The Effect of Surface Treatment on the Transverse and Tensile Bonding Strength of Relined Acrylic Resin Denture Base (Part I)

> **Department of Prosthetic Dentistry** College of Dentistry, University of Mosul

> **Department of Prosthetic Dentistry** College of Dentistry, University of Mosul

#### الخلاصة

الأهداف: تحدف هذه الدراسة إلى تقييم تأثير سمك مواد تبطين، طريقة معاجة (حمام ماتي أو الموجات الدقيقة) ، والمعاجة السطحية بالمثيل ميناكريلات على قوة الشد العرضي والطولي على قاعدة طقم الأسنان المبطن. المعواد وطرائق العمل: أحريت دراسة رائدة من حلال إعداد (65) عينة لتقييم تأثير سماكة تبطين المواد فيما يتعلق قوة الشد العرضية والطولية من الراتنج الاكريلي لقاعدة أسنان، ودراسة تأثير المعاجة السطحية بالمثيل ميناكريلات . وكان عمله الرئيس في الدراسة بإعداد (٣٢٠) قوة الشد العرضية والطولية من الراتنج الاكريلي لقاعدة أسنان، ودراسة تأثير المعاجلة السطحية بالمثيل ميناكريلات . وكان عمله الرئيس في الدراسة بإعداد (٣٢٠) عينة وتنقسم إلى قسمين لدراسة الخواص الميكانيكية للعينات التي تمثل قاعدة الطقم المبطنة و علاجه عن طريق حمام ماء والمجموعة الأخرى عن طريق تقنية المعاجلة الملوجات الدقيقة، ومن ثم تأثير إعادة تبطينها بواسطة طريقتين، ثم تقييم تأثير المعاجلة السطحية. وتم استخدام تحليل التباين (ANOVA) واحتبار دنكن مجموعة الموجات الدقيقة، ومن ثم تأثير إعادة بليكانيكية للعينات التي تمثل قاعدة الطقم المبطنة و علاجه عن طريق حما ماء والمجموعة الأخرى عن طريق تقنية المعاجلة السطحية. وتم استخدام تحليل التباين (ANOVA) واحتبار دنكن مجموعة معددة من أجل التحليل الإحصائي. النتائج: أظهرت هذه الدراسة عدم وجود اختلاف في الخواص بين سمك قاعدة الطقم المبطنا اختلافا كبيرا على قوة الشد العرضية في قاعدة الطقم المبطن بالمعاجلة . وتحسنت بشكل كبير على قوة الشد العرضي وقوة الترابط من العينات المطنة (٤٩ - ٢٠٠) عن طريق على علي التباين (ANOVA) واحتبار دنكن مجموعة على قوة الشد العرضية في قاعدة الطقم المبطن بالمعاجلة . وتحسنت بشكل كبير على قوة الشد العرضي وقوة الترابط من العينات المولية الحرين عمل طريق المولي على العربق المولي على العابلة . وتحسنت بشكل كبير على قوة المد العرضي وقوة الترابط من العينات المطنية (٦٩ - ٢٠٠) عن طريق المعلى قوة الشد العرضية في قاعدة الطقم المبطن بالمعاجلة . تأثرت قوة الشد العرضي وقوة الم العن الي عاسلم المينين الموليقة المولية المعام المولية المحمات وقوة الشد العرمي وقوة الترابط المالي المي طريق المولي الموليقة معلام أخمل الخاصائص الموليالية الاكريلي المولي .

