

Denture stomatitis is a common form of oral Candidiasis, which is to denture base surfaces [1 - 4]. *Candida* is a commensal organis Introduction of predisposing factors such as systemic disease, in result in fungal infections [5, 6]. Candidiasis has been associa particularly on the tissue-fitting surface of maxillary complete susceptible to *Candida* infections since the denture base serves a Low salivary flow rates, low buffering capacities, and low pH valu oral mucosa and denture surfaces by *Candida* [7 - 12].

Development of pathogenesis is preceded by the initial attachme surface of the denture. Surface characteristics resulting from ch *Candida* to the denture resin and offer an opportunity for further b net negative surface charge, providing an environment of elec charge interactions with the polymer. Understanding the effect *albicans* to poly(methyl methacrylate) (PMMA), our previous re charged denture base materials can prevent adhesion of *C. albica* stomatitis [16].

Poly(methyl methacrylate) (PMMA) is the resin of choice for fabri excellent physical properties and clearly defined polymerization pr have been made to modify PMMA taking advantage of the broad sc In our previous study [16], the experimental resin had a nega methacrylic acid to methyl methacrylate. Results showed that the the ratio of methacrylic acid increased in vitro. A significant dec P < .0001) existed when the methacrylic acid was present at 10% of the new surface-modified denture resins attractive for future denta

An optimized resin material should exhibit a positive biologic res maintaining the desired physical properties. Physical and mechan clinical success and longevity of complete dentures fabricated. Ir compressive and tensile strengths; elongation; hardness; thermal shrinkage; solubility; dimensional stability; and dimensional accur a denture base resin is strength. The denture base must be able to masticatory forces.

Denture base fractures have been examined using different compressive, shear, tensile, transverse, impact, and fatigue str properties that warrant further investigation. Microcracks were modified PMMA samples that had higher methacrylic acid content acid may compromise the physical properties of the resin [16]. In the physical properties of these surface-modified resins.

The aim of this study was to investigate the mechanical proper transverse strength, transverse deflection, flexural strength, and base resin.

2. Materials and Methods

2.1. Synthesis of Modified PMMA Polymers

Modified PMMA polymers were synthesized by polymerization methacrylate (MMA) and methacrylic acid (MA) as monomers. Th 10% mPMMA (10% MA and 90% MMA), and 20% mPMMA (20% N

monomer or the monomer mixture was stirred with 1.2 g of ben paratoluidine was added and stirred briefly. The mixture was pour alcohol) at pH 3 and stirred well to prevent separation of two layer was allowed to continue for 15 minutes after the rise in tempe washed with distilled water, and dried. All chemicals were o Milwaukee, WI.

2.2. Characterization of Modified PMMA Polymers

The synthesized PMMA and modified PMMA polymers were analy Richmond, CA) for the incorporation of carboxylate group. The ch spectra of carboxylated polymers showed significant broadening of that of PMMA. In addition, the appearance of new IR bands at 292 suggested the incorporation of carboxylate group.

2.3. Preparation of Resin Samples

Three groups of modified PMMA (5% *m*PMMA, 10% *m*PMMA, 20^c resin, Orthodontic Dental Resin (DENTSPLY Caulk, Milford, DE), we were designated as the following: Group 1(Control)-Dental Resin Group 4 – 20% *m*PMMA. Orthodontic Dental Resin was fabricate samples in Groups 2 – 4 were polymerized using chemicals in the Chemical Co., Inc., Milwaukee, WI).



Five plates per each experimental group were fabricated. Polym $55 \pm 1^{\circ}$ C in a pressurized chamber (22 psi) for 15 minutes. Eacl 25 samples per experimental group. These oversized strips were n (W) $\times 65$ mm (L) $\times 2.5$ mm (D)] and polished to mini with distilled water to remove any residual monomer and then \pm before testing.

2.4. Mechanical Testing

Utilizing a 3-point flexural test, the samples were mounted in a ca Corp., Canton, MA). Each plastic strip was supported on each end rod applied a load until fracture occurred at a uniform crosshead ϵ a complete stress versus strain history for each test were obta calculate the transverse strength, transverse deflection, flexural curves along with the means and standard deviations for each exp

2.5. Statistical Analysis

The mean, median, and mode were calculated for each experime normality and One-way Analysis of Variance (ANOVA) and Scheff groups.

