

Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.e-jds.com



The biocompatibility and mineralization potential of mineral trioxide aggregate containing calcium fluoride—An in vitro study



Journal of

Dental

Sciences

Miyoung Lim^a, Minju Song^b, Chan-Ui Hong^b, Yong-bum Cho^{b*}

- ^a Department of Conservative Dentistry, Dankook University College of Dentistry Jukjeon Hospital, Yongin, South Korea
- ^b Department of Conservative Dentistry, College of Dentistry, Dankook University, Cheonan, South Korea

Received 12 April 2021; Final revision received 29 April 2021 Available online 10 June 2021

KEYWORDS Biocompatibility; Calcium fluoride; Mineralization; MTA;	Abstract <i>Background/purpose:</i> MTA is used to induce hard tissue regeneration in various procedures. This study evaluated the biocompatibility and mineralization potential of mineral trioxide aggregate (MTA) containing calcium fluoride (CaF ₂). To verify if the change of components affected physical properties, the setting time, solubility, and surface roughness were measured.
Physical property	Materials and metricus. Human dentat putp tetts (HDPCs) were treated with powder and set MTA containing CaF ₂ (0, 1, 5, and 10 wt %). The proliferation of HDPCs was investigated using 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide (MTT) assay. The mineralization potential of HDPCs was investigated with the relative gene expression of alkaline phosphatase (ALP), collagen type I (Coll), osteocalcin (OCN), and runt-related transcription factor 2 (Runx2) using real-time reverse transcription polymerase chain reaction (RT-PCR). For investigating the physical properties, setting time and solubility were tested. Surface profiles of material were analyzed by a non-contact surface profiler and a scanning electron microscope (SEM). <i>Results:</i> MTA-5% CaF ₂ mixtures increased the proliferation and the mineralization-related gene expression of HDPCs to a greater degree than pure MTA. The addition of CaF ₂ to MTA delayed the setting, but the difference was only significant in the MTA-10% CaF ₂ . Solubility and surface roughness was not altered.

* Corresponding author. Department of Conservative Dentistry, College of Dentistry, Dankook University, 119 Dandae-ro, Dongnam-gu, Cheonan, 31116, South Korea.

E-mail address: raindrop@dankook.ac.kr (Y.-b. Cho).

https://doi.org/10.1016/j.jds.2021.04.019

1991-7902/© 2021 Association for Dental Sciences of the Republic of China. Publishing services by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

Conclusion: The addition of more than 5% CaF₂ can be considered to increase the regeneration potential of pulp cells without adverse effects on physical property.

© 2021 Association for Dental Sciences of the Republic of China. Publishing services by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

Introduction

Mineralized tissue formation is the ultimate goal of pulp treatment procedures. Dental pulp tissues exposed by caries or trauma result in odontoblastic destruction and fibroblast injury. The pulp tissues are primarily fibroblasts but can differentiate into odontoblasts.¹ Similar to osteoblastic cells, they show high ALP activity and form calcified nodules in long-term cultures.^{2,3}

MTA is used to induce hard tissue in various procedures, such as root perforation repair, pulp-dentin regeneration, apical barrier formation, pulp capping, pulpotomy, and rootend filling.^{4,5} Most current studies regarding the modification of MTA composition have aimed to decrease setting time or improve handling properties.^{6,7} Relatively little attention has been concentrated on the biocompatibility or regeneration potential of MTA supplemented with additives.^{8,9}

Since the 1940s, fluoride has been used for dental caries prevention.¹⁰ Fluoride also stimulates the proliferation of osteoblasts, ALP activity, collagen production, and OCN synthesis in bone cells.^{11,12}

In this study, MTA was modified by fluoride addition. Previous studies regarding MTA with fluoride mainly used NaF and investigated the apatite formation on the cement surface or effects on the osteoblasts.^{8,13}

The solubility of NaF may result in structural loss; thus, CaF₂ was used instead of NaF in this study. CaF₂ is a widelyused fluoride composite. The lower solubility of CaF₂ may prevent the rapid release of ions under clinical situations.^{14,15} CaF₂ composite hydrogel dressings have shown good biocompatibility and antibacterial properties, ¹⁶ and a significant reduction in bacterial growth has been observed for composite resin modified with 1.5 wt% CaF₂.¹⁷

The objectives of this study were to evaluate the biocompatibility and mineralization potential of MTA after the addition of CaF_2 . And to verify if there is a negative influence of CaF_2 on the physical property of MTA, setting time, solubility, and surface roughness were measured.