### ABSTRACT

Aims: To investigate the effect of the thickness of relining material, curing method (water bath or microwave), and the surface treatment by methyl methacrylate on transverse and tensile strength of relined acrylic resin denture base. Materials and methods: A pilot study was done by preparing 65 samples to evaluate the effect of the thickness of relining material in relation to denture base on the transverse strength of acrylic resin denture base, and to study the effect of surface treatment by methyl methacrylate on the transverse strength of acrylic resin denture base. The main study was done by preparing 320 samples and divided into two parts to study the mechanical properties of samples representing a denture base cured by water bath and other group cured by microwave curing technique, and then the effect of relining by the two curing methods and the effect of surface treatment were evaluated. Analysis of variance (ANOVA) and Duncan's multiple range tests were used for statistical analysis. Results: of this study showed that the different thickness of relining material in relation to denture base had no significant difference on the transverse strength of the relined denture base. The transverse strength and tensile bonding strength of the relined samples were significantly improved (P=0.05) by monomer surface treatment for 180 seconds. Conclusions: Transverse and tensile strength of the acrylic resin denture base were affected by relining. Microwave curing method gave better mechanical properties of the relined acrylic resin denture base.

Key words: Relining denture base, Thickness of relining, Microwave curing.

Hatim NA, AL-Omari AW. The Effect of Surface Treatment on the Transverse and Tensile BondingStrength of Relined Acrylic Resin Denture Base (Part I) . Al–Rafidain Dent J. 2013; 13(2): 202-210.Received: 9/5/2011Sent to Referees: 15/5/2011Accepted for Publication: 3/7/2011

### **INTRODUCTION**

In 1937, polymethyl methacrylate (PMMA) was introduced, and used widely as a denture base material. PMMA provided enhanced physical, and esthetic properties; in addition it was readily available, inexpensive, and easily manipulated.<sup>(1-3)</sup> Polymethyl methacrylate had an accepta(flexural strength), and impact strength

of a material is a measure of stiffness,<sup>(4)</sup> and resistance to fracture. Flexural strength tests were undertaken as these were considered relevant to the loading characteristics of a denture base in a clinical situation.<sup>(5,6)</sup> Among the favorable properties of poly methyl methacrylate denture base resin is its ability to bond to new resin even after complete polymeriza-

...........

Nadira A Hatim BDS, MSc (Prof.)

Aliaa W AL-Omari BDS, MSc (Lec.) tion. However, one common problem with relining is failure in adhesion between the reline material and the denture base material.<sup>(2)</sup>

Aims of this study were to investigate the effect of the thickness of relining material, curing method (water bath or microwave), and the surface treatment by methyl methacrylate on transverse and tensile strength of relined acrylic resin denture base.

## MATERIALS AND METHODS

A pilot study was done to determine the best thickness of relining material in relation to denture base on (65) samples prepared from major heat cured resin in dimensions of  $65 \times 10 \times 2.5 \pm 0.03$ mm for transverse strength test according to ADA specification No. 12 with different relining thicknesses (0.5mm, 1mm, 1.5mm). The results showed that there was no significant difference (Table 1).

Table (1) Mean, Standard Deviation and Sign	ificance of the Transverse Strength (N/mm <sup>2</sup> ) of
the Relined Sample	es of the pilot study.

	Sum of square	Df	Means square	F	Sig.
Between group	1594.341	9	177.149	85.946	0.000
within group	144.281	70	2.061		
Total(Major)	1738.622	79			
Between group	1874.675	9	208.297	99.997	0.000
within group	145.813	70	2.083		
Total (QD)	2020.488	79			

Df= degree of freedom, F= F value, Sig.= Significance

*Main Study:* Three hundred twenty samples were prepared; half of them were prepared from Major heat curing resin, while the other half was prepared from Quayle dental heat curing resin. Two curing cycles were used in this study, water bath (30 min. at  $73^{\circ}$ C then 30 min. at  $100^{\circ}$ C according to manufacture instructions), and Microwave (15 min. at 80 Watt. Per side then 1.5 min. at  $500^{(7)}$  The study was divided into two parts (Figure 1):





Figure (1): Experimental Design of the Study.

1. <u>Part W</u> : involved studying the transverse and tensile strength of samples representing a denture base cured by water bath curing method, then the effect of relining by two curing methods (water bath, and microwave), and the effect of surface treatment was studied.

2. <u>Part M</u> : involved studying the mechanical properties of samples representing a denture base cured by microwave curing method, then the effect of relining by two curing methods (water bath, and microwave) and the effect of surface treatment was studied.

