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Effects of Glide Path Preparation on Apical Debris Extrusion in Root Canal Treatment: A Systematic Review

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(Received: 07 October	r 2023 Revised: 12 November	Accepted: 06 December)			
KEYWORDS	ABSTRACT: Introduction: Using a glide path preparation with	ith nickel-titanium rotary files or hand files helps			
glide path, apical debris, post-	prevent fracture of instruments and maintains the file systems during root canal treatment causes tissues, which could result in unfavorable outcom	original anatomy of a root canal. Using glide path extrusion of intra-canal debris into peri radicular nes.			
operative pain, Ni-Ti rotary files.	Objectives : The goal of this systematic review was to look into the effects of glide path preparation on the extrusion of apical debris.				
Hand files.	Methods : In this systematic review, we analyze with impact on apical debris extrusion. We follow literature search, and included 13 relevant studie	various glide path preparation techniques and their red PRISMA guidelines, conducted a thorough s.			
	Results : The original total of 169 articles was reduced to 13 after the keywords, extra filters, and inclusion, and exclusion criteria were applied. It was discovered that the majority of studies that used glide path files showed a statistically significant lesser extrusion of debris.				
	Conclusions : In conclusion, this review underso root canal procedures. Using a glide path file extrusion and improves clinical prognosis.	cores the importance of glide path preparation in during root canal preparation diminishes debris			

1. Introduction

Root canal treatment is a fundamental procedure in modern dentistry, aimed at salvaging teeth suffering from infection or decay. (1) One of the pivotal factors influencing the success of this procedure is the management of debris extrusion from the apical region of the tooth. (2) The apical region, situated at the tip of the tooth's root, is particularly sensitive and must be handled with utmost care during the treatment. When debris is extruded into this area, it can lead to postoperative discomfort and compromise the long-term prognosis of the tooth. (3) Hence, the process of glide path preparation, which involves creating a smooth and unobstructed pathway to the apical region, is crucial in minimizing the risk of apical debris extrusion. (4) In this systematic review, we embark on an in-depth exploration of glide path preparation techniques and their direct impact on the prevention or exacerbation of apical debris extrusion.

Glide path preparation is a multifaceted process that requires a delicate balance between shaping the root canal space to accommodate instruments and ensuring minimal disruption to the apical region. (5 6) Dental practitioners employ various techniques, instruments,

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and strategies to achieve this balance. (7) This systematic review aims to distill the wealth of information available in the dental literature, providing a comprehensive examination of the strengths and limitations of different glide path preparation approaches. By scrutinizing the nuances of these techniques, we hope to offer practitioners valuable insights into the most effective methods for managing apical debris extrusion, promoting precision, and ultimately improving the overall quality of root canal treatments. (8)

The ultimate goal of this systematic review is to bridge the gap between research and clinical practice. By synthesizing the current state of knowledge, we aspire to empower dental practitioners with evidence-based guidance that can enhance their decision-making in root canal treatments. Furthermore, we recognize that improved glide path preparation techniques can lead to a reduction in apical debris extrusion, resulting in enhanced post-operative comfort and a higher likelihood of successful long-term outcomes for patients. As we navigate the complexities of glide path preparation in root canal treatment, it is our hope that this review will serve as a valuable resource, fostering greater precision, efficacy, and patient satisfaction in dental practices worldwide.

2. Methods

Protocol and Registration

This systematic review followed the Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA) guidelines. (Figure 1)

Search Strategy

The literature search was done in two databases (PubMed and Ebsco host). The following keywords and combinations were used:

• ((glide path rotary file) OR (Niti files) OR (glide path files) OR (glide path) OR (patency) OR (glide path preparation) OR (rotary files)) AND ((apical debris extrusion) OR (apical extrusion of debris) OR (debris extrusion) OR (apically extruded debris))

Study Selection Process

Two independent reviewers initially screened the titles and abstracts of the available articles. For final

inclusion, the articles were retrieved and assessed according to the inclusion and exclusion criteria. To find additional articles that might have been missed during the digital search, the references of every chosen article underwent a manual search. A third reviewer determined any disputes about the inclusion of final studies. The inclusion/exclusion criteria followed were:

Inclusion criteria:

- In vitro studies
- Glide path preparation used in endodontic treatment
- Exclusion criteria:
- Clinical trials