Materials and methods

MTA-CaF₂ sample preparation

For investigating the properties of the mixture of MTA and CaF_2 , ProRoot MTA (Lot number: 212,470; Dentsply Sirona, York, PA, USA) and CaF_2 powder (99.99%, Sigma—Aldrich, San Jose, CA, USA) were used. MTA and CaF_2 were mixed in various concentrations (0,1, 5, and 10 wt% CaF_2).

For evaluating the direct effect of $MTA-CaF_2$, the mixture powder was used. $MTA-CaF_2$ powder samples were prepared under aseptic conditions as the previously reported method with some modifications.¹⁸ Briefly, MTA-CaF₂ powder (2g) and sterile distilled water (DW; 5 ml) were mixed for 30 s using a vortex mixer (Scientific Industries Inc., Bohemia, NY, USA) and centrifuged at $3000 \times g$ for 5 min. The supernatant was used for the MTA-CaF₂ powder test.

For the set MTA-CaF₂ test, MTA-CaF₂ powder (1g) was mixed with 300 μ l of DW. The mixtures were transferred into flexible, circular, acrylic molds (5 mm diameter, 3 mm height) and solidified in an incubator at 37 °C with a relative humidity of 95% for 48 h.

HDPC culture

HDPCs (Axol Bioscience Ltd, Cambridge, UK) were cultured in Dulbecco's modified Eagle's medium (Hyclone, Logan, UT, USA) supplemented with 10% fetal bovine serum (FBS; Hyclone) and antibiotics (100 U/ml penicillin and 100 μ g/ml streptomycin sulfate; Gibco Laboratories, Grand Island, NY, USA) at 37 °C in a humidified atmosphere containing 5% CO₂. Passage 7 to 10 cells were used.

HDPC proliferation

The HDPCs were inoculated in a 12-well microplate (SPL Lifesciences, Pocheon, Korea) at 5×10^3 cells per well in the medium and incubated until the growth of 50% of the wells. The cells were treated with supernatant from MTA and MTA-CaF₂ after changing to fresh medium without FBS for the MTA powder test. For the set MTA test, after removing the medium, the Transwell cell culture insert (3.0 μ m pore size; Corning Inc., Lowell, MA, USA), including the MTA disc, was placed in the well. They were then incubated for 24 and 48 h at 37 °C and 5% CO₂ in the medium.

HDPC proliferation was investigated using MTT assay. The HDPCs were treated with 0.4% MTT solution and incubated for 4 h at 37 °C under 5% CO_2 after removing the culture medium. The cells were washed with phosphate-buffered saline (pH 7.2) to remove the non-reacted MTT solution and treated with 95% ethanol for 30 min to dissolve the formazan. The optical densities of the solutions were measured at a wavelength of 570 nm using a spectrophotometer (Biotek, Winooski, VT, USA).

Mineralization-related gene expression

Gene expression was tested with a real-time PCR. The HDPCs were seeded on a 12-well microplate at 5×10^3 cells per well in the medium and incubated until the growth of 80% of the wells. After both MTA powder and set MTA groups were treated in the same way as the proliferation test, HDPCs were incubated at 37 °C under a 5% CO₂ atmosphere in the medium for 24 h.

Real-time RT-PCR

Using TRIzol reagent (Invitrogen Life Tech, Carsbad, CA, USA), total RNA was isolated from the HDPCs. The total RNA (1 μ g) was mixed with a MaximeTM RT-premix kit (iNtRON, Seongnam, Korea) and incubated at 45 °C for 1 h to synthesize complementary DNA (cDNA). The cDNA was analyzed with semi-quantitative PCR on an ABI 7500 Real-Time PCR system (Applied Biosystems, Foster, CA, USA). The primers used in this study were ALP, Coll, OCN, Runx2, and glyceraldehyde-3-phosphate dehydrogenase (GAPDH) (Table 1). The source of primer list was provided in the previous study.¹⁹

The mixture underwent a thermal cycle as follows: initial denaturation for 4 min at 95 °C and 40 thermal cycles of 15 s at 95 °C, 15 s at 60 °C, and 33 s at 72 °C. GAPDH, the house-keeping gene, was used to normalize the expression level of the target gene. For investigating the specific amplification of the target gene, the PCR products were analyzed by amplifying the dissociation curve.

