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Update:
ADA Sealant Guidelines

ADA Issues Recommendations for Pit and Fissure Sealants

A panel of experts convened by the American Dental Association Council on Scientific Affairs has concluded that ‘sealants are effective in caries prevention and can prevent the progression of early noncavitated carious lesions.’*

The panel did an extensive review of the literature, published clinical studies and unpublished systematic reviews provided by the Centers for Disease Control and Prevention to provide the profession with evidence-based clinical recommendations for the use of sealants.

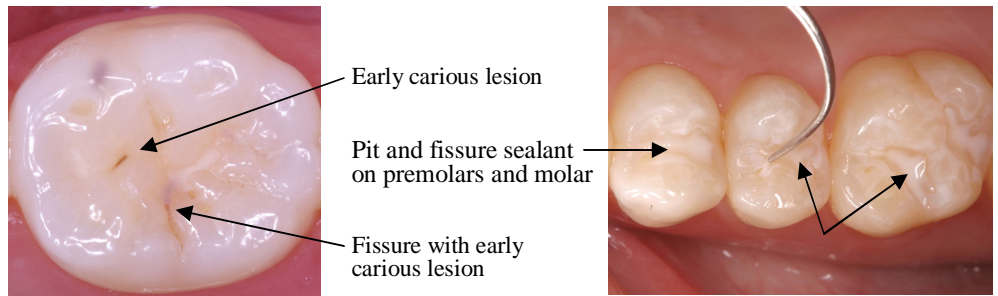
The report recommends sealant placement on the primary teeth of children and the permanent teeth of children, adolescents and adults when it is determined that there is a risk of developing caries. It is also recommended that sealants be placed on early (noncavitated) carious lesions to limit their progress.

The report recommends acid etching of enamel, states that bonding agents can be used under sealants, and does not recommend self-etching bonding agents due to reduced retention. A separate etching step is recommended.

When resin-based sealants are indicated but when there are concerns about moisture control, glass ionomers can be used as an interim preventive agent.

The ADA report omits a category that would include an advanced hydrophilic resin sealant that bonds to the moist tooth (EMBRACE WetBond) and has been available for the past six years, providing exceptional retention and a superior seal against microleakage.

* Beauchamp et al. Evidence-based clinical recommendations for the use of pit-and-fissure sealants. *J Am Dent Assoc* 2008;139(3):257-268.



Embrace WetBond Contains No Bisphenol A

We have received many phone calls as a result of the increased public awareness of issues related to Bisphenol A (BPA). Researchers and public health officials will debate this issue long into the future. Here is what we know.

BPA based resins are widely used in plastics and coatings. In the dental industry, BPA is one of the chemicals used to synthesize Bis-GMA, a monomer that is common in dental resins and composites.

If there is complete conversion, there is no trace of residual BPA in Bis-GMA.

It is possible to test Bis-GMA using HPLC to determine if there is any residual BPA.

A 1996 study raised concerns about the estrogenicity of resin-based dental composites and sealants.¹ A study published in 2000 stated: ‘Our results confirm the leaching of estrogenic monomers into the environment by Bis-GMA-based composites and sealants . . .’²

Embrace WetBond Pit and Fissure Sealant has no Bis-GMA and there is no possibility of Bisphenol A. This solves the problem for all concerned parties.

Seal-Rite contains Bis-GMA and was tested for residual Bisphenol A. In a cover story in the *Journal of the American Dental Association*, Nathanson et al concluded that ‘none of the tested sealants was shown to have released BPA.’³

References:

1. Olea N et al. Estrogenicity of resin-based composites and sealants used in dentistry. *Environ Health Perspect* 1996;104(3):298-305.
2. Pulgar R et al. Determination of bisphenol A and related aromatic compounds released from Bis-GMA-based composites and sealants by high performance liquid chromatography. *Environ Health Perspect* 2000;108:21-27
3. Nathanson D et al. In vitro elution of leachable components from dental sealants. *JADA* 1997;128: 1517-1523.