Transverse Strength Test: One hundred samples with dimensions sixty of 65×10×2.5±0.03mm (length, width and thickness) respectively were prepared according to ADA specification no.12. Representing the control group, for relined samples, the ratio of relining to denture base was 1:1.5 mm. According to the results obtained from a pilot study (Table 1). So a thickness of 1 mm relining material: 1.5 mm of denture base was chosen in this study.<sup>(8-13)</sup> The acrylic specimens were prepared by using a sheet of wax with 1.5mm of thickness which represented the denture base to be relined. These samples were placed in moulds with 2.5 mm thickness, the polished surface faced downwards and the tissue surface faced upwards. The acrylic polymer and monomer were mixed according to the manufacturer instruction, half of the samples were surface treated by application of methyl methacrylate monomer by using a fine brush for 180 sec,  $^{(14-17)}$  and the other half was not treated. The acrylic dough was applied over the tissue surface of the samples, and then packing, curing, and deflasking were proceeded. The cured samples were stored in distilled water at  $37^{\circ}$ C for 48 hr. before testing.

The test was done by using an Instron testing machine. The devise was supplied with a central loading plunger, and two supports, with polished cylindrical surfaces of 3.2 mm in diameter and 50 mm between supports. The supports should be parallel to each other and perpendicular to the central line. The tests were carried out with cross head speed of 5mm/min. The surface of the denture base material was placed facing down for each of the relined specimens. The samples were deflected until fracture occurred. The transverse strength was calculated using the following equation:-<sup>(19)</sup>

$$S = \frac{3PI}{2bd^2}$$

S= transverse strength  $(N/mm^2)$  b= width of specimen (mm). d= depth of specimen (mm)

I= distance between supports (mm). P= maximum force exerted on specimen (N)

*Tensile Bonding Test*: One hundred sixty samples with dimensions of  $90 \times 10 \times 3$ mm (length, width, and thickness) respectively were prepared representing the control group samples, then for relined samples a metal spacer was placed at the center of the mould with dimensions of  $10 \times 10 \times 3$  mm, then packing, and curing were done, after curing the two parts of the sample were removed and stored in distilled water at  $37^{\circ}$ C for 24 hr. before relining. Then the two acrylic parts of each

sample were placed back into the moulds, surface treatment was done to half of the samples at the two surfaces facing the space made by metal spacer. After that, the relining material was packed into the space then curing was proceeded <sup>(20)</sup> (Figure 2).



Figure (2): Sample of Tensile Bonding Test.

The samples were conditioned at 37°C for 48 hr. in distilled water before testing.<sup>(21)</sup> All samples were placed under tension until fracture occurred in a universal testing machine (WolPert, Germany) at a cross head speed of 5 mm/min. Tensile bond strength values were recorded for each specimen. Tensile bond strength calfrom the following culated equation:Tensile bonding strength = force of failure / cross sectional area. (Ozkan).<sup>(20)</sup> Then the mode of failure was evaluated and character ized as: a- Adhesive failure

refers to total separation at the inter face between the relining material and denture base. b- Cohesive failure refers to fracture within the relining or denture base. c-Mixed failure refers to both.

### RESULTS

*Transverse Strength Test:* The one way analysis of variance (ANOVA) is shown in Table (2)

Variables	Ratio of relining to denture base 1:1.5mm		H dei	Ratio of relining to nture base. 1.5:1mm	Ratio of relining to denture base 2:0.5mm		
	Ν	Mean±SD		Mean±SD	Ν	Mean±SD	
Relining by water-bath with surface treatment	5	$76.5 \pm 1.5*$	5	76.8 ± 1.25*	5	$76.5 \pm 1.06*$	
Relining by water-bath with- out surface treatment	5	$68.7 \pm 1.643*$	5	$69 \pm 1.837*$	5	$69\pm1.06^*$	
Relining by microwave with surface treatment	5	$82.2\pm1.25$	5	$81.9\pm0.82$	5	$82.2\pm1.25$	
Relining by microwave with- out surface treatment	5	$75.3 \pm 1.25*$	5	$76.5 \pm 1.5*$	5	$75.3 \pm 0.67*$	

Table (2): The One Way Analysis of Variance (ANOVA) of the Transverse Strength of the<br/>Control and Relined Groups.

