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Constriction with Conviction

Dyes for caries detection

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Introduction

The main goal of treating dental caries is complete removal of carious tissues with maximum preservation of sound tooth structure and maintenance of pulp vitality [4]. Clinical assessment of dental caries is often based on color and dentin hardness which is considered to be completely subjective with low reproducibility [5, 6]. Application of caries detector dyes to facilitate diagnosis of carious dentin was initially introduced by Fusayama in 1979[7]. Dyes may be beneficial in detecting caries and when not used during cavity preparation, carious tissues may go undiagnosed by the clinician [8, 9].





Fig. 1.1: Molecular structure of Acid Red and Fig. 1.2: Unstained Basic Fuschin



Fig. 1.3: Basic fushin stained



Fig. 1.4: Mallory - Azan stained



Fig. 1.5: Unstained

Fig. 1.6: Unstained



Fig. 1.7: Acid Red stained

Conclusions

The carious dentin is invaded by bacteria. The infected dentin must be removed, but the dentin that is not infected must be saved. When caries penetrates dentin, softening is always deepest, discoloration is next and bacterial invasion is last. In chronic decay, discoloration is heavy and reaches the comparatively harder and deeper layer, and so does bacterial invasion. In acute decay discoloration is light and does not reach the harder layer. Bacterial invasion remains at the very soft and superficial layer. In the year 1979, Takao Fusayama suggested 0.5% solution of basic fuschin in propylene glycol can be used as a dye for caries detection but later was found to be carcinogenic. After researches 1% acid red was found to be a suitable dye (Figure 1). The natural carious dentin of human teeth consists of two layers with definite boundary. The collagen fiber is deteriorated in the outer carious dentin but keeps its sound proper histo-chemical character in the inner carious dentin and normal dentin (Figure 2). 1% Acid Red stains the outer carious dentin clearly red but not the inner carious dentin and normal dentin (Figure 3). Because re-mineralization of dentin occurs on the basis of collagen fibers are broken, losing intermolecular crosslink. But it can occur in the inner carious dentin in which collagen fibers keep their characteristic cross band structure with intermolecular cross links only partly and reversibly shifting to precursors.

Hardness cannot be used as a guide for caries removal, because the hardness of the bacterial front is very inconsistent. In chronic decay complete removal of remarkably discolored dentin can assure complete removal of infected dentin without excessive over reduction. The softened but not infected dentin of acute decay should be saved if it is re-mineralizable. Dyes are the correct way of determination, discrimination and estimation of caries extent and their use guides us to our path of "Constriction with Conviction". (Figure 4).



Fig. 2: Collagen Molecule

Fig. 3: 1% Acid Red



Fig. 4.1: Clinical case of proximal decay

Fig. 4.2: Application of caries detector





Fig. 4.3: Outer carious dentin stained red

Fig. 4.4: Opening the cavity



Fig. 4.5: Outer carious dentin stained red



Fig. 4.6: Removing red-stained tissue



Fig. 4.7: Reapplication of caries detector



Fig. 4.9: Cavity preparation is completed when no more tissue can be stained red

Fig. 4.8: Spray washing of caries detector



Fig. 4.10: Restoration completed

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