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It is a vital and core activity of any research to gather and discuss about a published article.

This discussion is to criticise the knowledge and evaluate the content presented in published article.

# **Critical appraisal**

It is the process of carefully and systematically examined a research to judge its trustworthiness, value and relevance in a particular context.

They are skills that enable practitioners to apply laws of logic to published clinical data so they may estimate the validity, reliability, and utility of the information presented in the article (Macrae et al., 2004).

NOT EVERYTHING THAT IS PUBLISHED IS CORRECT!!

# **Amis of the Journal Club**

- To develop the ability of researcher to critically analyse research articles and continuously evaluate the published scientific knowledge.
- To improve the critical appraisal skills for the researchers.

# **Amis of the Journal Club**

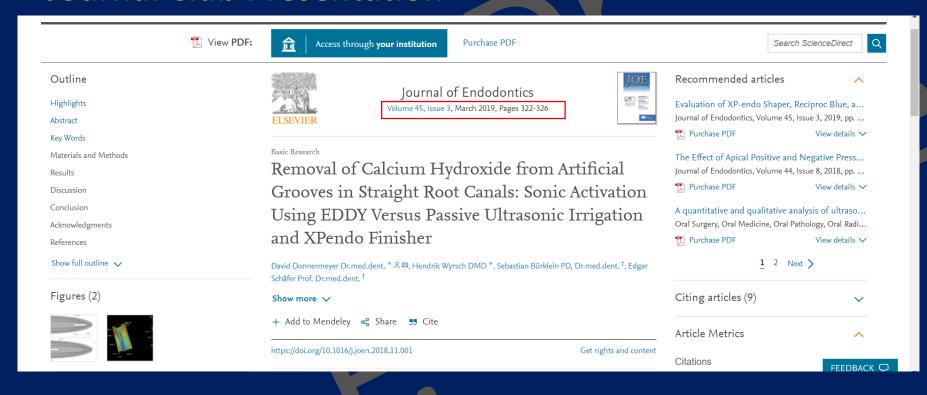
- To understand the method of publication.
- To increase the knowledge about the research methodology and biostatistics.
- To improve clinical practice by increasing the exposure to the latest research findings.



- Reason for choosing this article
  - ✓ You are interested in this topic
  - You can tell that in the beginning or during the presentation



- Article title
  - ✓ Is this title long or short
  - Is it descriptive, none descriptive or over descriptive



Publication details year, vol, pages



### Journal of Endodontics

Volume 45, Issue 3, March 2019, Pages 322-326



Journal details:

Names of Journal and Abb.: Journal of Endodontics (JOE)

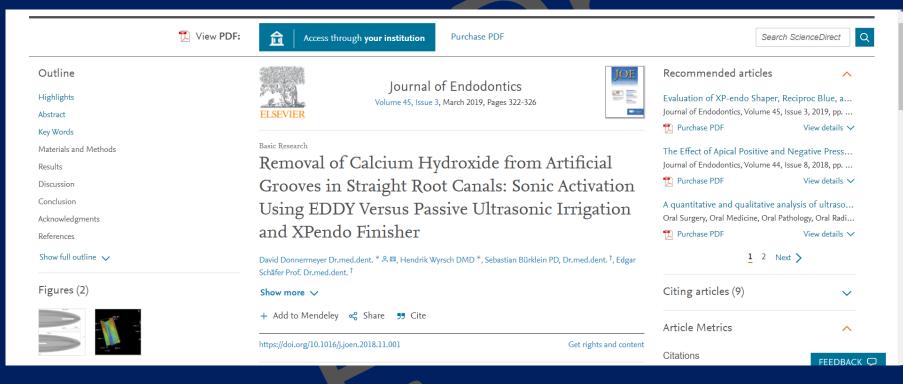
Journal description: Official journal of the American Association of Endodontists.

Peer reviewed hybrid access journal.

