

Three-dimensional Change of Elastomeric Impression Materials During the First 24 Hours: A Pilot Study

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Clinical Relevance

Clinicians should be aware that volumetric polymerization shrinkage of elastomeric impression material continues for up to 24 hours after mixing. More accurate results may be obtained if impressions are poured as early as possible following the manufacturer's recommendations.

SUMMARY

Objectives: To evaluate the three-dimensional (3D) changes of three elastomeric impression materials using a novel measurement method for the first 24 hours after preparation.

Methods and Materials: Three impression materials consisting of a low-viscosity polyvinyl siloxane (PVS) (Aquasil LV, Dentsply Sirona, Charlotte, NC, USA) and two vinyl polyether silicone (VPES) materials consisting of a light body (EXA'lence LB, GC America, Alsip, IL, USA) and monophase (EXA'lence Monophase, GC America) materials were used in this study. All materials were prepared following manufacturer's recommendations with approximately 1-2 millimeters of material placed on the measurement pedestal of a calibrated noncontact,

video imaging based, volumetric change measuring device (AcuVol ver 2.5.9, Bisco, Schaumburg, IL, USA). Data collection was initiated immediately, with measurements made every 30 seconds for 24 hours. Each material was evaluated 10 times ($n=10$). Evaluated parameters included were 24-hour mean shrinkage, mean shrinkage at time of recommended first pour, mean shrinkage between recommended first pour and 24 hours, mean maximum shrinkage, and the time of maximum shrinkage. Mean data, both within and between each group, was evaluated using Kruskal–Wallis/Dunn's tests at a 95% level of confidence ($\alpha=0.05$).

Results: All three materials were found to have significant differences ($p<0.001$) in volumetric shrinkage over 24 hours. Aquasil LV and EXA'lence LB polymerization shrinkage rates were statistically similar all through the 24-hour evaluation ($p=0.92$). All three materials demonstrated similar ($p=0.19$) shrinkage between 10 and 15 minutes after preparation, while between 5 and 16 hours both EXA'lence Monophase and low-viscosity

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materials demonstrated similar polymerization shrinkage values ($p=0.22$). EXA'lence Monophase demonstrated significantly greater 24-hour mean shrinkage ($p<0.008$) as well as shrinkage between recommended first pour time and 24 hours ($p=0.003$) than Aquasil LV and EXA'lence LB. EXA'lence Monophase demonstrated significantly greater ($p=0.002$) shrinkage at the recommended time of first pour as compared to Aquasil LV and EXA'lence LB that displayed similar shrinkage ($p=0.89$). Furthermore, all materials demonstrated increasing polymerization shrinkage values that reached a maximum between 16 for Aquasil LV and 20 hours for EXA'lence LB, after which some relaxation behavior was observed. However, EXA'lence Monophase did not display any relaxation behavior over the 24-hour evaluation.

Conclusions: Under the conditions of this study, volumetric polymerization shrinkage was observed for one polyvinyl siloxane (PVS) and two vinyl polyether silicone (VPES) materials for up to 24 hours. All impression materials exhibited fast early volumetric shrinkage that continued past the manufacturer's recommended removal time. Dimensional change behavior was not uniform within or between groups; resultant volume change between the manufacturer recommended pouring time and 24 hours might represent up to from 20% to 30% of the total material shrinkage. It may be prudent to pour elastomeric impressions at the earliest time possible following the manufacturer's recommendations.

INTRODUCTION

Dental elastomeric impression materials should accurately reproduce intraoral features without distortion, as well as maintain a reasonable measure of stability after removal from the mouth.¹ Currently, polyvinyl siloxane (PVS) elastomeric impression materials are the predominant clinical choice for indirect restoration fabrication,²⁻⁵ with PVS material accuracy being well described,²⁻¹⁰ with some reports noting suitable linear dimensional stability for up to 14 days.^{3,4,7,11} PVS materials possess equivalent accuracy as compared to digital scanning technology^{7,9,12-19} but have been described as providing improved precision in situations involving multiple implant body, and dual-arch and full-arch impression requirements.²⁰⁻²⁴ PVS elastomeric impression materials are indeed subject to dimensional changes due to time-dependent polymerization shrinkage,^{3,25} constituent and product

material evaporation,^{11,26} as well as thermal differences between the intraoral and laboratory environment.²⁷⁻²⁹ PVS material stability may be further challenged by impression technique, material thickness control,^{28,30-32} as well as filler type and content.³³⁻³⁶

Current elastomeric impression material dental standards specify only linear dimensional stability requirements. American National Standard Institute/American Dental Association (ANSI/ADA) Specification Number 19 specifies that linear dimensional change can be no greater than 1.5%, which is usually assessed at 24 hours after preparation.³⁷ Accordingly, PVS linear dimensional stability has been reported.^{27,38-40} However, other researchers have studied three-dimensional (3D) stability using various methods to include calculated linear measurements, photometric topographical, and microtomographic (microCT) techniques.^{6,8,29,39,42} In addition, the time of stability assessments are various that have included: Immediately^{27,29,40,41-45}; 1 hour^{6,27,40,41}; 1.5 hours⁴⁴; 2 hours⁸; and 24 hours^{19,39,46} after preparation. To the author's best knowledge, no studies have reported real-time, 3D volumetric changes over the first 24 hours after preparation. The purpose of this study was to evaluate the real-time, 3D dimensional behavior of three impression materials utilizing a shrinkage evaluation method not previously used for elastomeric impression materials. The null hypothesis was that this methodology would find that there were no differences in the 3D dimensional stability between the impression materials being evaluated.