Control group (denture base without relining)  $M \pm SD = 82.8 \pm 1.6$ . SD = standard deviation\*= significant difference from the control group. N = number of samples

The Duncan's multiple range test of the transverse strength in  $(N/mm^2)$  of the control group and the relined groups (Table 3) showed that all the relined samples, except samples relined by using microwave cur-

ing method with surface treatment, had shown a significant decrease in the transverse strength when compared with the control group (at P=0.05).

the control and Kenned Groups.									
		Denture base cured by wa-				Denture base cured by			
		ter bath				microwave			
Variable	Material	Ν	Means	DMRT	Ν	Means	DMRT		
Control	Major	8	82.875	А	8	83.812	А		
Without Relining	QD	8	83.438	А	8	83	А		
Relining by water bath	Major	8 76.687		D	8	78.25	С		
with surface treatment	QD	8 73.875 E 8		8	77.187	С			
Relining by water bath	Major	8	69	F	8	73.125	E		
without surface treatment	QD	8	68	G	8	71.062	F		
Relining by microwave	Major	8	80.812	В	8	82.875	А		
with surface treatment	QD	8	79.687	В	8	82.312	А		
Relining by microwave	Major	8	76.125	D	8	77.625	CD		
without surface treatment	QD	) 8 75.375 D		8	78	С			

Table (3): Mean and Duncan's Multiple Range Test of the Transverse Strength	$(N/mm^2)$ of
the Control and Relined Groups.	

N = number of the samples. Different letters means the groups are significantly statistically different DMRT = Duncan's multiple range test

Transverse strength of samples relined by microwave curing method had a higher transverse strength than samples relined by water bath curing method. The test also showed that samples relined by using surface treatment had a higher transverse strength than samples relined without using a surface treatment.

*Tensile Bonding Test:* One way analysis of variance (ANOVA) was used as shown in Table (4).

Table (4): The One Way Analysis of Variance (ANOVA) of the Tensile Strength of the Con-
trol, and Relined Groups.

	Sum of square	Df	Means square	F	Sig.
Major	9470.138	9	1052.238	409.610	0.000
Between group within	179.821	70	2.569		
group total	9649.959	79			
QD	10169.735	9	1129.971	365.058	0.000
Between groun within	216.673	70	3.095		
group total	10386.407	79			

.....

Df = degree of freedom, F = F value, Sig. = Significance.

Duncan's multiple range test (Table 5) showed that all the relined groups had a tensile bonding strength significantly low-

er than the tensile strength of the control group (at P=0.05).

		Denture base cured by water bath			Denture base cured by microwave		
Variable	Material	Ν	М	DMRT	Ν	М	DMRT
Control	Major	8	75.05	А	8	75.175	А
Without Relining	QD	8	75.712	А	8	75.8	А
Relining by water	Major	8	65.15	С	8	62.687	D
bath with surface treatment	QD	8	64.325	С	8	62.062	D
Relining by water	Major	8	43.225	F	8	43.687	F
bath without surface treatment	QD	8	41.887	G	8	44.062	F
Relining by micro-	Major	8	67.275	В	8	67.275	В
wave with surface treatment	QD	8	67.9	В	8	67.675	В
Relining by micro-	Major	8	54.525	E	8	55.612	Е
wave without surface treatment	QD	8	54.187	E	8	55.262	Е

Table (5): Mean and Duncan's Multiple Range Test of the Tensile Strength (MPa) of Control
Groups and Tensile Bonding Strength of Relined Groups

N = number of the samples, DMRT = Duncan's multiple range test,

MPa = mega Pascal. Different letters means the groups were significantly statistically different.

