection protocol during root canal treatment. Drews DJ, Nguyen AD, Diederich A, Gernhardt CR. Antibiotics (Basel) 2023;12:589. doi: 10.3390/antibiotics12030589.
- Effects of different irrigation protocols on dentin surfaces as revealed through quantitative 3D surface texture analysis. Elbahary S, Haj-Yahya S, Khawalid M, et al. Sci Rep. 2020;10:22073. doi: 10.1038/s41598-020-79003-9.
- 7. The effectiveness of different endodontic irrigation procedures on the removal of the smear layer: a scanning electron microscopic study. Ciucchi B, Khettabi M, Holz J. Int Endod J. 1989;22:21–28. doi: 10.1111/j.1365-2591.1989.tb00501.x.
- 8. Antagonistic interactions between sodium hypochlorite, chlorhexidine, EDTA, and citric acid. Rossi-Fedele G, Doğramaci EJ, Guastalli AR, Steier L, de Figueiredo JA. J Endod. 2012;38:426–431. doi: 10.1016/j.joen.2012.01.006.
- Mixture tetracycline citric acid and detergent: a root canal irrigant. A review. Srikumar GP, Sekhar KS, Nischith KG. J Oral Biol Craniofac Res. 2013;3:31–35. doi: 10.1016/j.jobcr.2012.09.001.
- Influence of final rinse technique on ability of ethylenediaminetetraacetic acid of removing smear layer. Mello I, Kammerer BA, Yoshimoto D, Macedo MC, Antoniazzi JH. J Endod. 2010;36:512–514. doi: 10.1016/j.joen.2009.11.004.
- Efficacy of final irrigation: a scanning electron microscopic evaluation. Scelza MF, Antoniazzi JH, Scelza P. J Endod. 2000;26:355–358. doi: 10.1097/00004770-200006000-00011.

- 12. Ethylenediaminetetraacetic acid in endodontics. Mohammadi Z, Shalavi S, Jafarzadeh H. Eur J Dent. 2013;7:0–42. doi: 10.4103/1305-7456.119091.
- 13. Effects of concentration of sodium hypochlorite as an endodontic irrigant on the mechanical and structural properties of root dentine: a laboratory study. Xu H, Ye Z, Zhang A, Lin F, Fu J, Fok AS. Int Endod J. 2022;55:1091–1102. doi: 10.1111/iej.13800.
- 14. The effects of alternate irrigation of root canals with chelating agents and sodium hypochlorite on the effectiveness of smear layer removal. Wilkoński W, Jamróz-Wilkońska L, Zapotoczny S, Opiła J, Krupiński J, Pytko-Polończyk J. Adv Clin Exp Med. 2020;29:209–213. doi: 10.17219/acem/112603.
- Comparative evaluation of the efficacy of different irrigants including MTAD under SEM. Paul ML, Mazumdar D, Niyogi A, Baranwal AK. J Conserv Dent. 2013;16:336– 341. doi: 10.4103/0972-0707.114367.
- 16. Yaylali IE, Kececi AD, Ureyen Kaya B. Ultrasonically activated irrigation to remove calcium hydroxide from apical third of human root canal system: A systematic review of in vitro studies. J Endod. 2015;41:1589–99. doi: 10.1016/j.joen.2015.06.006.
- 17. Gabor C, Tam E, Shen Y, Haapasalo M. Prevalence of internal inflammatory root resorption. J Endod. 2012;38:24–7. doi: 10.1016/j.joen.2011.10.007.
- Nasab Mobarakeh NM, Taheri A, Rahmanian H, Jafarpour D, Rahmanian S. Effect of various irrigating devices on the removal of two different forms of calcium hydroxide from internal resorption cavities. Int J Dent. 2020;2020:8881177. doi: 10.1155/2020/8881177.
- 19. Wigler R, Dvir R, Weisman A, Matalon S, Kfir A. Efficacy of XP-Endo finisher files in the removal of calcium hydroxide paste from artificial standardized grooves in the apical third of oval root canals. Int Endod J. 2017;50:700–5. doi: 10.1111/iej.12668.