METHODS AND MATERIALS

The impression materials evaluated in this study were a low viscosity PVS material (Aquasil LV, Dentsply Sirona, Charlotte, NC, USA), a light body vinyl polyether silicone (VPES) material (EXA'lence LB, GC America Inc, Alsip, IL 60803 USA), as well as a monophase VPES material (EXA'lence Monophase, GC America). All the materials were prepared following manufacturer's instructions using supplied mixing tips. First, an initial amount of mixed impression material was extruded to ensure quality of mix. Next, 1-2 milliliters of material was placed on the polytetrafluoroethylene (PTFE) measurement pedestal in a calibrated (eg, gray scale and pedestal position) noncontact, video imaging based, volumetric change measuring device (AcuVol ver 2.5.9, Bisco, Schaumburg, IL, USA). Figure 1 depicts a representative image of an impression material placed on the measurement pedestal, while Figure 2 displays the measurement screen as seen on the computer monitor. The yellow line at the base of the impression material represents the pedestal outline,

which was predetermined before material placement, while the green line outlines the impression material to be analyzed. Data collection was initiated immediately after placement with volume measurements made every 30 seconds for 24 hours. Each material was evaluated 10 times ($n=10$). Evaluated parameters included 24-hour mean shrinkage, mean shrinkage at the manufacturer's recommended pour time, mean shrinkage between the manufacturer's recommended pour time and 24 hours, the mean maximum shrinkage, and the time of maximum shrinkage. Furthermore, volumetric shrinkage was analyzed every minute during the first 5 minutes, followed by evaluation every 5 minutes up to 30 minutes. Mean data was found to contain abnormalities in both data distribution as well as variance homogeneity by the Shapiro–Wilk and Bartlett Test, respectively. Therefore, data was analyzed by the Kruskal–Wallis test with Dunn's post hoc analysis. All analysis was performed at a 95% level of confidence ($\alpha=0.05$)

RESULTS

Comparative summary results are shown in Table 1, with mean results initially displayed every minute for the first 5 minutes. Then results are listed at 5-minute intervals until 30 minutes after preparation, followed by mean results being displayed every 30 minutes until up to 6 hours after preparation. Thereafter, hourly mean results are posted up to 24 hours. All three impression materials demonstrated significant



Figure 1. Impression material placed on measurement pedestal. Impression material (green) contoured to fit on measurement pedestal (white).

differences in volumetric shrinkage over the 24-hour evaluation period. All three materials were hallmarked with similarity in shrinkage values; the high observed covariance undoubtedly contributed to this outcome. However, numerical trends can be observed when shrinkage change slowly subsides. This can be conjectured starting at approximately 8 hours for EXA'lence LB, 11 hours for Aquasil LV, but the EXA'lence Monophase trend requiring up to approximately 19 hours after preparation.

Comparison between materials found that Aquasil LV and EXA'lence LB polymerization shrinkage were statistically similar ($p=0.92$) all through the 24-hour evaluation. All three materials demonstrated similar shrinkage ($p=0.19$) between 10 and 15 minutes after preparation, while both EXA'lence viscosities had similar ($p=0.22$) polymerization shrinkage values between 5 and 16 hours. The mean real-time shrinkage data over the 24-hour evaluation is graphically displayed in Figure 3.

The volumetric polymerization shrinkage behavior during the first 30 minutes are detailed in Figure 4.

EXA'lence monophase demonstrated the highest initial volumetric polymerization shrinkage that transformed into a slower rate, starting approximately 8 minutes after material preparation that was observed to change to a slower rate at 12 minutes. Aquasil LV displayed a slower polymerization shrinkage change but somewhat mimicked, albeit on a lesser scale, the rate change behavior of EXA'lence Monophase. EXA'lence LB demonstrated the slowest initial polymerization shrinkage; however, this rate did not display as a dramatic rate transformation like the others but continued and surpassed Aquasil LV at approximately 15 minutes after preparation.

Afterwards, all three materials continued to demonstrate volumetric polymerization shrinkage, with maximum shrinkage occurring at approximately 16 hours after preparation with Aquasil LV exhibiting

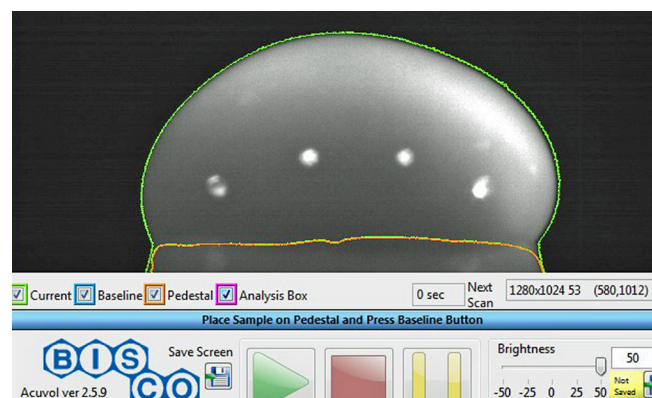


Figure 2. AcuVol measurement screen.