The samples relined by using microwave curing method with surface treatment showed the highest tensile bonding strength among the other relined samples. While samples relined by water bath curing method without surface treatment showed the lowest tensile bonding strength among all groups. Samples relined by using microwave curing method produced samples which had a higher tensile bond ing strength than samples relined by using water bath curing method. The test also showed that samples relined by using surface treatment had a higher tensile bonding strength than samples relined without using a surface treatment. The type of failure was evaluated; the test showed that, the control group failure type was cohesive failure (Figure 3).



Figure (3): A-Cohesive Type of Failure of the Control Groups. B- Adhesive Type of Failure of the Relined Groups.

All the relined samples showed adhesive type of failure only, whether with surface treatment, or without surface treatment.

## DISCUSSION

*Transverse Strength Test:* The transverse (flexural strength) of a material is a measure of stiffness, and resistance to

fracture. Flexural strength tests were undertaken as these were considered relevant to the loading characteristics of a denture base in a clinical situation.<sup>(6)</sup>

From the results of Tables (2 and 3), it is clear that the denture base material after relining possessed significant lower transverse strength (69 to 80.812 for Major, 68 to 79.687 for QD) than denture base material without relining, except the group which represent the denture base cured by microwave method and relined by using microwave curing method with surface treatment (82.875 for Major, 82.312 for QD). The decrease in transverse strength of the relined denture base samples could be mainly related to the adhesive failure under load between the reline and the denture base material.<sup>(22)</sup>

This could be better explained through the molecular interaction between the active sites of the two resin surfaces (the parent resin and the added resin). All the active sites of the parent resin (denture base) are occupied by the previous curing of the material, while the added resin (reline material) has fully activated active sites. As a result, the compatibility between the two resins is inadequate which leads to weakening of the molecular interaction between the two resins, consequently weakening the mechanical properties of the base - reline complex.<sup>(23,24)</sup> This is in accordance with Baily <sup>(25)</sup> who stated that the cross linkage of surface molecules between parent acrylic resin and new reline resin was not as complete as initially polymerization process but clinically acceptable.

Another explanation for the reduction in transverse strength could be due to the reheating of the old resin (denture base) to cure the added reline resin that releases the internal stress inherent in heat cured acrylic base. This will result in a partial depolymerization and micro cracks formation within the resin from which crack propagation start, leading to decrease in strength and rigidity of the relined resin. (13) Heat stress may cause the water sorption of the polymer to increase because of an extension of the distance between the polymer chains. Water taken up into polymer acts as a plasticizer, thus the mechanical prop-erties may be decreased. <sup>(12, 26)</sup> For this reason Anusavice. <sup>(27)</sup> stated that for relining low polymerization temperature is desirable to minimize distortion of the remaining denture base.

Table (3) showed that, the microwave curing method was better than water bath curing method in relining acrylic denture base. The microwave heating is energy conversion not conduction heating as in conventional water bath technique. In the microwave method, the monomer molecules are positively moved (rotated) by a high frequency electromagnetic field, their movements are the cause of the internal heat and the heat is only the consequence of their movements. So the microwave curing is much faster than a conventional water bath, and the degree of curing also increased.<sup>(28-30)</sup>

The surface treatment by MMA had a significant effect on increasing the transverse strength of the relined samples. Their effects were probably to increase the wet-ability of the denture base polymers and to increase the chemical bonding with the reline polymer.<sup>(12)</sup>

*Tensile Bond Strength Test:* A variety of tests had been developed to measure the bond strength between two materials. However, most of these tests were designed to place the bond in tension.<sup>(19)</sup> Tensile strength is defined as the resistance of the material to a tensile or stretching force.