3. Results

A representation of the difference in mean transverse strength is the highest mean force required to fracture the specimens. A cor significant difference between the Control and the 5% *m*PMMA gro the transverse strength decreased. The 20% *m*PMMA group sho statistically significant compared to the 5% *m*PMMA group (P < .05

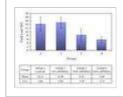


Figure 1: The bar graph represents the measurement or force at fracture for each of the exp

The transverse deflection measurements and the mean values are specimen was, the farther the crosshead needed to travel to transverse strength, the material with higher transverse deflection of methacrylic acid:MMA increased, the transverse deflection de comparison of mean transverse deflection revealed significant diffe except the 5% *m*PMMA group.

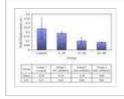


Figure 2: The mean and standard deviation experimental groups.

Figure 3 shows the mean and standard deviation values for flexura higher the load or force required to fracture the specimens, th methacrylic acid:MMA increased, the flexural strength decreas difference in flexural strength from all other groups (P < .05) excep

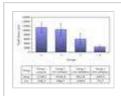


Figure 3: Representation of the mean and st each of the experimental groups.

Figure 4 shows the mean and standard deviation values for Young' groups. The elastic modulus is a measure of the stiffness of the m the material will exhibit a lower elastic deformation per unit of modulus of elasticity of the Control and the 5% *m*PMMA group re group exhibited the lowest modulus of elasticity, which was signif the commercially available Dental Resin (P < .05). Thus, the 20^c modulus, translating into the least stiff material. The 10% *m*PMMA the Control or the 5% *m*PMMA group.

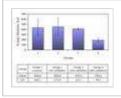


Figure 4: The mean and standard deviation v. the experimental groups.

4. Discussion

Correlation existed between the physical properties and the ant present study, the greatest decrease in transverse and flexural str content was increased from 5% to 10% mPMMA (P<,05). Interesthe most significant reduction in adhesion of *C. albicans* occurred increased, the adhesion of *C. albican* to resin surfaces decreas consequence.

The 5% *m*PMMA group was comparable to the Control (Dental Res any parameter tested. The 5% *m*PMMA group produced a higher the Dental Resin; however, it was not statistically significant. This the modified resin samples. The experimental resins were not opti been produced specifically to enhance these physical characteris although not designed for dental use, still had high transverse an the Dental Resin.

In the present study, prepolymerizing or mixing two different type produced a copolymer. Methacrylic acid is a small molecule with a physiologic pH. Steric interactions can be postulated as the free of new polymer, thereby affecting its physical properties. By creating repelling forces within the resin material. The influence of these in subjected to physical testing such as compressive and tensile decreased the flexural and transverse strengths of the resin sam internal repulsive forces. The negative internal forces also affect 1 represents the basic response of a material to a force. Fundamen existing interatomic forces of the material. The present study inc lowest modulus of elasticity and had the greatest ionic charge.

The overall negative charge may also affect the solubility of the showed that an increase in methacrylic acid content correlated inferring increased hydrophilicity [16]. Umemoto and Kurata [decreased water sorption. In that study, they produced copolyme methacrylate) and methyl methacrylate. Increasing the hydrop sorption with no decrease in mechanical properties. These hydropl bending strength and similar modulus of elasticity compared to P understanding of the effects of methacrylic acid on the resin's pr PMMA with methacrylic acid altered the physical properties of resin

In the present study a cold-cured method of resin polymerization v a heat-cured acrylic form. Studies have shown that there is no diff cold-cured acrylic resins [18, 19]. For the purpose of investiga adhesion, it is reasonable to assume that the present results are e methods.

Further modifications may be needed for the modified resins to im beneficial antifungal characteristics. A range of methods have be through chemical modification of PMMA and through incorporation [20 - 23]. High-impact acrylic is produced from the incorporation polymerization. Rubber graft copolymers obtained from this proce base by as much as 50% [24]. These resins use a monomer that crosslinkers are said to provide the craze resistance in a dentui inhibiting effect due to the incorporation of rubber. Fiber reinfo improving flexural strength of PMMA [26, 27]. Effective fiber reinfo the fiber type, number, distribution, and orientation. However, cor *albicans* to fiber-reinforced denture resin bases have been raised. surface roughness and provide mechanical retention in vivo [28]. can be further modified to increase its physical strength to achiev research includes continued elucidation of the ideal ratio of methac properties for clinical applications.

5. Conclusion

Surface-charged resins demonstrate to be promising as a biom response by decreasing Candidal adhesion. The results of the pre with methacrylic acid changes the physical properties of the resin. group were comparable to the commercially available Dental Resin

Acknowledgments

This work was based on a thesis submitted to the Faculty of Medic requirements for the degree of Master of Medical Sciences in International Association for Dental Research, Goteborg, Swede Marquette University ORSP Grants 19760 and 19890 for making th

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