Table 1: Mean Shrinkage (%) with Time^a

Time (hours)	Aquasil LV	EXA'lence LB	EXA'lence Monophase
0	0.00 A	0.00 A	0.00 A
0.01 (1m)	0.08 (0.1) Aa	0.06 (0.01) ABa	0.24 (0.1) ABb
0.03 (2m)	0.16 (0.1) ABa	0.16 (0.1) ABCab	0.38 (0.2) ABCb
0.05 (3m)	0.28 (0.1) ABa	0.21 (0.1) ABCDa	0.55 (0.1) ABCDb
0.06 (4m)	0.38 (0.1) ABCDa	0.21 (0.1) ABCDEa	0.66 (0.1) ABCDEb
0.08 (5m)	0.44 (0.1) ABCDEa	0.33 (0.1) ABCDEa	0.79 (0.2) ABCDEb
0.16 (10m)	0.56 (0.1) ABCDEFa	0.51 (0.2) ABCDEa	1.08 (0.4) ABCDEa
0.25 (15m)	0.57 (0.2) ABCDEFa	0.59 (0.2) BCDEa	1.16 (0.4) BCDEa
0.5	0.62 (0.1) BCDEFa	0.73 (0.2) BCDEa	1.13 (0.4) BCDEb
1	0.65 (0.2) CDEFa	0.75 (0.2) BCDEa	1.09 (0.3) BCDEb
1.5	0.67 (0.2) DEFa	0.78 (0.2) BCDEa	1.13 (0.4) BCDEb
2	0.70 (0.2) DEFa	0.78 (0.3) BCDEa	1.08 (0.3) BCDEb
2.5	0.70 (0.2) DEFa	0.80 (0.3) BCDEa	1.12 (0.4) BCDEb
3	0.73 (0.2) DEFa	0.79 (0.3) CDEa	1.15 (0.3) BCDEb
3.5	0.75 (0.2) DEFa	0.82 (0.3) CDEa	1.15 (0.3) CDEb
4	0.75 (0.2) DEFa	0.85 (0.3) CDEa	1.20 (0.4) CDEb
4.5	0.74 (0.2) DEFa	0.86 (0.3) CDEa	1.19 (0.3) CDEb
5	0.77 (0.2) EFa	0.88 (0.3) DEFGab	1.17 (0.4) CDEb
5.5	0.77 (0.2) EFa	0.91 (0.3) DEab	1.27 (0.4) DEb
6	0.75 (0.2) EFa	0.89 (0.3) DEab	1.28 (0.5) DEb
7	0.78 (0.2) Fa	0.94 (0.3) DEa	1.35 (0.5) DEb
8	0.77 (0.2) Fa	0.99 (0.3) DEa	1.35 (0.56) DEab
9	0.78 (0.2) Fa	1.0 (0.3) Eab	1.42 (0.6) DEb
10	0.79 (0.2) Fa	1.0 (0.3) Eab	1.41 (0.5) Eb
11	0.83 (0.2) Fa	1.05 (0.3) Eab	1.40 (0.4) Eb
12	0.85 (0.2) Fa	1.01 (0.3) Eab	1.42 (0.4) Eb
13	0.84 (0.2) Fa	1.01 (0.3) Eab	1.40 (0.4) Eb
14	0.85 (0.2) Fa	1.01 (0.2) Eab	1.40 (0.4) Eb
15	0.85 (0.2) Fa	1.0 (0.3) Eab	1.43 (0.5) Eb
16	0.83 (0.2) Fa	1.0 (0.3) Eab	1.46 (0.5) Eb
17	0.82 (0.2) Fa	1.0 (0.2) Ea	1.51 (0.5) Eb
18	0.87 (0.1) Fa	1.0 (0.3) Ea	1.55 (0.5) Eb
19	0.85 (0.2) Fa	1.01 (0.3) Ea	1.64 (0.6) Eb
20	0.84 (0.2) Fa	0.96 (0.3) Ea	1.65 (0.6) Eb
21	0.84 (0.2) Fa	0.98 (0.3) Ea	1.60 (0.5) Eb
22	0.83 (0.2) Fa	0.98 (0.3) Ea	1.67 (0.6) Eb
23	0.82 (0.2) Fa	0.95 (0.3) Ea	1.65 (0.6) Eb
24	0.78 (0.1) Fa	0.93 (0.3) Ea	1.66 (0.6) Eb

^aUppercase letters identify similar groups per column. Lowercase letters identify similar groups per row.