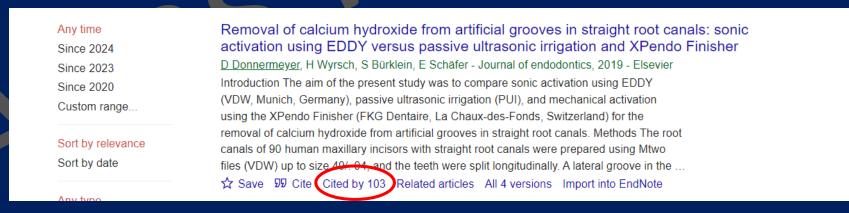
Impact Factor and Cite Score:
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Clarivate) Elsevier)

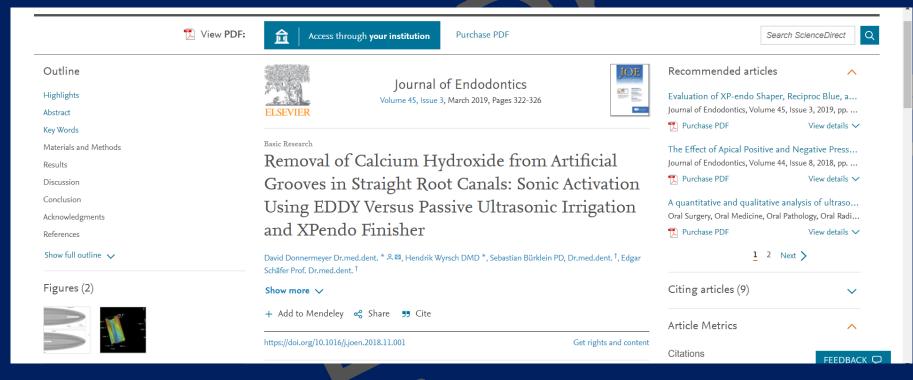


Publisher: Elsevier

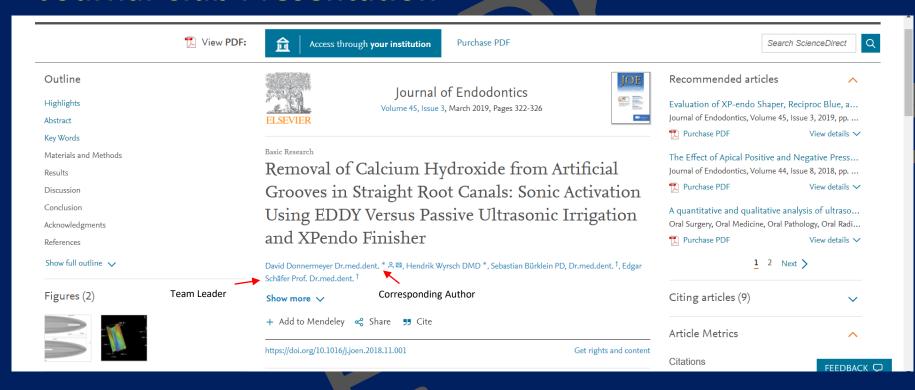


# Number citation (could be present on Google scholar)





- Type of paper: research paper (original research), or could be literature review, letters for editor etc..
- Type of study: Experimental in vitro study



Authors and Authorship

Names, Affiliation, Contribution You can give some information about one of the authors if they are famous in the field



Authors and Authorship
 Names, Affiliation, Contribution

- Study fund: it is important to understand the rights for this publication return to which university, institute, company or authors themselves.
- Conflict of interest: it is important to evaluate the bais that the author may have with the results of the study

#### **Basic Research—Technology**

#### Conclusion

Complete removal of calcium hydroxide from root canals was not achieved with any of the techniques. Manual irrigation was significantly less effective compared with all other activation techniques. EDDY and PUI were significantly more effective in the removal of calcium hydroxide than the XPendo Finisher regarding the apical grooves. No difference was found in the coronal section.

#### **Acknowledgments**

The authors deny any conflicts of interest related to this study.

#### References

1. Siqueira JF, Lopes HP. Mechanisms of antimicrobial activity of calcium hydroxide: a

- Urban K, Donnermeyer D, Schäfer E, et al. Canal cleanliness using different irrigation activation systems: a SEM evaluation. Clin Oral Investig 2017;21: 2681–7.
- Neuhaus KW, Liebi M, Stauffacher S, et al. Antibacterial efficacy of a new sonic irrigation device for root canal disinfection. J Endod 2016;42:1799–803.
- Conde AJ, Estevez R, Loroño G, et al. Effect of sonic and ultrasonic activation on organic tissue dissolution from simulated grooves in root canals using sodium hypochlorite and EDTA. Int Endod J 2017;50:976–82.
- Zupanc J, Vahdat-Pajouh N, Schäfer E. New thermomechanically treated NiTi alloy a review. Int Endod J 2018;51:1088–103.
- Trope M, Debelian G. XP-3D Finisher<sup>TM</sup> file the next step in restorative endodontics. Endod Pract 2015;8:22–4.
- Kenee DM, Allemang JD, Johnson JD, et al. A quantitative assessment of efficacy of various calcium hydroxide removal techniques. J Endod 2006;32:563