Physical properties

Setting time

This test was performed according to the ISO 9917-1 protocol²⁰ with a Gilmore needle.

MTA-CaF₂ powder (total weight of 1 g) was mixed with 300 μ l of DW and placed in an acrylic mold (10 mm diameter, 2 mm height). The samples were incubated at 37 °C and 95% relative humidity. The setting time was taken as the point at which Gilmore needle (113.4 g; 2.12 mm diameter) could no longer indent the surface of the disc. The tests were performed at 1 min intervals, 2 h after mixing the MTA or MTA-CaF₂. The compositions of each group were 0,1, 5, and 10 wt% CaF₂ (n = 6).

Solubility test

The solubility of the samples was evaluated according to the ISO 6876 protocol.²¹ MTA-CaF₂ (total weight of 1g) were mixed with 300 μ l of DW and placed in the acrylic mold

Table 1	List of	primers	used for	real-time	RT-PCR
---------	---------	---------	----------	-----------	--------

Primer		Sequence
GAPDH	F	5′-GTG GTG GAC CTG ACC TGC-3′
	R	5′-TGA GCT TGA CAA AGT GGT CG-3′
Runx2	F	5'-CAC TGG CGC TGC AAC AAG A-3'
	R	5'-CAT TCC GGA GCT CAG CAG AAT AAT-3'
ALP	F	5′-GGA CCA TTC CCA CGT CTT CAC-3′
	R	5'-CCT TGT AGC CAG GCC CAT TG-3'
OCN	F	5'-CGG TGC AGA GTC CAG CAA AG-3'
	R	5'-TAC AGG TAG CGC CTG GGT CT-3'
Coll	F	5'-CTG CTG GAC GTC CTG GTG AA-3'
	R	5'-ACG CTG TCC AGC AAT ACC TTG A-3'

F; forward, R; reverse.

GAPDH; glyceraldehyde-3-phosphate dehydrogenase, ALP; alkaline phosphatase, ColI; collagen type I, OCN; osteocalcin, Runx2; runt-related transcription factor 2.

(20 mm diameter and 1.5 mm height). The samples were stored for 48 h at 37 $^\circ C$ and 95% relative humidity.

The set samples and dish were weighed to establish a baseline value (W_0). The same material discs were placed in the dish with 50 ml of DW. The dish was covered with plastic wrap and incubated at 37 °C for 24 h. The discs were rinsed with 3 ml DW, and the discs and the dish were dried at 55 °C for 3 days in the dry oven. The discs and the dish were weighed (W_{24}). The solubility of the MTA-CaF₂ was calculated by the difference in weight after 24 h as a percentage of the original weight (n = 6).

Surface roughness

Surface profiles of the discs of the material were analyzed by a non-contact surface profiler (Contour Elite K; Bruker, Billerica, MA, USA) and an SEM (EM-30AX plus; COXEM, Deajeon, Korea). The test was repeated at each group before and after soaking in water (n = 8).

Statistical analysis

The program used for statistical analysis was SPSS 23.0 (IBM Software, Armonk, NY, USA). Normality was verified with Shapiro–Wilk tests. A non-parametric Kruskal–Wallis test was carried out and post-hoc analysis was performed with the Mann–Whitney U test. Statistical significance was considered at p < 0.05. All data from repeated tests were described as median and interquartile range.

Results

HDPC proliferation

MTA and CaF₂ significantly affected HDPC proliferation. MTA groups showed higher proliferation than the control group (p < 0.05). However, the MTA-1% CaF₂ group showed no difference compared to the pure MTA group, except the group after 24 h in MTA powder. Comparing 1% and 5% CaF₂ groups, the 5% group showed higher proliferation (p < 0.05), but there was no difference between 5% and 10% CaF₂ groups. The differences among groups became less prominent in set MTA than MTA powder (Fig. 1).