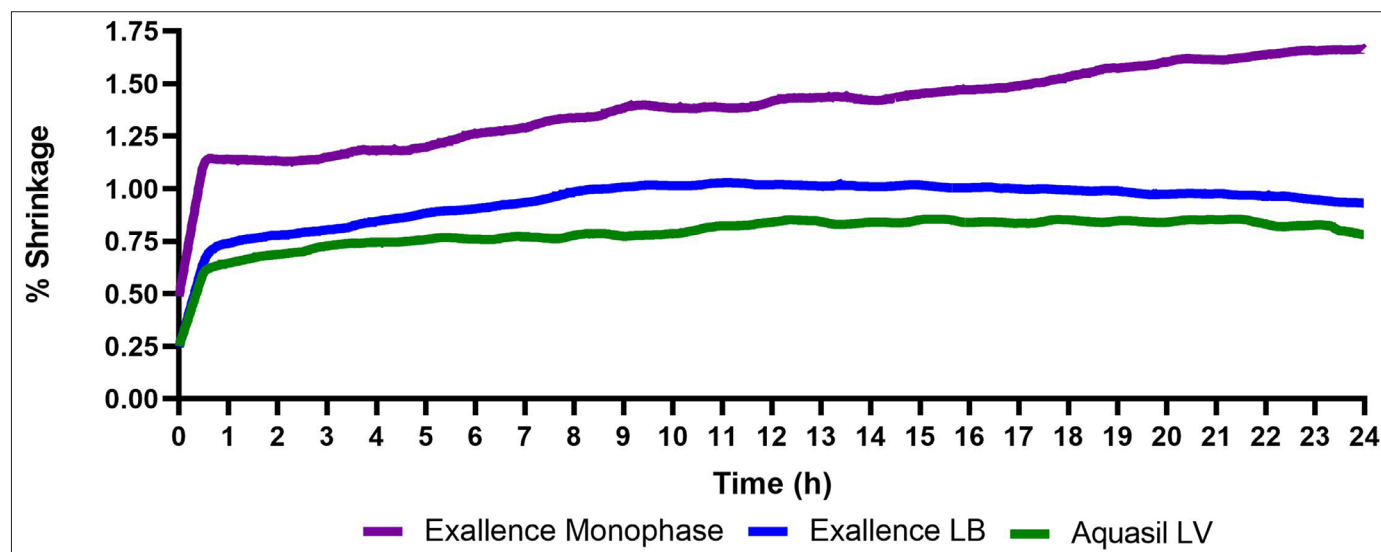


Figure 3. Mean real time data graphs. $n = 10$; 0th Order Savitzky-Golay smoothing.

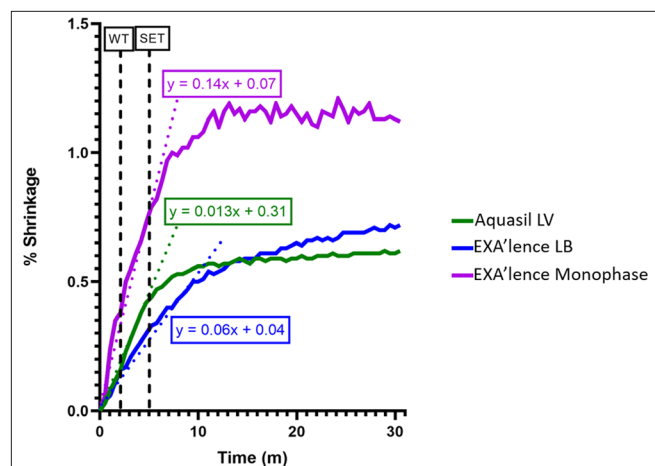


Figure 4. Early polymerization shrinkage data (%). $n = 10$; raw data not smoothed. Polymerization shrinkage slope (color-coded dotted line, formula); WT = Vertical dashed line identifies end of working time for all materials; SET = Vertical dashed line identifies manufacturer's recommended removal from mouth time.

maximum shrinkage at 16 hours after preparation, while EXA'lence LB followed suit at 20 hours. EXA'lence Monophase displayed variable behavior but did not demonstrate any relaxation over 24 hours.

The mean 24-hour polymerization shrinkage, mean polymerization shrinkage at recommended pour time, mean shrinkage between recommended pour time and 24 hours, maximum shrinkage, and time of maximum shrinkage is shown in Table 2. EXA'lence Monophase demonstrated a significantly greater 24-hour mean shrinkage ($p < 0.008$) as well as shrinkage between the recommended pour time and 24 hours ($p = 0.003$) than Aquasil LV and EXA'lence LB. EXA'lence Monophase

demonstrated significantly greater ($p = 0.002$) shrinkage at recommended time of first pour as compared to Aquasil LV and EXA'lence LB, which displayed similar volumetric shrinkage ($p = 0.89$). Furthermore, EXA'lence Monophase also displayed a significantly greater mean maximum shrinkage ($p < 0.002$) than the similar Aquasil LV and EXA'lence LB ($p = 0.67$), but there was no significant difference in the time that the maximum shrinkage occurred ($p = 0.89$).

DISCUSSION

PVS impression materials have a documented market tenure of linear dimensional stability.^{2,3,7-9,12-17} PVS base materials usually consist of a polymethyl hydrogen siloxane copolymer and an accelerator containing polydimethylsiloxane and a chloroplatinic acid metal complex catalyst.² Notably hydrophobic due to the aliphatic hydrocarbon chains surrounding the siloxane bond, PVS materials were modified with intrinsic surfactants,⁴⁷ ostensibly to afford better stone-pouring behavior and gypsum compatibility.⁴⁸ VPES materials were introduced as an impression material that would be intrinsically hydrophilic without added surfactants that would also provide the clinical handling of PVS materials.¹¹ The manufacturer reports that EXA'lence materials contain a 5%-20% polyether component, which is presumably responsible for enhancing the hydrophilicity of the impression material.¹¹ The PVS component in VPES materials is reported to contain both polyvinyl dimethyl and methyl hydrogen components,¹¹ and VPES accuracy has been reported in several studies.^{11,42,44,46,49,50} It should be noted that both PVS and VPES base and accelerator pastes also contain fillers that

Table 2: Mean Results^a

	Aquasil LV	EXA'lence LB	EXA'lence Monophase
Mean 24-hour Shrinkage (%)	0.76 (0.14) a	0.89 (0.2) a	1.43 (0.5) b
Mean Shrinkage at Recommended Pour Time (%)	0.62 (0.2) a	0.75 (.2) a	1.14 (0.4) b
Mean Shrinkage Between Recommended Pour Time and 24 Hours (%)	0.16 (0.1) a	0.18 (0.2) a	0.52 (0.3) b
Mean Maximum Shrinkage (%)	1.04 (0.2) a	1.19 (0.3) a	1.93 (0.7) b
Mean Time of Maximum Shrinkage (Hours)	18.1 (4.5) a	16.4 (5.4) a	— ^b

^aLowercase letters denote similar groups per row (Kruskal-Wallis/Dunn's, $n=10$, $p=0.05$).