  –5.
- Hamdan R, Michetti J, Pinchon D, et al. The XP-Endo Finisher for the removal of calcium hydroxide paste from root canals and from the apical third. J Clin Exp Dent 2017;9:e855–60.

• Introduction:

Is the author give a good background about the literature in the flied of the topic.

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# Problem statement

Is the problem vital and stated in a clear sentence.

Some research especially clinical research or systematic reviews using PICO rule in formulating research statement

P= population

I= intervention

C= comparison or control

O= outcome

P= population

I= intervention

C= comparison or control

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Passive ultrasonic irrigation

P= straight roots of extracted teeth

I= removal of CaOH paste from root canal

C= 3 groups (PUI, irrigation syringe, Xpendo finisher, sonic activation with EDDY) (the study used and control group with no irrigation but not stated in research statement)

O= controversy which method is better

thermomechanically treated NiTi alloy named MaxWire (Martensite-Austenite-electropolish-fileX) (15). These instruments are relatively straight in their M phase (martensitic state) at room temperature; they change to a curved shape when exposed to intracanal temperature because of a phase transformation to A phase (austenitic state) (15). This phase transformation allows the instrument to expand its extent 6 mm in diameter when rotated (16).

PUI (4, 8, 17), manual irrigation with a syringe (8), and mechanical activation using the XPendo Finisher (18–21) have been investigated regarding the removal of intracanal calcium hydroxide dressings. The results concerning the efficacy of these devices in the removal of calcium hydroxide are controversial. Although 1 study reported that the XPendo Finisher was superior in removing intracanal calcium hydroxide dressings compared with PUI (18), other investigations found no statistically significant differences between the devices (19–21).

The aim of this study was to compare 4 different irrigation techniques regarding the removal of calcium hydroxide from lateral grooves in root canals: sonic activation with EDDY, passive ultrasonic activation, mechanical activation with the XPendo Finisher, and manual irrigation with a syringe. The null hypothesis tested was that all 4 techniques perform equally regarding the amount of remaining intracanal dressing.

#### **Materials and Methods**

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Are the aims directed toward solving the problem.

Hypothesis
 Is the hypothesis simple and correct.

thermomechanically treated NiTi alloy named MaxWire (Martensite-Austenite-electropolish-fileX) (15). These instruments are relatively straight in their M phase (martensitic state) at room temperature; they change to a curved shape when exposed to intracanal temperature because of a phase transformation to A phase (austenitic state) (15). This phase transformation allows the instrument to expand its extent 6 mm in diameter when rotated (16).

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#### Materials and Methods

 Materials and Methods: critically explore each part of the method to understand the research methodology and to compare the work with other similar methods in literature. This could include the dependant articles that the author may use in the design of their method.

# Method design

Is methodology designed according to pilot study or previous investigations

Pilot study (if present)

#### **Materials and Methods**

Based on the data of a comparable and previous study (22), power calculation using G\*Power 3.1 (Heinrich Heine University, Düsseldorf, Germany) indicated that the sample size for each group should be at least 17. Thus, 20 canals were used for each experimental group.

The present study is based on study designs previously suggested (8, 23). Ninety extracted central maxillary incisors with straight single roots (curvature <5°), a length of a minimum of 18 mm, intact root tips, and a single root canal were included. This was verified by viewing their buccal and proximal radiographs and the measurement

# Sample size

Validity of the sample size or population of the study.

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# Sample type

- Criteria for sample selection.
- Inclusion or exclusion criteria.
- Are the selection procedure valid and not bias.