• Different conventional endodontic treatments applied

Data Extraction Process

For each of the identified studies included, the following data were then extracted and tabulated using a Microsoft Excel sheet with the following information: author and title of publication, rotary glide path files assessed, sample size of teeth, degree of curvature of the teeth, methodology to evaluate the debris extrusion. (Table 1)

Quality Assessment

Two reviewers assessed the bias risk independently. The risk of bias in in-vitro experiments could not be evaluated using a standardized approach. Customized tools have been utilized in earlier investigations. A unique tool that was modified from another investigation was also used in the current study. (AlShwaimi et al., 2016) The following parameters were assessed and graded for calculating the risk of bias:

- Presence of control group
- Description of sample size calculation
- Glide path preparation by a single operator
- Standardization of weighing machine

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- Procedures following manufacturer's instructions
- Blinding of outcome assessor.

If the authors specified it, the article received a Y (yes) for that specific parameter; if the data could not

be located, the article received a N (no). Studies with 1-2 items were deemed to have a high risk of bias, those with 3–4 items a medium risk, and those with 5–6 items a low risk. (Table 2)



Figure 1: Prisma flowchart

			Sample				
Sr.		Author	size and	Canal			
No.	Title	Name	type	curvature	Files assessed	Methodology	Results
1	Effects of Different Glide	Betul Gunes et	Sixty human	Between 25°	Group G-File: G1 (#0.12) and G2 (#0.17) and a	Separate	One G group showed
	Path Files on Apical	al.	mandibular	and 65°	WayeQne Gold Primary	Eppendorf tubes	less debris extrusion
	Debris Extrusion in		molar teeth		Group One G: One G (#0.14) and WayeOne Gold	and Electronic	than the K-file group, No
	Curved Root Canals				Primary reciprocation file	scales	difference between
					Group Proglider: a Proglider (#0.16) rotary file		between the One G and
					and a WaxeQue Gold Primary reciprocation file		G-Files, <u>Proglider</u> ,
					Group PathFile: PF1 (#0.13) and PF2 (#0.16) rotary		PathEile, and WaveQne
					files and and WayeOne Gold Primary reciprocation		Gold
					file		without glide path
					Group K-files: ISO #10 and #15 manual K-files and a		groups, No difference
					WayeOne Gold Primary reciprocation file		between K-file group
					Group without a glide path: only WayeOne Gold		and the G-Files,
					Primary reciprocation files.		Proglider, PathFile, and
							WaveQue Gold
							without glide path
							groups.
2	Effect of glide path	Ajinkya M.	Sixty human	20° to 40°		Polyethylene	Self adjusting file
	preparation on apical	Pawar et al.	mandibular			tube and	showed less debris
	extrusion of debris in root		molar teeth			weighing	extrusion, No difference
	canals instrumented with				Group 1: 20/0.02 +	machine	between oneshape and
	three single-file systems:				OneShape®		Waveone
	An ex vivo comparative				<u>Group 2:</u> 20/0.02 + WayeOne		
~	Influence of a glide nath	H S Toncilogli	Ninetv	25° to 35°	group 3, 20/0.04 + 3ett-aujusting rite	Ennandorf tuhas	One chane chowed less
)	on apical extrusion of	et al.	extracted	2	group 2 OS: OneShape file	and Electronic	debris extrusion than
	debris during canal		mandibular		group 3 WO: WaveOne file	scales	Reciproc and WaveOne.
	preparation using single-		molar		group 4 GP + Rec: PathFile instruments 1 (size 13,		groups
	file systems in curved				0.02		when no glide path was
	canals				taper) and 2 (size 16, 0.02 taper) + Beciproc file		created, No difference
					group 5 GP + OS: PathElle instruments 1 (size 13,		amongst the OneShape,
					0.02		Reciproc and WaveQue
					taper) and 2 (size 16, 0.02 taper) +QueShape file		groups when creating a
					<u>group 6 GP + WO: PathFile</u> instruments 1 (size 13, 0.02		glide path.
					taper) and 2 (size 16, 0.02 taper) + WaveOne file		

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Table 1: Characteristics of studies