^bNot determined.

are added to modify handling properties, mechanical properties, and dimensional stability.⁵¹ Depending on content and morphology, different filler materials can interface and physically interact with the impression material polymer chains, and improve mechanical properties and stability.^{35,36,51,52} Furthermore, some filler materials have been reported to be surface treated to improve interactions with the polymer chains.³⁶ The Safety Data Sheet (SDS) does identify that Aquasil LV may contain up to 60%-70% silicon dioxide fillers,⁵³ while EXA'lence materials are said to contain up to 65% silicone dioxide fillers.¹¹ The precise etiology for the noted volumetric polymerization shrinkage difference between the two VPES materials is not precisely known, but speculatively manufacturers can manipulate both polymer molecular weight and the filler constituent to achieve the desired material mechanical properties.

Aquasil LV has a stated working time of 1 minute and 10 seconds, while both VPES materials are described to have 2 minutes of working time.^{54,55} All three products are said to be ready for removal from the mouth at 5 minutes after material preparation.^{54,55} As evidenced in Figure 4, all materials still experienced a considerable volumetric polymerization shrinkage at the manufacturer's recommended mouth removal time. Concern may exist with the introduction of removal distortion forces interfering with polymer chain polymerization and crosslinking. While the added effects of distortion are not fully appreciated, infrared Fourier transform spectroscopy (FTIR) evidence from Derchi and others⁵⁶ suggests that the majority of Aquasil polymer crosslinking actions has been accomplished by 300 seconds after material preparation. However, no similar studies with the VPES materials can be found in the literature.

For model fabrication, Aquasil LV is said to be able to be poured with gypsum stone 30 minutes after disinfection, while it is recommended to wait up to 60 minutes for an epoxy material.⁵⁴ The manufacturer recommends that both EXA'lence materials be poured 60 minutes

after mouth removal.⁵⁵ At these recommended gypsum pouring times, all the materials are beyond the observed initial faster changes of polymerization shrinkage. However, between the manufacturer's recommended pouring time and 24 hours later, both Aquasil LV and EXA'lence LB exhibited an additional 0.16% and 0.18% volumetric shrinkage, respectively, which represents approximately 20% of the total 24-hour shrinkage for both materials. Over the same time, EXA'lence Monophase displays an additional 0.57% polymerization shrinkage, which represents over 34% of the material's total shrinkage. While all the materials were noted to exhibit continued volumetric polymerization shrinkage, demonstrated points of maximum shrinkage were observed at approximately 16 hours for Aquasil LV and 20 hours for EXA'lence LB. This volumetric shrinkage recovery occurred perhaps related to relaxation of internal stresses in the polymer network.¹ However, any reduction did not compensate to values observed at the recommended pour time. Any shrinkage recovery with EXA'lence Monophase was not observed during the 24-hour evaluation time.

The null hypothesis was rejected, as significant difference in volumetric polymerization shrinkage behavior was observed. Direct comparison with other studies describing 3D impression material shrinkage analysis is difficult due to the introduction of the technology used in this study. However, using the linear results of diameter and height change reported by Gomez-Polo and others,⁴⁰ a calculated 3D shrinkage change of a low-viscosity PVS material was approximately 0.22% between 1 and 24 hours. While this is indeed similar to that observed with Aquasil LV and EXA'lence LB in this study, the author assumes this similarity with caution, as different materials and testing methodologies were used.

Under the conditions of this study, the analysis method identified that a mean numerical 24-hour linear dimensional shrinkage assessment may not accurately

reflect the dimensional change dynamics demonstrated by elastomeric impression materials. Vasiliu and others⁵⁷ noted that elastic impression material contraction was not uniform during the first 24 hours after removal from the oral cavity. Accordingly, Chandran and others³⁹ reported both 2D and 3D impression material shrinkage results, and found that while the materials easily met 2D linear requirements, 3D analysis identified volumetric distortion in some situations as great as 100 μm . Furthermore, Rodriguez and Bartlett⁵⁸ evaluated impression material stability, and discovered differences between linear and 3D methods, concluding that the 3D shape of a model influences impression material shrinkage over time. Levartovsky and others⁵⁹ compared linear methods and a 3D tooth-simulating model, and found that information derived from the 3D model analysis suggested that impressions derived from a one-step technique should be poured within 2 hours for the best accuracy, while materials and techniques met all linear dimensional change requirements.⁵⁹ This was reinforced by Garg and others,⁶⁰ who noted that single-step monophasic viscosity impression material impressions demonstrated more distortion and suggested that pouring of the impression should not be delayed. Nassar and others¹¹ noted that VPES materials provided good dimensional stability over a period of time. However, 3D measurement of produced die materials suggested that the best accuracy was exhibited at the recommended immediate pour time.¹¹ The present study's data suggests that gypsum cast accuracy may depend on the chosen time that the impression is poured after mouth removal, as the volumetric polymerization shrinkage continued to progress with time. It may be considered prudent to pour elastomeric impression materials at the earliest possible time recommended by the manufacturer.