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Eg. The initial size for the selected root was not none

# Sample preparation

- -Explore the sample preparation critically to identify if there is a weak or unstandardized step during the procedure.
- -Evaluate the steps of method during the presentation

After preparation of the access cavity, the root canals were instrumented using Mtwo NiTi files (VDW) up to size 40/.04 using the torque-limited electric motor VDW.Silver (VDW) with the settings according to the manufacturer's instructions. Apical patency was checked before instrumentation and after each instrument using ISO size 10 K-files (VDW). During instrumentation, irrigation was performed with a 30-G open-ended needle (Navitip; Ultradent, South Jordan, UT) and 1.5 mL NaOCl 3% after each instrument. The final irrigation was performed with 5 mL EDTA 17% (contact time of 1 minute). All irrigation solutions were used at a temperature of 20°C.

After the preparation of 2 longitudinal grooves at the mesial and distal root surface, the roots were split longitudinally. Gap-free reassembly of the 2 root halves was checked with a stereomicroscope under 20× magnification (Expert DN; Müller Optronic, Erfurt, Germany).

Two grooves (4-mm long, 0.2-mm wide, and 0.5-mm deep) were prepared at 2 levels at a distance of 2–6 mm from the apex on the buccal side of the root canal and at a distance of 10–14 mm from the apex on the oral side of the root canal (Fig. 1). Individual silicone molds (Silaplast; Detax, Ettlingen, Germany) were made for each root half to maintain a constant position, and photographs were taken under 10× magnification using a laser scanning microscope (VK-X100; Keyence, Osaka, Japan). The grooves were filled with an aqueous calcium hydroxide suspension, and photographs were taken at 10× magnification.

The root halves were reassembled and fixed with wax. The apical foramen was covered with wax in order to simulate a closed system (25), and the roots were embedded into plastic tubes with silicone (Silaplast). After storing the specimens in an incubator (Memmert, Schwabach, Germany) at 37°C and 100% humidity for 7 days, the roots were

# Sample grouping

- -The sample grouping randomisation procedure has to be mentioned to avoid bias and ensure validity.
- -All groups should have similar sample size (including controls).
- -The control samples should be processed under similar conditions.

laplast). After storing the specimens in an incubator (Memmert, Schwabach, Germany) at  $37^{\circ}$ C and 100% humidity for 7 days, the roots were randomly divided into 5 groups. Further procedures were as follows (groups A–D, n=20; group E, n=10). Not clear randomisation

#### **Group A: Sonic Activation with EDDY**

Before each cycle of activation, 3 mL NaOCl 3% was applied to the root canal with a syringe. The irrigant was activated with a frequency of 6000 Hz and an amplitude of 160  $\mu$ m using an air scaler (KaVo SONIC-flex; KaVo, Biberach, Germany). The EDDY tip was placed 1 mm short of the working length, and in-and-out movements with an amplitude of 5 mm were performed. Irrigation was repeated 4 times for 30 seconds, resulting in a total of 2 minutes of irrigation with a total of 12 mL irrigant.

#### Group B: PUI with VDW Ultra (VDW)

Before each cycle of activation, 3 mL NaOCl 3% was applied to the root canal with a syringe. The irrigant was activated as recommended by the manufacturer with a frequency of 28,000 Hz using a file size of 25 (Irri-S 21/25, VDW). The Irri-S tip was placed 1 mm short of the working length, and in-and-out movements with an amplitude of 5 mm were performed. Irrigation was repeated 4 times for 30 seconds, resulting in a total of 2 minutes of irrigation with a total of 12 mL irrigant.

#### **Group C: Mechanical Activation with the XPendo Finisher**

The XPendo Finisher NiTi file was used as recommended by the manufacturer at a speed of 1000 rpm and a maximum torque of 1 Ncm using the torque-limited electric motor VDW.Gold (VDW). Before each cycle of activation, 3 mL NaOCl 3% was applied to the root canal with a syringe. The XPendo Finisher file was placed 1 mm short of the working length, and in-and-out movements with an amplitude of 5 mm were performed. Irrigation was repeated 4 times for 30 seconds, resulting in a total of 2 minutes of irrigation with a total of 12 mL irrigant.

#### Group D: Manual Passive Irrigation with a Syringe

A 5-mL syringe with a 30-G needle (Navitip) was placed 1 mm short of the working length into the canal, and in-and-out movements with an amplitude of 5 mm were performed; 3 mL NaOCl 3% was applied over 30 seconds. This was repeated 4 times, resulting in a total of 2 minutes of irrigation with a total of 12 mL irrigant.