Mineralization-related gene expressions of HDPCs

Gene expression profiles of the HDPCs revealed that MTA and CaF₂ increased the mineralization potential. MTA groups showed higher gene expressions (p < 0.05). Among the MTA groups, the pure MTA results did not differ from those of the MTA-1% CaF₂. Differences were identified between the 1% and 5% CaF₂ groups, except in Runx2 of the set MTA (p < 0.05). When the 5% and 10% CaF₂ groups were compared, the gene expressions showed differences, except in the Runx2 of the MTA powder. When MTA powder and set MTA groups were compared, the expression levels decreased in the set MTA (Fig. 2).



Figure 1 The proliferation of HDPCs treated with MTA powder (left) and set MTA (right). The proliferation of HDPCs after treatment with MTA and MTA-CaF₂ read with a spectrophotometer at 570 nm. Different letters indicate significantly different cell proliferation (p < 0.05). MTA and MTA-CaF₂ treatment increased the proliferation of HDPCs (p < 0.05). In MTA powder test, after 24 h, each MTA-CaF₂ group showed different effects (p < 0.05). After 48 h, there were no differences between pure MTA and 1% CaF₂ groups, or between 5% and 10% CaF₂ groups. In the set MTA test, after 24 h, MTA groups increased the proliferation of pulp cells compared to the control group (p < 0.05). There were no differences between pure MTA and 1% CaF₂ groups. After 48 h, the cell proliferation of the control group became similar to those of pure MTA and MTA-1% CaF₂ groups.



Figure 2 Mineralization-related gene expressions after treatment with powder and set MTA. Different superscripts indicate different expression levels (p < 0.05). The odontogenic potential of HDPCs treated with MTA-CaF₂ powder and set MTA-CaF₂ was investigated with relative gene expression using real-time PCR. MTA groups showed higher ALP, Coll, and OCN gene expressions than the control groups (p < 0.05). The expression levels increased with the concentration of CaF₂ (p < 0.05). Pure MTA and MTA-1% CaF₂ showed similar levels in both powder and set MTA groups (p > 0.05). Runx2 showed different odontogenic gene expression profiles to the other genes. MTA groups showed higher expression levels than the control groups (p < 0.05). In MTA powder groups, there were no differences between pure MTA and 1% CaF₂ groups, or between 5% and 10% CaF₂ groups. In the set MTA groups, only MTA-10% CaF₂ showed higher expression than the other MTA groups (p < 0.05).

Table 2 Setting time and solubility of MTA-CaF ₂ mixture.				
Groups	MTA	$MTA+1\%CaF_2$	MTA+5% CaF ₂	MTA+10% CaF ₂
Setting Time (min) Solubility (%)	221.0 (11) 1.750 (0.336)	224.0 (13) 1.871 (0.354)	226.0 (13) 1.786 (0.218)	238.0 (10)* 1.750 (0.415)

Pure MTA set in 221.0 (11) min, and differences among the groups are 3-17 min. But the statistical difference is detected only at MTA-10% CaF₂ group (p < 0.05). * means different setting time (p < 0.05).

Solubility of MTA and MTA-CaF₂ was calculated by the weight differences as a percentage of the original weight. The tested materials showed a 1.750-1.871% solubility. However, there were no differences among the groups (p > 0.05). All data are described as median and interquartile range.

Physical properties

Setting time

Setting time increased after the addition of CaF₂. Pure MTA set in 221.0 \pm 11 min and differences among the groups are 3–17 min. But the statistical difference is detected only at MTA-10% CaF₂ (p < 0.05) (Table 2).

Solubility

The tested materials showed a 1.750-1.871% solubility. However, there were no differences among the groups (p > 0.05) (Table 2).

Surface roughness

Surface profiles showed the different surface heights. The addition of CaF_2 or soaking in the water resulted in a bit of difference (Table 3). MTA and MTA-CaF₂ showed diffuse deposits of different sizes and shapes from the SEM images. The depositions were more evident on MTA-CaF₂ discs than pure MTA discs, and washed after soaking (Fig. 3). However, there was no statistical difference among the groups.

Discussion

According to the previous studies, the addition of NaF to calcium silicate cement causes a delay in setting time and increases expansion and long-term apical sealing in the root canal.^{22,23} When the concentration of NaF increased, the solubility of F-treated MTA also increased.^{22–24} In the investigations of calcium silicate cement with CaF₂, CaF₂-treated tricalcium silicate showed better bioactivity, a lower heat generation, higher compressive strength,²⁵ and faster apatite formation²⁶ than pure tricalcium silicate.