Under the conditions of this study, the data suggests that by delaying pouring of an impression until 24 hours after mouth removal, the continued volumetric shrinkage might afford a resultant gypsum preparation exhibiting up to 0.2% and 0.3% volume difference. Pereira and others¹² reported that a polyether material provided a gypsum die that was larger than the master die. The authors reasoned that a slightly larger indirect restoration could be advantageous as to possibly providing more space for cement.¹² However, this finding was contrasted by Emir and others,⁸ who reported that volumetric changes resulted in smaller definitive casts as compared to a master model. While differences in restoration size could hopefully be reconciled with adjustment of cast metal and/or metal-ceramic crowns, evidence is emerging that identifies the importance of an accurately designed

cement space with all ceramic crowns. Reports suggest possible etiology with monolithic ceramic crown clinical failures that originate from adhesive is due to radial forces that originate from adhesive cement polymerization stresses due to uneven and/or thicker adhesive resin-cement thickness between the tooth preparation and the intaglio ceramic crown surface.⁶¹⁻⁶³

Limitations to this pilot study include the high data covariance that will be addressed in follow-up studies by using this study's data for a power analysis. Improved data acquisition with hopeful covariance reduction may also be addressed by exploring methods to reduce the impression material's surface reflectivity. Reduction of glare from the material surfaces may reduce the varied readings by the device's sensitive video camera. Furthermore, future evaluations should use material from multiple impression material cartridges to improve the number of independent samples. Linear polymerization shrinkage was not assessed for comparison and will be included in future evaluations as well as a possible control material. While this method's resultant data cannot be considered absolute, methods of calibration for this technology will be refined. Furthermore, these preliminary results may only apply to the materials tested, and should not be assumed to represent all PVS and VPES materials.

CONCLUSION

Under the conditions of this study, volumetric polymerization shrinkage was observed for one PVS and two VPES materials for up to 24 hours. All impression materials exhibited fast early volumetric shrinkage that continued past the manufacturer's recommended removal time. Dimensional change behavior was not uniform within or between groups' resultant volume change between the manufacturer's recommended pouring time, and 24 hours might represent up to 20%-30% of the total material shrinkage. Comparative literature identifies that linear polymerization shrinkage assessment methods may not accurately reflect impression material 3D dynamic shrinkage behavior. Evidence is presented that indicates it may be prudent to pour elastomeric impressions at the earliest time possible, following the manufacturer's recommendations. The clinical implications of these findings are not currently appreciated, and continued work in this area to improve the experimental technique and evaluate more impression materials is recommended.

Conflict of Interest

The authors have no financial interest in any of the companies or products mentioned in this article.

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REFERENCES

1. Darvell BW (2018) *Materials Science for Dentistry* Woodhead Publishing, Cambridge.
2. Mandikos MN (1998) Polyvinyl siloxane impression materials: An update on clinical use. *Australian Dental Journal* **43**(6) 428-434.
3. Donovan TE & Chee WWL (2004) A review of contemporary impression materials and techniques *Dental Clinics of North America* **48**(3) 445-470.
4. Derrien G & Le Menn G (1995) Evaluation of detail reproduction for three die materials by using scanning electron microscopy and two-dimensional profilometry *Journal of Prosthetic Dentistry* **74**(1) 1-7.
5. Hamalian TA, Nasr E, & Chidiac JJ (2011) Impression materials in fixed prosthodontics: Influence of choice on clinical procedure. *Journal of Prosthodontics* **20**(2) 153-160.
6. Shah S, Sundaram G, Bartlett D, & Sherriff M (2004) The use of a 3D laser scanner using superimpositional software to assess the accuracy of impression techniques *Journal of Dentistry* **32**(8) 653-658.
7. Seelbach P, Brueckel C, & Wöstmann B (2013) Accuracy of digital and conventional impression techniques and workflow *Clinical Oral Investigations* **17**(7) 1759-1764.
8. Emir F, Ayyildiz S, Piskin B, & Sipahi C (2018) Volumetric evaluation and three-dimensional accuracy of different elastomeric impression materials *Measurement* **127** 436-442.