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Group PG showed least debris <u>extrusion. Groups</u> OG and SR showed no significant differences, Group SS showed maximum debris extrusion	No difference among RG, RP and WGG groups	group K file extruded the highest number of bacteria compared to the 4 other groups, no difference between other groups	WGG/WOG extruded less debris than WO group, no difectonce <u>between</u> WO and PG/WOG	<u>WGG have</u> a significantly lower value than K-file, no difference between Traverse and K- file.
Polyethylene tube and weighing machine	Eppendorf tubes and <u>Electronic</u> scales	BHI agar	Eppendorf tubes and <u>Electronic</u> scales	Eppendorf tubes and <u>Electronic</u> scales
group <u>SS</u> : SS hand K-file group (#15/0.02 taper) group <u>OG</u> : One G (#14/0.03 taper) group <u>PG</u> : <u>PC</u> ,	group PG + RB25: Proglider + Beciproc Blue R25 group R-Pilot + RB25: R-Pilot with 'Beciproc All' setting + Beciproc Blue R25 group WGG + RB25: R-Pilot with 'WayeOne All' setting + group Manual glide path + RB25:	group K-file: K-files size 10, 15, and 20 group PathFile: 3 instruments with 0.02 taper and tip size 13 (PathFile #1), 16 (PathFile #2), and 19 (PathFile #3) group G-File: 2 instruments with 0.03 taper and size 12 (G1) and 17 (G2) group ProGlider: ProGlider single-file rotary glide path file group One G: One G with 0.03 taper and tip size 14	group WOG+WGG: WaveQue gold glider + WaveQue gold primary file group WOG+PG: Proglider file + WaveQue gold primary file group WOG: WaveQue gold primary file	group Traverse: Traverse file 0.18/06 group WGG: WGG size 0.15 mm and 0.2 tapers using "WAVE ONE ALL" group K file: K-file # 15 and 20. K-file # 20
<105°	25° to 35°	10° to 20°	25° to 35°	< 5°
Forty extracted incisor teeth	Eighty mandibulat molar	Sixty mandibular first molar	<u>Thirty six</u> mandibular molar	Sixty mandibular <u>premolar</u>
Jung-Hong Ha et al.	Gaoguj Keskin et al.	Alberto Dagna et al.	Damla Kurchi et al.	Afra Rashid Saeed Ali Almbejti, et al.
Debris extrusion by glide- path establishing endodontic instruments with different geometries	Apically extruded debris produced during glide path preparation using R- Pilot, <u>WayeOpe</u> Gold Glider and <u>Proglider</u> in curved root canals	Comparison of apical extrusion of intracanal bacteria by various glide- path establishing systems: an in vitro study	Effects of different glide path techniques on the <u>amount</u> of extruded debris and preparation times during root canal preparation	Influence of traverse and WAYSONG gold glider glide path files on the amount of apically extruded debris.
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Table 1: Characteristics of studies

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red PS det	es <mark>tige</mark>	wed with ion	
SURESUMERALL SHOW less extrusion than Proglider, Neoniti G showed higher extr compared to Proglij	Manual glide path v Manual glide path v K-files had the large number of extruded bacteria, No signific difference between rotary and rgipt000 glide path techniqu	BECIPICOC group sho more extrusion comapted to group glide path preparati	Universal ProTaper
brain heart infusion broth	brain heart infusion agar	Eppendorf tubes and <u>Electronic</u> scales	Eppendorf
group (PROGLIDER): 2008/10(e) group (EDGEGLIDEPATH): 508eG10(ePath progressive taper from 2% to 7% and tip diameter 0.17 group (NEONITI GPS): Negoliti GPS - taper 0.3 and tip diameter 0.15 group (HYFLEX EDM): No glide path, HyClex EDM (75/ 08)	<u>group K-file</u> : sizes 10, 15 and 20 K file <u>group One G</u> : One G rotary glide path <u>group One G</u> : One G rotary glide path <u>group Control (Negative</u>]: Canals were not infected, <u>glide</u> path for 2 specimens was created with One G, another 2 specimens with WayeQue Gold Glider and 1 specimen with the K-files. <u>group Control (Positive</u>]: Canals were infected but no	group Glide Path + <u>Reciproc</u> : <u>PathFile</u> instruments 1 (size 13, 0.02 taper), 2 (size 16, 0.02 taper), and 3 (size 19, 0.02 taper) + <u>Reciproc</u> group <u>Reciproc</u> ; no glide path + <u>Reciproc</u> .	
0°-10°	10° to 30°	Ŝ	20° to 40°
Forty human mandibular bicuspids	Forty mandibular first molars	Sixty mandibular <u>premolar</u>	Eighty mandibular
Priyanka Soni et al.	Nicole low <u>Buj</u> Vij et al.	Alaa Shaker et al.	Ajinkya M. Pawar et al.
Effect of glide path files with different metallurgy on intracanal bacterial extrusion by <u>UUCIex</u> electrical discharge machining file: An in vitro study.	Comparison of Apical Extrusion of Bacteria After Glide Path Preparation Between Manual K File, One G Rotary, and WayeOpe Gold Glider Reciprocation Preparations.	Effect of a Glide Path with Rotary Files on Apical Extrusion of Intra-Canal Debris during Root Canal Preparation Using a Beciptoc System: an in vitro Study.	Effect of taper of glide path preparation on
σ	10	11	12