- 20. Denna J, Shafie LA, Alsofi L, Al-Habib M, AlShwaimi E. Efficacy of the rotary instrument XP-endo finisher in the removal of calcium hydroxide intracanal medicament in combination with different irrigation techniques: A microtomographic study. (Basel) Materials 2020;13:E2222. doi: 10.3390/ma13102222.
- 21. Keskin C, Sariyilmaz E, Sariyilmaz Ö. Efficacy of XP-Endo finisher file in removing calcium hydroxide from simulated internal resorption cavity. J Endod. 2017;43:126–30. doi: 10.1016/j.joen.2016.09.009.
- Donnermeyer D, Wyrsch H, Bürklein S, Schäfer E. Removal of calcium hydroxide from artificial grooves in straight root canals: Sonic activation using EDDY versus passive ultrasonic irrigation and XPendo finisher. J Endod. 2019;45:322–6. doi: 10.1016/j.joen.2018.11.001.
- 23. Ba-Hattab R, Al-Jamie M, Aldreib H, Alessa L, Alonazi M. Calcium hydroxide in endodontics: An overview. Open J Stomatol. 2016;6:274–89.
- 24. Generali L, Cavani F, Franceschetti F, Sassatelli P, Giardino L, Pirani C, et al. Calcium hydroxide removal using four different irrigation systems: A quantitative evaluation by scanning electron microscopy. Appl Sci. 2022;12:271.
- Dias-Junior LC, Castro RF, Fernandes AD, Guerreiro MY, Silva EJ, Brandão JM. Final endodontic irrigation with 70% ethanol enhanced calcium hydroxide removal from the apical third. J Endod. 2021;47:105–11. doi: 10.1016/j.joen.2020.09.017.
- 26. Trope M, Debelian G. XP-3D Finisher™ file The next step in restorative endodontics. Endod Pract US. 2015;8:22–4.
- Neelakantan P, Devaraj S, Jagannathan N. Histologic assessment of debridement of the root canal isthmus of mandibular molars by irrigant activation techniques ex vivo. J Endod. 2016;42:1268–72. doi: 10.1016/j.joen.2016.05.005.
- 28. Turkaydin D, Basturk FB, Goker S, Tarcin B, Berker YG, Ovecoglu HS. Efficacy of

- Endoactivator, CanalBrush, and passive ultrasonic irrigation in the removal of calcium hydroxide paste with iodoform and p-chlorophenol from root canals. Niger J Clin Pract. 2020;23:1237–42. doi: 10.4103/njcp.njcp\_710\_19.
- 29. Shetty VP, Naik BD, Pachlag AK, Yeli MM. Comparative evaluation of the amount of debris extruded apically using conventional syringe, passive ultrasonic irrigation and EndoIrrigator Plus system: An in vitro study. J Conserv Dent. 2017;20:411–4. doi: 10.4103/JCD.JCD 200 17.
- 30. van der Sluis LW, Wu MK, Wesselink PR. The evaluation of removal of calcium hydroxide paste from an artificial standardized groove in the apical root canal using different irrigation methodologies. Int Endod J. 2007;40:52–7. doi: 10.1111/j.1365-2591.2006.01182.x.
- 31. McComb D, Smith DC. A preliminary scanning electron microscopic study of root canals after endodontic procedures. J Endod. 1975;1:238–42. doi: 10.1016/S0099-2399(75)80226-3.
- 32. Ferreira NS, Camargo CH, Palo RM, Martinho FC, Gomes AP. Comparison of the effectiveness of 3 irrigation devices for the cleaning of root canal walls instrumented with oscillatory and rotary techniques. Gen Dent. 2015;63:71–4.
- 33. Weller RN, Brady JM, Bernier WE. Efficacy of ultrasonic cleaning. J Endod. 1980;6:740–3. doi: 10.1016/S0099-2399(80)80185-3.
- 34. Sabins RA, Johnson JD, Hellstein JW. A comparison of the cleaning efficacy of short-term sonic and ultrasonic passive irrigation after hand instrumentation in molar root canals. J Endod. 2003;29:674–8. doi: 10.1097/00004770-200310000-00016.
- 35. Yamaguchi M, Matsumori M, Ishikawa H, Sakurai T, Nakamura H, Naitoh M, et al. The use of ultrasonic instrumentation in the cleansing and enlargement of the root canal. Oral Surg Oral Med Oral Pathol. 1988;65:349–53. doi: 10.1016/0030-4220(88)90121-1.
- 36. Svec TA, Harrison JW. Chemomechanical removal of pulpal and dentinal debris with

- sodium hypochlorite and hydrogen peroxide vs normal saline solution. J Endod. 1977;3:49–53. doi: 10.1016/S0099-2399(77)80015-0.
- 37. Jensen SA, Walker TL, Hutter JW, Nicoll BK. Comparison of the cleaning efficacy of passive sonic activation and passive ultrasonic activation after hand instrumentation in molar root canals. J Endod. 1999;25:735–8. doi: 10.1016/S0099-2399(99)80120-4.
- 38. Topçuoglu HS, Akti A, Düzgün S, Ceyhanli KT, Topçuoglu G. Effectiveness of different irrigation procedures for removal of dentin debris from a simulated internal resorption cavity. Int J Artif Organs. 2015;38:165–9. doi: 10.5301/ijao.5000398.
- Gopikrishna V, Pare S, Pradeep Kumar A, Lakshmi Narayanan L. Irrigation protocol among endodontic faculty and post-graduate students in dental colleges of India: A survey. J Conserv Dent. 2013;16:394–8. doi: 10.4103/0972-0707.117486.
- 40. Singh N, Chandra A, Tikku AP, Verma P. A comparative evaluation of different irrigation activation systems on smear layer removal from root canal: An in-vitro scanning electron microscope study. J Conserv Dent. 2014;17:159–63. doi: 10.4103/0972-0707.128060.
- 41. Mader CL, Baumgartner JC, Peters DD. Scanning electron microscopic investigation of the smeared layer on root canal walls. J Endod. 1984;10:477–83. doi: 10.1016/S0099-2399(84)80204-6.
- 42. Gu LS, Kim JR, Ling J, Choi KK, Pashley DH, Tay FR. Review of contemporary irrigant agitation techniques and devices. J Endod. 2009;35:791–804. doi: 10.1016/j.joen.2009.03.010.
- 43. Desai P, Himel V. Comparative safety of various intracanal irrigation systems. J Endod. 2009;35:545–9. doi: 10.1016/j.joen.2009.01.011.
- 44. Heard F, Walton RE. Scanning electron microscope study comparing four root canal preparation techniques in small curved canals. Int Endod J. 1997;30:323–31. doi: 10.1046/j.1365-2591.1997.00090.x.