9. Ender A, Attin T, & Mehl A (2016) *In vivo* precision of conventional and digital methods of obtaining complete-arch dental impressions *Journal of Prosthetic Dentistry* **115**(3) 313-320.
10. Marković D, Puškar T, Hadžistevec M, Portran M, Blažić L, & Hodolić J (2012) The dimensional stability of elastomeric dental impression materials *Contemporary Materials* **3**(1) 105-110.
11. Nassar U, Oko A, Adeeb S, El-Rich M, & Flores-Mir C (2013) An *in vitro* study on the dimensional stability of a vinyl polyether silicone impression material over a prolonged storage period *Journal of Prosthetic Dentistry* **109**(3) 172-178.
12. Pereira JR, Murata KY, do Valle AL, Ghizoni JS, & Shiratori FK (2010) Linear dimensional changes in plaster die models using different elastomeric materials *Brazilian Oral Research* **24**(3) 336-341.
13. Rodriguez JM & Bartlett DW (2011) The dimensional stability of impression materials and its effect on *in vitro* tooth wear studies *Dental Materials* **27**(3) 253-258.
14. Cho SH, Schaefer O, Thompson GA, & Guentsch A (2015) Comparison of accuracy and reproducibility of casts made by digital and conventional methods *Journal of Prosthetic Dentistry* **113**(4) 310-315.
15. Patzelt SB, Emmanouilidi A, Stampf S, Strub JR, & Att W (2014) Accuracy of full-arch scans using intraoral scanners *Clinical Oral Investigations* **18**(6) 1687-1694.
16. Nassar U, Flores-Mir C, Heo G, & Torrealba Y (2017) The effect of prolonged storage and disinfection on the dimensional stability of 5 vinyl polyether silicone impression materials *Journal of Advanced Prosthodontics* **9**(3) 182-187.
17. Gedrimiene A, Adaskevicius R, & Rutkunas V (2019) Accuracy of digital and conventional dental implant impressions for fixed partial dentures: A comparative clinical study *Journal of Advanced Prosthodontics* **11**(5) 217-279.
18. Soltanzadeh P, Suprono MS, Kattadiyil MT, Goodacre C, & Gregorius W (2019) An *in vitro* investigation of accuracy and fit of conventional and CAD/CAM removable partial denture frameworks *Journal of Prosthodontics* **28**(5) 547-555.
19. Güth JF, Runkel C, Beuer F, Stimmelmayer M, Edelhoff D, & Keul C (2017) Accuracy of five intraoral scanners compared to indirect digitalization *Clinical Oral Investigations* **21**(5) 1445-1455.
20. Basaki K, Alkumru H, De Souza G, & Finer Y (2017) Accuracy of digital vs conventional implant impression approach: A three-dimensional comparative *in vitro* analysis *International Journal of Oral and Maxillofacial Implants* **32**(4) 792-799.
21. Rhee YK, Huh YH, Cho LR, & Park CJ (2015) Comparison of intraoral scanning and conventional impression techniques using 3-dimensional superimposition *Journal of Advanced Prosthodontics* **7**(6) 460-467.
22. Malik J, Rodriguez J, Weisbloom M, & Petridis H (2018) Comparison of accuracy between a conventional and two digital intraoral impression techniques *International Journal of Prosthodontics* **31**(2) 107-113.
23. Tan MY, Yee SHX, Wong KM, Tan YH, & Tan KBC (2019) Comparison of three-dimensional accuracy of digital and conventional implant impressions: Effect of interimplant distance in an edentulous arch *International Journal of Oral and Maxillofacial Implants* **34**(2) 366-380.
24. Alsharbaty MHM, Alikhasi M, Zarrati S, & Shamshiri AR (2019) A clinical comparative study of 3-dimensional accuracy between digital and conventional implant impression techniques *Journal of Prosthodontics* **28**(4) e902-e908.
25. Craig RG, Urquiola NJ, & Liu CC (1990) Comparison of commercial elastomeric impression materials *Operative Dentistry* **15**(3) 94-104.
26. Fano V, Gennari PU, & Ortalli I (1992) Dimensional stability of silicone-based impression Materials *Dental Materials* **8**(2) 105-109.
27. Corso M, Abanomy A, Di CJ, Zurakowski D, & Morgano SM (1998) The effect of temperature changes on the dimensional stability of polyvinyl siloxane and polyether impression materials *Journal of Prosthetic Dentistry* **79**(6) 626-631.
28. Rathee S, Eswaran B, Eswaran M, Prabhu R, Geetha K, Krishna G, & Jagadeshwari (2014) A Comparison of dimensional accuracy of addition silicone of different consistencies with two different spacer designs - *in-vitro* study *Journal of Clinical and Diagnostic Research* **8**(7) ZC38-41.
29. Kim KM, Lee JS, Kim KN, & Shin SW (2001) Dimensional changes of dental impression materials by thermal changes *Journal of Biomedical Materials Research (Applied Biomaterials)* **58**(3) 217-220.
30. Emir F, Piskin B, & Sipahi C (2017) Effect of dental technician disparities on the 3-dimensional accuracy of definitive casts *Journal of Prosthetic Dentistry* **117**(3) 410-418.