The results of this test, Table (4 and 5) showed that the denture base without relining (control group by both curing methods) exhibited a higher tensile strength (75.05, 75.175 for Major, 75.712, 75.8 for QD) than the other groups (after relining). This is probably related to adhesive failure under load between the reline resin and denture base resin.<sup>(13)</sup>

The results of this test also showed that relining by microwave curing method had given higher tensile bonding strength values than the water bath curing method, this could be attributed to that the microwave curing method is much faster than the water bath curing method, the degree of curing is also increased, and the rate of monomer diffusion could be higher in microwave technique that provide higher bond strength.<sup>(12, 27)</sup>

The results also revealed that the use of surface treatment leads to a higher tensile bonding strength at P = 0.05. The MMA monomer has a relatively low ability to dissolve the denture base resin surface. However, they penetrate into the denture base resin and polymerize with the reline acrylic resin. In addition, this kind of primer makes the denture base resin surface

porous and a type of mechanical interlocking structure between the two materials would be established through this layer. When the denture base resin is dissolved by MMA, the bonding is based on the formation of new polymer chains between the heat polymerizing acrylic resin pieces.<sup>(16, 20, 30-32)</sup>

The bonding agent should include constituents, which will provide a chemically clean bonding surface that acts as a solvent, and provides a polymer cross linking agent.<sup>(33)</sup>

However, these bond strength values may not simulate the clinical situation because of difference between the geometry of test samples and the clinical application. Generally, the bond strength values typically overestimate the bond strength obtained in clinical usage. Nevertheless, laboratory tests are useful in comparing and ranking the bond strength of lining material.<sup>(24)</sup>

With respect to the nature of failure, all the relined samples failed adhesively across the denture base resin (Figure 3). This result is in agreement with many authors<sup>(24, 34, 35)</sup> who observed that all relined samples display an adhesive failure at the junction of the reline - denture base site.

# CONCLUSIONS

There were no significance differences of transverse strength of relining thicknesses (0.5mm, 1mm, and 1.5mm). Relining the heat cure denture base material significantly decreases the transverse strength of the relined denture base. The microwave curing method in relining gives higher transverse strength, and tensile bonding values for the relined samples than water bath curing method. Surface treatment by MMA monomer significantly increases the transverse strength and the tensile bonding strength of the relined samples.

## REFERENCES

- 1. Woelfel JB. Newer materials and techniques in Prosthetic Resin materials. *Dent Clin North Am.* 1971; 15:67-79.
- 2. Peyton FA. History of resins in dentistry. *Dent Clin North Am.* 1975; 19:211-222.

- 3. Phoenix RD. Denture base materials. *Dent Clin North Am.* 1996; 40:113-120.
- 4. Stafford GD, Handley RW. Transverse bond testing of denture base polymers. *J Dentistry* 1975; 3:251-255.
- Vallittu PK, Odant B , Alakuijala P, Veijo P, Lassila O, Larpalairen RO. In vitro fatigue fracture of an acrylic resin based partial denture. An exploratory study. *J Prosthet Dent*. 1994; 72:289-95.
- 6. Jagger DC, Jagger RG, Allen SM, Harrison A. An investigation in to the transverse and impact strength of high impact denture base acrylic resins. *J oral Rehab*.2002; 29:263-267.
- AL-Azzawi. Evaluation of some physical and mechanical properties of acrylic denture materials cured by two different types of microwaves irradiation. M.Sc thesis, College of Dentistry, University of Baghdad. 1998.
- Polyzois GL, Dahi JE. Bonding of synthetic resin teeth to microwave or heat activated denture base resin. *EUR J Prosthodont Rest Dent.* 1993; 2:41-44.
- 9. Boucher CO. The relining of complete denture. *J Prosthet Dent*. 1973; 30:521-526.
- 10.Bowman JF and Javid NS. Relining and rebasing techniques. Dent Clin North Am. 1977; 21:369-378.
- Nassif J and Jumbelic R. Current concepts for relining complete dentures. J Prosthet Dent. 1984; 51:11-15.
- 12. Arachadian N, Kawano F, Ohguri T, Ichikawa T, Matsumoto N. Flexural strength of rebased denture polymers. *J oral Rehab*.2000; 27:690-696.
- 13.Faraj SA, Abdul-karim JF. Evaluation of some mechanical properties of acrylic denture base material relined with different denture relines materials. *Iraqi Dent J.*2002; 31:309-321.
- 14.Boucher CO. The relining of complete denture. *J Prosthet Dent*.2004; 91:303-305.
- Arima T, Nikawa H, Hamada T, Harsini T. Composition and effect denture base resin surface primers for reline acrylic resin. J Prosthet Dent. 1996; 75:457-62.
- 16. Vallittu PK, Lassila VP, Lappalainen R. Wetting the repair surface with methyl methacrylate affects the transverse

strength of repaired heat-polymerized resin. *J Prosthet Dent*. 1994; 72:639-43.