Table 1: Characteristics of studies

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No statistically significant difference	between the groups				
Eppendorf tubes and	Electronic	scales			
	group 1: Wayeone with glide path	group 2: Wayeone without glide path	group 3: QueShape with glide path	group 4: OneShape without glide path	
0 to 10°					
Forty-eight extracted	human	mandibular	incisors		
Seving Aktemut. Türker et al.					
Effect of glide path preparation on apical	debris extrusion of rotary	and reciprocating single-	file systems: Queshape	versus WaveQue,	
				-+	

Table 1: Characteristics of studies

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				Table 2	2: Risk of bias asses	ssment	
Study	Presence of control group	Description of sample size calculation	Glide path preparation done by single operator	Standardization of universal testing machine	Procedures following manufacturer's instructions	Blinding of outcome assessor	Overall risk of bias
Gunes et al.	X	×	\checkmark	X	\checkmark	×	high risk bias
Ajinkya M. Pawar et al.	X	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	low risk bias
H. S. Topcuoglu et al.	X	\checkmark	\checkmark	\checkmark	X	\checkmark	medium risk bias
Jung-Hong Ha et al.	X	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	low risk bias
Cangul Keskin et al.	X	\checkmark	×	X	\checkmark	\checkmark	medium risk bias
Alberto Dagna et al.	X	\checkmark	\checkmark	\checkmark	\checkmark	×	medium risk bias
Damla Kirichi et al. Afra Pashid	\checkmark	×	\checkmark	\checkmark	\checkmark	\checkmark	low risk bias
Saeed Ali Almheiri et al.	\checkmark	\checkmark	\checkmark	\checkmark	×	×	medium risk bias
Priyanka Soni et al.	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	low risk bias
Nicole low pui yii et al.	X	\checkmark	\checkmark	\checkmark	\checkmark	×	medium risk bias
Alaa Shaker et al.	\checkmark	×	\checkmark	\checkmark	\checkmark	\checkmark	low risk bias
Ajinkya M. Pawar et al. Sevinc	\checkmark	\checkmark	\checkmark	\checkmark	×	×	medium risk bias
Aktemur Türker et al.	×	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	low risk bias

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3. Results

The search identified a total of 169 preliminary results: where 107 were found in PubMed, and 62 in Ebsco host. Mendeley reference management software (Elsevier, AMS, Netherlands) was used to manually delete duplicates. From there, 154 records were removed upon reading the title and abstract.13 articles were included for data extraction.

4. Discussion

A wide variety of glide path preparation instruments can be found in various motions and techniques. When NiTi rotary instruments are used for glide-path preparation rather than manual stainless steel (SS) hand files, the process is quicker and better preserves the original anatomy of the canal, requiring fewer adjustments to the canal's curvatures. (9) Debris is extruded in the process of all instrumentation techniques. Thus, the purpose of this study was to provide a comprehensive analysis of the literature that has been written about the extrusion of debris in the presence of glide path preparation.

The study done by Betul Gunes et. al focused on the importance of creating a glide path before root canal procedures and compared different methods of creating these glide paths in curved root canals. The researchers found that the One G glide path method resulted in significantly less apical debris extrusion compared to the use of K-files. However, there was no significant difference between other glide path methods, and all methods resulted in some apical debris extrusion. In conclusion, various glide path methods had similar outcomes when used with the WaveOne Gold file, with K-files causing more debris extrusion than the One G method. (10) Ajinkya M. Pawar et. al evaluated the effect of a new glide path preparation protocol using a 20-0.04 file on the extrusion of debris in mesial canals of molars, comparing it with glide paths prepared using a 20-0.02 K-file and subsequent instrumentation with OneShape and WaveOne files. The results showed that the group using the 20-0.04 rotary file and Self-Adjusting File for glide path preparation and instrumentation resulted in significantly less apical debris extrusion compared to the groups that used 20-0.02 K-files and OS or WO files. This suggests that the 20-0.04 rotary file and SAF combination is more effective in minimizing debris

extrusion in curved mesial canals during mandibular molar root canal treatments. (11)