Since endodontic materials are placed in close contact with vital pulp or periradicular tissues, they should be biocompatible. Clinically, MTA is inserted into the pulp chamber or root canals immediately after mixing. For investigating the direct effect of MTA-CaF₂, the eluates from MTA-CaF₂ powder were also used.

MTA improved the proliferation of HDPCs, and the addition of CaF₂ increased this effect. This result corresponds to previous studies that fluoride and MTA stimulate the proliferation of pulp cells and osteoblasts.^{9,27} The current study suggests that 5% CaF₂ may be a good recommendation to increase the proliferation of HDPCs. MTA or MTA-CaF₂ improved HDPC proliferation after 24 h in both treatments of MTA powder and set MTA. Cell proliferation decreased in set MTA groups. It is speculated that the soluble fraction released from set MTA-CaF₂ was less than that of MTA-CaF₂ powder. Only the soluble fraction from MTA and CaF₂ can potentially affect the results.

Mineralization-related markers, such as ALP, Coll, OCN, and Runx2 were investigated. These markers showed higher expression in MTA groups than the control. These results are consistent with the previous studies those calcium silicate cement and fluoride upregulated odontogenic differentiation.^{11,12,28,29} Based on the results, the addition of at least 5% of CaF₂ is recommended for improving the mineralization potential of MTA.

Former studies have shown improved osteogenic gene expression or more apatite formation with 1% NaF addition.^{8,13} In this study, the addition of more than 5% CaF₂ increased mineralization-related gene expression. As the solubility of CaF₂ is lower than that of NaF, higher concentrations of CaF₂ may be required.^{14,15}

On the other hand, less soluble CaF_2 decreased calcium silicate cement hydration, resulting in a lower alkalinizing activity, and CaF_2 -treated tricalcium silicate showed a lower pH than pure MTA.²⁵ Therefore, it could be presumed that the mineralization effect of MTA-CaF₂ is related to the fluoride more than the alkalinizing activity of MTA. The dissolved fluorine from CaF_2 could be the key to the proliferation and osteogenic stimulation of the HDPCs. However, the amount of fluorine and calcium ion released from CaF_2 and MTA, or the effect of CaF_2 on calcium release from MTA were not analyzed in this study. For a better understanding, chemical analysis is also needed.

Long setting time is one of the significant disadvantages of MTA.⁴ The addition of NaF to calcium silicate delayed setting time,²² so the effect of CaF₂ on MTA setting time was tested. From our experiment, the addition of CaF₂ delayed the setting of MTA; however, only the MTA-10% CaF₂ group showed a significantly longer setting time (p < 0.05).

Even though initial solubility is necessary for the hydration of MTA to form alkaline calcium silicate gel, high solubility after setting will affect the sealing effect and result in microleakage. Most studies reported low solubility for MTA, ^{30–33} but some long-term studies reported increased solubility with time.³⁴ In this study, the tested materials showed 1.750–1.871% solubility, which is lower than the 3% specified by the ISO 6876 protocol.²¹ There was no difference among the groups.

Dental materials come in contact with tissues, and therefore, the surface morphology is important, at least for in vitro cell culture studies, in relation to cell attachment.³⁵ After soaking in DW, the roughness changed, but the difference was not significant. From this result, the addition of CaF_2 could be considered not to reduce HDPC adhesion. In

Table 3	Surface roughness of MTA-CaF2 mixture before and after soaking in DW (Ra, μm).			
Soaking	MTA	MTA+1% CaF ₂	MTA+5% CaF ₂	MTA+10% CaF ₂
Before	2.80 (1.79)	2.88 (1.35)	2.63 (0.94)	2.80 (0.668)
After	2.78 (0.81)	3.07 (0.61)	2.53 (1.98)	3.35 (1.25)

A non-contact surface profiler analyzed the surface profiles of the materials. Ra (arithmetical mean roughness value) is the average of a set of individual measurements of surface peaks and valleys.

The addition of CaF_2 or soaking in the water resulted in a bit of difference. However, there was no statistical difference among the various MTA groups (P > 0.05). After soaking, roughness increased in 1% and 10% CaF_2 groups, but differences were not significant. The data are represented as median and interquartile range.