- 17. Vergani CE , Machado AL, Pavarina AC. Effect of surface treatments on the bond strength between composite resin and acrylic resin denture teeth. *Int J Prosthodont*. 2000; 1:383-386.
- 18. Hasan RH. Denture teeth bond strength to heat water bath and microwave cured acrylic denture base materials: a comparative study. M.Sc. Thesis. College of dentistry. University of Mosul.2002.
- 19.Craig RG, Ward ML. Restorative Dental materials. 10th ed.1997. pp 500-551. Mosby.
- 20. Ozkan YK, Sertgoz A, Gedik H. Effect of thermocycling on tensile bond strength of six silicone –based, resilient denture liners. *J Prosthet Dent.* 2003; 89:303-310.
- 21.Salem SAL, AL-Doori DII, AL-Khayat AAR. The effect of microwave polymerization on the impact strength of heat cured acrylic resin. *Iraqi Dent J*. 1990; 15:23-27.
- 22. Abdul-Karim J F. Evaluation of some mechanical properties of acrylic denture base material relined with different denture reline materials. M.Sc. Thesis, College of Dentistry, University of Baghdad 2001.
- 23.Craig RG, O'brien WJ, Powers JM (1996) Dental materials: properties and manipulation. 6th ed. pp 242-265. Mosby.
- 24. Mohamed SH, Al-Jadi AM, and Ajaal T. Using of HPLC analysis for evaluation of residual monomer content in denture base material and their effect on mechanical properties. *J Physical Science*. 2008; 19(2): 127-135.
- 25.Baily LR. Essentials of complete denture prosthodontics. 2nd ed. PSG Publishing CO.1998.
- 26.Urban VM, Machado AL, Oliveira RV, Vergan CE, Pavarina AC, and Cass

QB. De Clerck JP. Residual monomer of reline acrylic resins: Effect of waterbath and microwave polymerization treatment. *Dent Mater*. 2007; 23(3):363-368.

- 27. Anusavice KJ. Philips science of denture materials. 10th ed. W.B Saunders Company. 1996 pp 211-237.
- 28.Nishi M. Studies on the curing of Denture base resins with microwave irradiation with particular reference to heat curing resins. J Osaka Dent Univ.1968; 2:23-40.
- 29.De Clerck JP. Microwave polymerization of acrylic resin used in dental prostheses. *J Prosthet Dent*. 1987; 57:650-658.
- 30. Lai CP, Tsai MH, Chen M, Charg HS, Tay HH. Morphology and properties of denture acrylic resins cured by microwave energy and conventional water bath. *Dent Mat.* 2004; 20:133-141.
- 31. Takahashi Y, Chai J. Shear bond strength of denture reline polymers to denture base polymers. *Int J Prostho-dont*. 2001; 14:271-275.
- 32.Leles CR, Machado AL, Vergani CE, Giampaolo ET, Pavarina AC. Bonding strength between a hard chair side reline resin and a denture base material as influenced by surface treatment. *J Oral Rehab*.2001; 28:1153-1157.
- 33.Gunningham JL. Shearbond strength of resin teeth to heat cured and light cured denture base resin. *J oral Rehab.* 2000; 27:312-316.
- 34. Arena CA, Evans DB, Hilton TJ. A comparison of bond strengths among chair side hard reline materials. *J Prosthet Dent.* 1993; 70:126-131.
- 35.Cucci ALM, Rached RN, Giampaolo ET, Vergani CE. Tensile bond strength of hard chair side reline resin as influenced by water storage. *J oral Rehab*.1999; 26:631-634.

.....