- Al-Jadaa, A., Paqué, F., Attin, T. & Zehnder, M. (2009b) Acoustic hypochlorite activation in simulated curved canals. Journal of Endodontics, 35, 1408–1411.
- Amato, M., Vanoni-Heineken, I., Hecker, H.
  Weiger, R. (2011) Curved versus straight root canals: the benefit of activated irrigation techniques on dentin debris removal. Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology, and Endodontology, 111, 529–534.
- 47. Azim, A.A., Aksel, H., Zhuang, T., Mashtare, T., Babu, J.P. & Huang, G.T. (2016) Efficacy of 4 irrigation protocols in killing bacteria colonized in dentinal tubules examined by a novel confocal laser scanning microscope analysis. Journal of Endodontics, 42, 928–934.
- Baca, P., Junco, P., Arias-Moliz, M.T., Castillo, F., Rodríguez-Archilla, A. & Ferrer-Luque, C.M. (2012) Antimicrobial substantivity over time of chlorhexidine and cetrimide. Journal of Endodontics, 38, 927– 930
- Adorno, C.G., Fretes, V.R., Ortiz, C.P. et al. (2016) Comparison of two negative pressure systems and syringe irrigation for root canal irrigation: an ex vivo study. International Endodontic Journal, 49, 174–183.
- 50. Baker, R.W. (1947) Studies on the reaction between sodium hypochlorite and proteins: 1. Physico-chemical study of the course of the reaction. Biochemical Journal, 41, 337–342.
- 51. Acteon-Satelec. (2018) User manual. pp. 19-28.
- 52. Azarpazhooh, A., Sgro, A., Cardoso, E., Elbarbary, M., Laghapour Lighvan, N., Badewy, R. et al. (2022) A scoping review of 4 decades of outcomes in nonsurgical root canal treatment, nonsurgical retreatment, and apexification studies-part 2: outcome measures. Journal of Endodontics, 48, 29–39.
- 53. Amara, K.F., Rogero, M.M., Fock, R.A., Borelli, P. & Gavini, G. (2007) Cytotoxicity analysis of EDTA and citric acid applied on murine resident macrophages culture. International Endodontic Journal, 40, 338– 343.

- 54. Altman, D.G. (1994) The scandal of poor medical research. British Medical Journal, 308, 283–284.
- 55. Ahmad, M. & Roy, R.A. (1994) Some observations on the breakage of ultrasonic files driven piezoelectrically. Endodontics and Dental Traumatology, 10, 71–76.
- 56. Adcock, J.M., Sidow, S.J., Looney, S.W., Liu, Y., McNally, K., Lindsey, K. et al. (2011) Histologic evaluation of canal and isthmus debridement efficacies of two different irrigant delivery techniques in a closed system. Journal of Endodontics, 37, 544–548.
- Arias-Moliz, M.T., Ferrer-Luque, C.M., Espigares-García, M. & Baca, P. (2009) Enterococcus faecalis biofilms eradication by root canal irrigants. Journal of Endodontics, 35, 711–714.
- 58. Augusto, C.M., Cunha Neto, M.A., Pinto, K.P. et al. (2021) Influence of the use of chelating agents as final irrigant on the pushout bond strength of epoxy resin-based root canal sealers: A systematic review. Australian Endodontic Journal In press.
- Arias-Moliz, M.T., Ordinola-Zapata, R., Baca, P. et al. (2015) Antimicrobial activity of chlorhexidine, peracetic acid and sodium hypochlorite/etidronate irrigant solutions against Enterococcus faecalis biofilms. International Endodontic Journal, 48, 1188– 1193.
- Al-Jadaa, A., Paqué, F., Attin, T. & Zehnder, M. (2009a) Necrotic pulp tissue dissolution by passive ultrasonic irrigation in simulated accessory canals: impact of canal location and angulation. International Endodontic Journal, 42, 59–65.