Figure 3 SEM images (x2000) of MTA and MTA-CaF₂ discs before and after soaking in DW. SEM images of soaked and non-soaked discs of the same material were taken with an SEM. MTA and MTA-CaF₂ showed diffuse deposits of different sizes and shapes. The depositions were more evident on MTA-CaF₂ than MTA, washed after soaking.

the previous study, fluoride-enriched MTA produced a more granular surface, and the osteoblasts attached readily to MTA regardless of NaF addition. Therefore, the function of fluoride should be focused on biochemical signals, not on the adhesion-related effect.⁸

MTA is more soluble in DW than in isotonic solutions, which do not simulate clinical conditions. The test also provided enough setting time for the cement to reach its final hardness. For clinical relevance, solubility should be tested immediately after application, and could involve slow submergence, preferably into a physiological solution or into the blood.³⁶

In conclusion, the addition of more than 5% CaF_2 could be considered to increase the regeneration potential of pulp cells without adverse effects on physical property. However, clinical conditions, such as long-term irritation after pulp exposure and inflammation, may lead to another outcome. Therefore, further studies, including in vivo study and, chemical analysis, long-term evaluation, are necessary for clinical application.

Declaration of competing interest

The authors declare no conflicts of interest.

Acknowledgements

The authors would like to thank Sung-Hoon Lee (Department of Microbiology and Immunology, College of Dentistry, Dankook University, Cheonan, Korea) for advice and support.

References

- 1. Yamamura T. Differentiation of pulpal cells and inductive influences of various matrices with reference to pulpal wound healing. *J Dent Res* 1985;64 Spec No:530-40.
- Nakashima M. Establishment of primary cultures of pulp cells from bovine permanent incisors. Arch Oral Biol 1991;36: 655–63.
- Kasugai S, Shibata S, Suzuki S, Susami T, Ogura H. Characterization of a system of mineralized-tissue formation by rat dental pulp cells in culture. *Arch Oral Biol* 1993;38:769–77.
- **4.** Parirokh M, Torabinejad M. Mineral trioxide aggregate: a comprehensive literature review—part I: chemical, physical, and antibacterial properties. *J Endod* 2010;36:16–27.
- Darvell BW, Wu RC. MTA"-an hydraulic silicate cement: review update and setting reaction. *Dent Mater* 2011;27:407–22.
- 6. Kogan P, He J, Glickman GN, Watanabe I. The effects of various additives on setting properties of MTA. *J Endod* 2006;32: 569–72.

- 7. Lee BN, Hwang YC, Jang JH, et al. Improvement of the properties of mineral trioxide aggregate by mixing with hydration accelerators. *J Endod* 2011;37:1433–6.
- Proksch S, Brossart J, Vach K, Hellwig E, Altenburger MJ, Karygianni L. Evaluation of the bioactivity of fluoride-enriched mineral trioxide aggregate on osteoblasts. *Int Endod J* 2018;51: 912–23.
- **9.** Karygianni L, Proksch S, Schneider S, et al. The effects of various mixing solutions on the biocompatibility of mineral trioxide aggregate. *Int Endod J* 2016;49:561–73.
- 10. Hamilton IR. Biochemical effects of fluoride on oral bacteria. J Dent Res 1990;69:660–7. Spec No:;discussion 682-3.
- 11. Wergedal JE, Lau KH, Baylink DJ. Fluoride and bovine bone extract influence cell proliferation and phosphatase activities in human bone cell cultures. *Clin Orthop Relat Res* 1988:274–82.
- Lau KH, Yoo A, Wang SP. Aluminum stimulates the proliferation and differentiation of osteoblasts in vitro by a mechanism that is different from fluoride. *Mol Cell Biochem* 1991;105: 93–105.
- **13.** Gandolfi MG, Taddei P, Siboni F, Modena E, Ginebra MP, Prati C. Fluoride-containing nanoporous calcium-silicate MTA cements for endodontics and oral surgery: early fluorapatite formation in a phosphate-containing solution. *Int Endod J* 2011;44: 938–49.
- 14. Clayton GD, Clayton FE, Allan RE, Fa P. *Patty's industrial hygiene and toxicology*, 4th ed. New York: John Wiley and Sons, 1993-4:4471.
- **15.** O'Neil MJ. *The Merck index: an encyclopedia of chemicals, drugs, and biologicals,* 13th ed. Whitehouse Station: Merck, 2001:1540.
- Jeong SH, Shin DY, Kang IK, et al. Effective wound healing by antibacterial and bioactive calcium-fluoride-containing composite hydrogel dressings prepared using in situ precipitation. ACS Biomater Sci Eng 2018;4:2380–9.
- 17. Lukomska-Szymanska M, Zarzycka B, Grzegorczyk J, et al. Antibacterial properties of calcium fluoride-based composite materials: in vitro study. *BioMed Res Int* 2016;2016: 1048320.
- Yun J, You YO, Ahn E, Lee J, An SY. Cytotoxicity of various calcium silicate-based materials with stem cells from deciduous teeth. J Korean Acad Pediatr Dent 2019;46:85–92.
- Shin JH, Ryu JJ, Lee SH. Antimicrobial activity and biocompatibility of the mixture of mineral trioxide aggregate and nitric oxide-releasing compound. J Dent Sci 2021;16:29–36.
- 20. International organization for standardization. *Specification for dentistry-water-based cements*. Geneva, Switzerland: International organization for standardization, 2007. Part 1: powder/liquid acid base cement. ISO 9917-1.
- 21. International organization for standardization. *Specification for dental root canal sealing materials*. Geneva, Switzerland:

International organization for standardization, 2012. ISO 6876.

- 22. Gandolfi MG, Iacono F, Agee K, et al. Setting time and expansion in different soaking media of experimental accelerated calcium-silicate cements and ProRoot MTA. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* 2009;108:e39–45.
- 23. Gandolfi MG, Prati C. MTA and F-doped MTA cements used as sealers with warm gutta-percha. Long-term study of sealing ability. *Int Endod J* 2010;43:889–901.
- 24. Colin A, Prati C, Pelliccioni GA, Gandolfi MG. Solubility in water or dmem of F-doped MTA cements with increasing f-content. *Dent Mater* 2010;26.
- 25. Xu ZZ, Lin Q, Li YB, Lan XH, Lu CH. An evaluation of CaF₂ doping tricalcium silicate as dental restorative materials. Adv Mater Res 2008;47–50:1339–42.
- **26.** Lin Q, Li Y, Lan X, Lu C, Chen Y, Xu Z. The apatite formation ability of CaF₂ doping tricalcium silicates in simulated body fluid. *Biomed Mater* 2009;4:045005.
- 27. Nakade O, Koyama H, Arai J, Ariji H, Takada J, Kaku T. Stimulation by low concentrations of fluoride of the proliferation and alkaline phosphatase activity of human dental pulp cells in vitro. *Arch Oral Biol* 1999;44:89–92.
- 28. Pedano MS, Li X, Li S, et al. Freshly-mixed and setting calciumsilicate cements stimulate human dental pulp cells. *Dent Mater* 2018;34:797–808.
- **29.** Lee M, Arikawa K, Nagahama F. Micromolar levels of sodium fluoride promote osteoblast differentiation through runx2 signaling. *Biol Trace Elem Res* 2017;178:283–91.
- **30.** Torabinejad M, Hong CU, McDonald F, Pitt Ford TR. Physical and chemical properties of a new root-end filling material. *J Endod* 1995;21:349–53.
- **31.** Danesh G, Dammaschke T, Gerth HU, Zandbiglari T, Schäfer E. A comparative study of selected properties of proroot mineral trioxide aggregate and two portland cements. *Int Endod J* 2006;39:213–9.
- **32.** Poggio C, Lombardini M, Alessandro C, Simonetta R. Solubility of root end filling materials: a comparative study. *J Endod* 2007;33:1094–7.
- **33.** Shie MY, Huang TH, Kao CT, Huang CH, Ding SJ. The effect of a physiologic solution ph on properties of white mineral trioxide aggregate. *J Endod* 2009;35:98–101.
- Fridland M, Rosano R. MTA solubility: a long term study. J Endod 2005;31:376–9.
- **35.** Martin JY, Schwartz Z, Hummert TW, et al. Effect of titanium surface roughness on proliferation, differentiation, and protein synthesis of human osteoblast-like cells (mg63). *J Biomed Mater Res* 1995;29:389–401.
- **36.** Ha W, Nicholson T, Kahler B, Walsh LJ. Mineral trioxide aggregate—a review of properties and testing methodologies. *Materials* 2017;10:1261.