#### **Group E: The Control Group**

No irrigation was performed. The root canals were dried with paper points, and the root halves were separated again. Photographs were taken at  $10 \times$  magnification using the individual silicone molds and the laser scanning microscope (Fig. 2A-C).

# Testing procedure

- -Types of the tests used and giving brief description about each.
- -Are these tests performed in a correct way?

per points, and the root halves were separated again. Photographs were taken at  $10 \times$  magnification using the individual silicone molds and the laser scanning microscope (Fig. 2A–C).

The amount of calcium hydroxide remaining in the grooves was independently scored by 2 calibrated and blinded operators according to the scoring system suggested by Lee et al (23). The calibration of the operators included scoring and discussion of 50 specimens 5 days before the blinded scoring procedure.

The following scores were used: 0, empty groove; 1, <50% of the cavity is filled with calcium hydroxide; 2, >50% of the cavity is filled with calcium hydroxide; and 3, the cavity is completely filled with calcium hydroxide. The scoring results were expressed as medians and analyzed using the Kruskal-Wallis test. The level of significance was set P=.05. The Cohen kappa value was calculated for interexaminer agreement.

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### Measurements

- -How the variable measured?
- -Check for miss information bias or detection bias.
- -Check for masking or blinding.

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# Statistical analysis

- -How were the data analysed.
- -Appropriate test.

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### Results

- What are the results?
- Are they clearly presented and understandable?
- How were the results interpreted?
- Are the interpretations appropriate?

**TABLE 1.** The Scoring Results of the Apical and Coronal Grooves

	Group	Median	Interquartile range	Minimum	Maximum
Apical	EDDY	1.0 <sup>a</sup>	2.0	0.0	3.0
	PUI	1.0 <sup>a</sup>	2.0	0.0	3.0
	XPendo Finisher	2.5 <sup>b</sup>	1.0	1.0	3.0
	Manual irrigation	3.0 <sup>c</sup>	0.0	2.0	3.0
	Control group	3.0 <sup>c</sup>	0.0	3.0	3.0
Coronal	EDDY	2.0 <sup>a</sup>	2.0	0.0	3.0
	PUI	2.0 <sup>a</sup>	1.0	0.0	3.0
	XPendo Finisher	2.5 <sup>a</sup>	1.0	1.0	3.0
	Manual irrigation	3.0 <sup>b</sup>	0.0	2.0	3.0
	Control group	3.0 <sup>b</sup>	0.0	3.0	3.0

PUI, passive ultrasonic irrigation.

Values with different superscript letters were statistically different at P = .05 (Kruskal-Wallis test).

### Discussion

- -Is the discussion directed toward the research question of study and the aims?
- -Is the author discuss the methodology and the standardisation procedures of the work?
- -Are the results of the study well interpreted and discussed?
- -What are the strengths of the study?
- -Is controversy presented about the topic (agreement, disagreement) and is the author discuss that according to the results of the study.

Discussion

-What are the study weaknesses, limitations and flaws?

Do the author mention them?

transformation to A phase (austenitic state) (15, 16). In the present study, attempts have been made to standardize experimental conditions, and, therefore, all irrigation solutions were used at a temperature of 20°C. Based on the obtained results, it might be of interest to reevaluate the dressing removal capacity of XPendo Finisher files using increased and different temperatures of the irrigants.

- Conclusions
  - -Is the conclusions summarising the findings of the study.
  - -Do the findings contribute to the overall knowledge of the topic.
  - -What additional questions does the study raise.

### **Pros and Cons**

Give a summery about the Pros and Cons that you found in each section of the study. E.g.

Pros

Good study design

Valid research question

Cons

The procedure of randomised sample grouping is not presented.

The testing procedure is vague and not clear.

#### References

Donnermeyer, D., et al. (2019). "Removal of calcium hydroxide from artificial grooves in straight root canals: sonic activation using EDDY versus passive ultrasonic irrigation and XPendo Finisher." <u>Journal of Endodontics</u> **45**(3): 322-326.

Fleenor, D., et al. (2018). "Do journal clubs work? The effectiveness of journal clubs in a clinical pastoral education residency program." <u>Journal of Health Care Chaplaincy</u> **24**(2): 43-56.

MacRae, H. M., et al. (2004). "Teaching practicing surgeons critical appraisal skills with an Internet-based journal club: a randomized, controlled trial." <u>Surgery</u> **136**(3): 641-646.