The study by H. S. Topcuoglu et. al investigated the impact of creating a glide path on debris extrusion using single-file systems. They found that when no glide path was created, the OneShape file resulted in less debris extrusion compared to Reciproc and WaveOne. However, there was no significant difference between Reciproc and WaveOne. When a glide path was established before canal preparation, all systems produced significantly less debris extrusion. (12) Another study assessed the amount of debris extrusion produced during glide-path preparation with instruments having different geometric designs in endodontic procedures. The researchers used four different instruments, including One G, ProGlider, a size 15 ScoutRace, and a size 15 stainless-steel K-file, on 40 extracted teeth. They found that the ProGlider group resulted in less debris extrusion compared to the other files. The ScoutRace and One G groups showed no significant difference but had less debris extrusion than the stainless-steel group. (13) Another study compared apical debris production during glide path preparation in curved root canals using manual methods (K-file) and engine-driven instruments (R-Pilot, WaveOne Gold Glider, and ProGlider), followed by preparation with Reciproc Blue. Manual preparation produced the most debris, while all methods caused some debris extrusion. There were no significant differences between the engine-driven instruments (RP, PG, WGG) regarding debris production. (14).

Three studies compared the apical extrusion of bacteria during glide-path preparation (15 16 17), Alberto Dagna et. al tested manual stainless-steel files and different NiTi rotary files (PathFiles, G-Files, ProGlider, and One G) on infected mandibular first molar teeth. The results showed that the manual technique produced the highest bacterial extrusion, while the four rotary file groups had similar bacterial extrusion levels. (15) The study by Nicole LOW PUI-YII et. al compared manual stainless-steel files (Kfiles), rotary files (One G), and reciprocating files (WaveOne Gold Glider). It concluded that manual Kfiles resulted in significantly more extrusion of bacteria compared to the other groups. (17)

Another study compared Proglider, EdgeGlidePath Files, and Neoniti GPS. EdgeGlidePath files resulted in less

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apical extrusion compared to Proglider and Neoniti GPS. (16) Kirici D et. al compared WaveOne Gold and ProGlider preparation with no glide path preparation and concluded that WaveOne Gold and ProGlider preparation had significantly less apically extruded debris compared to the group with WaveOne Gold without glide path preparation. (18) A similar study comparing Traverse file, WaveOne Gold Glider and stain less steel K file concluded that WaveOne Gold Glider produced the least amount of apical extruded debris followed by the Traverse group then the K-file group. (19) Alaa Shaker et al. compared Reciproc rotary files with glide path preparation and without glide path preparation. They concluded that reciproc file extruded less debris when glide path was prepared. (20) Ajinkya M. Pawar et al. noted that when WaveOne and Universal ProTaper was used with both 20/0.02 and 20/0.04 taper rotary file as glide path, 20/0.04 resulted in less debris extrusion. (21) Sevinc Aktemur Turker et. al found no difference when comparing WaveOne and OneShape with and without glide path preparation. (23)

The choice of instruments and techniques can significantly impact the amount of debris and bacteria extruded. While manual methods may result in more extrusion, various nickel-titanium rotary systems, such as WaveOne Gold, ProGlider, and others, have shown promise in reducing extrusion. The use of glide path preparation, regardless of the specific instruments or motion used, generally leads to less debris extrusion and may contribute to safer and more efficient endodontic procedures. However, it is essential to consider the specific clinical context and the unique characteristics of each case when selecting the most appropriate instruments and techniques to minimize extrusion and enhance the success of root canal treatments. Further research and clinical studies will continue to refine these techniques, ultimately benefiting both dental practitioners and their patients.

Conclusion

This literature evaluation leads to the conclusion that, when it comes to maintaining the original root canal morphology, engine-driven glide route preparation performs on par with or better than manual glide path preparation. The consistent finding across these studies is that implementing glide path preparation, regardless of the specific instruments or motion used, tends to minimize extrusion and contribute to a better clinical outcome.

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