31. Endo T & Finger WJ (2006) Dimensional accuracy of a new polyether impression material. *Quintessence International* **37**(1) 47-51.
32. Haralur SB, Saad Toman M, Ali Al-Shahrani A, & Ali Al-Qarni A (2016) Accuracy of Multiple Pour Cast from Various Elastomer Impression Methods *International Journal of Dentistry* **2016** 7414737.
33. Chen SY, Liang WM, & Chen FN (2004) Factors affecting the accuracy of elastomeric impression materials *Journal of Dentistry* **32**(8) 603-609.
34. Hung SH, Purk JH, & Eick JD (1992) Accuracy of one-step versus two-step putty wash addition silicone impression technique *Journal of Prosthetic Dentistry* **67**(5) 583-589.
35. Meincke DK, Oglari Ade O, & Oglari FA (2016) Influence of different fillers on the properties of an experimental vinyl polysiloxane *Brazilian Oral Research* **30** S1806-83242016000100236.
36. Carlo HL, Fonseca RB, Soares CJ, Correr AB, Correr-Sobrinho L, & Sinhoret MA (2010) Inorganic particle analysis of dental impression elastomers *Brazilian Dental Journal* **21**(6) 520-527.
37. ANSI/ADA Specification No. 19 2014/ISO 4823 2015, American Dental Association, Chicago, IL, USA.
38. Kang AH, Johnson GH, Lepe X, & Wataha JC (2009) Accuracy of a reformulated fast-set vinyl polysiloxane impression material using dual-arch trays *Journal of Prosthetic Dentistry* **101**(5) 332-341.
39. Chandran DT, Jagger DC, Jagger RG, & Barbour ME (2010) Two- and three-dimensional accuracy of dental impression materials: Effects of storage time and moisture contamination *Bio-Medical Materials and Engineering* **20**(5) 243-249.
40. Gómez-Polo M, Celemin A, del Río J, & Sánchez A (2012) Influence of technique and pouring time on dimensional stability of polyvinyl siloxane and polyether impressions *International Journal of Prosthodontics* **25**(4) 353-356.
41. Rignon-Bret C, Dupuis R, & Gaudy JF (2002) Application of a 3-dimensional measurement system to complete denture impressions *Journal of Prosthetic Dentistry* **87**(6) 603-612.
42. Aslan YU & Ozkan Y (2019) Comparing volumetric dimensional stability and accuracy of newly formulated polyvinyl siloxanether, polyvinyl siloxane and polyether impression materials using micro-computed tomography *Clinical and Experimental Health Sciences* **9**(1) 94-100.
43. Piwowarczyk A, Ottl P, Büchler A, Lauer HC, & Hoffmann A (2002) *In vitro* study on the dimensional accuracy of selected materials for monophase elastic impression making *International Journal of Prosthodontics* **15**(2) 168-174.
44. Nassar U, Oko A, Adeeb S, El-Rich M, & Flores-Mir C (2013) An *in vitro* study on the dimensional stability of a vinyl polyether silicone impression material over a prolonged storage period *Journal of Prosthetic Dentistry* **109**(3) 172-178.
45. Pant R, Juszczak AS, Clark RK, & Radford DR (2008) Long-term dimensional stability and reproduction of surface detail of four polyvinyl siloxane duplicating materials *Journal of Dentistry* **36**(6) 456-461.
46. Stober T, Johnson GH, & Schmitter M (2010) Accuracy of the newly formulated vinylsiloxanether elastomeric impression materials *Journal of Prosthetic Dentistry* **103**(4) 228-239.
47. Rupp F, Axmann D, Jacobi A, Groten M, & Geis-Gerstorfer J (2005) Hydrophilicity of elastomeric non-aqueous impression materials during setting *Dental Materials* **21**(2) 94-102.
48. Panichuttra R, Jones RM, Goodacre C, Munoz CA, & Moore KB (1991) Hydrophilic poly(vinyl siloxane) impression materials: dimensional accuracy, wettability, and effect on gypsum hardness *International Journal of Prosthodontics* **4**(3) 240-248.
49. Boeddinghaus M, Breloer ES, Rehmann P, & Wöstmann B (2015) Accuracy of single-tooth restorations based on intraoral digital and conventional impressions in patients *Clinical Oral Investigations* **19**(8) 2027-2034.
50. Baig MR, Buzayan MM, & Yunus N (2018) Accuracy of a new elastomeric impression material for complete-arch dental implant impressions *Journal of Investigative and Clinical Dentistry* **9**(2) e12320.
51. Choi JH, Kim MK, Woo HG, Song HJ, & Park YJ (2011) Modulation of physical properties of polyvinylsiloxane impression materials by filler type combination *Journal of Nanoscience and Nanotechnology* **11**(2) 1547-1550.
52. Lee HO & Lee IB (2012) Rheological properties of polyvinylsiloxane impression materials before mixing and during setting related to handling characteristics *Korea-Australia Rheology Journal* **24**(3) 211-219.
53. Aquasil Safety Data Sheet, DENTSPLY Milford, retrieved online February 17, 2020 from: https://www.dentsplysirona.com/content/dam/dentsply/web/en_US/USA-Caulk/Franchise%20Content/Aquasil%20Ultra%20Plus1/AU_Plus-MSDS-5_09_2016.pdf
54. Aquasil Instructions for Use, Dentsply Sirona, retrieved online February 17, 2020 from: https://assets.dentsplysirona.com/dentsply/pim/manufacture/Restorative/Indirect_Restoration/Impression_Taking/Silicones_VPS/Aquasil_Ultra_Plus_Smart_Wetting_Impression_Material/578014_WEB_Aquasil%20Ultra%2B.pdf
55. EXA'lence Instructions for Use, GC America, retrieved online February 17, 2020 from: http://www.gcamerica.com/products/operator/EXAlence/NEW_Exalence_10IFU.pdf
56. Derchi G, Manca E, Shayganpour A, Barone A, Diaspro A, & Salerno M (2015) Combined characterization of the time response of impression materials via traditional and FTIR measurements *Materials* **8** 2387-2399.
57. Vasiliu MP, Sachelarie L, Stadolenu C, Girbea C, & Zaharia A (2018) Volumetric change as a parameter for the accuracy of impression materials *Journal of Biomimetics, Biomaterials, and Biomedical Engineering* **36**(1) 17-23.
58. Rodriguez JM & Bartlett DW (2011) The dimensional stability of impression materials and its effect on *in vitro* tooth wear studies *Dental Materials* **27**(3) 253-258.
59. Levartovsky S, Zalis M, Pilo R, Harel N, Ganor Y, & Brosh T (2014) The effect of one-step vs. two-step impression techniques on long-term accuracy and dimensional stability when the finish line is within the gingival sulcular area *Journal of Prosthodontics* **23**(2) 124-133.
60. Garg S, Kumar S, Jain S, Aggarwal R, Choudhary S, & Reddy NK (2019) Comparison of Dimensional Accuracy of Stone Models Fabricated by Three Different Impression Techniques Using Two

Brands of Polyvinyl Siloxane Impression Materials *Journal of Contemporary Dental Practice* **20**(8) 928-934.

61. Rezende CE, Borges AF, Gonzaga CC, Duan Y, Rubo JH, & Griggs JA (2017) Effect of cement space on stress distribution in Y-TZP based crowns *Dental Materials* **33**(2) 144-151.
62. Venturini AB, Wandscher VF, Marchionatti AME, Evangelisti E, Ramos GF, Melo RM, May LG, Baldissara P, & Valandro LF (2020) Effect of resin cement space on the fatigue behavior of bonded CAD/CAM leucite ceramic crowns *Journal of the Mechanical Behavior of Biomedical Materials* **110** 103893.
63. May LG, Kelly JR, Bottino MA, & Hill T (2012) Effects of cement thickness and bonding on the failure loads of CAD/CAM ceramic crowns: Multi-physics FEA modeling and monotonic testing. *Dental Materials* **28**(8) e99-e109.