

A Comparative Evaluation of Fracture Resistance of Root Canal Treated Maxillary Anterior Teeth Restored with Four Different Post System-An in Vitro Study

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How to citation this article: Dr. Ajinkya D Vernekar, Dr. Anjali G Mandhania, Dr. Sejal S Shah, Dr. Karan S Yadav, Dr. Pratik M Mule, Dr. Rahul R Bopte, “A Comparative Evaluation of Fracture Resistance of Root Canal Treated Maxillary Anterior Teeth Restored with Four Different Post System-An in Vitro Study”, IJMACR- August - 2024, Volume – 7, Issue - 4, P. No. 262 – 276.

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Type of Publication: Original Research Article

Conflicts of Interest: Nil

Abstract

Aim: The purpose of this study to compare the fracture resistance of four different post system in endodontically treated teeth.

Materials and method: Eighty extracted intact single rooted teeth are used, treated endodontically, and distributed into the following four groups: Group1 (n=20) Prefabricated glass fiber, Group2 (n=20) Prefabricated carbon fiber post, Group3 (n=20) Prefabricated gold- plated metal post, Group4 (n=20) Custom made cast post. All specimens are quasi-statically tested with a universal testing machine until the fracture occur until the fracture occur. The cross-

head speed is 1mm/min at an angle of 135 degrees to the long axis of the tooth at the center of palatal fossa. Failure of loading will be recorded when a sudden deep was observed in the force versus time graph. The failure mode is determined by visual inspection. Two typical root fracture mode is determined follow:

1. Specimen presenting the cervical third fracture is classified as favorable mode.
2. Specimen presenting middle and apical fracture is classified as an unfavorable or catastrophic mode.

Result: on comparison of maximum load Mean value observed for Ni-Cr Cast is 143.45 with standard deviation of 27.70, mean value observed for Glass Fiber

is 224.38 with standard deviation of 29.27, mean value for carbon fiber is 160.24 with standard deviation of 30.78 and mean value for Gold Plated metal was 160.18 with standard deviation of 12.13. on comparison of maximum stress Mean value observed for Ni-Cr Cast is 11.34 with standard deviation of 1.79, mean value observed for Glass Fiber is 5.30 with standard deviation of 1.80, mean value for carbon fiber is 8.48 with standard deviation of 2.13 and mean value for Gold Plated metal was 7.87 with standard deviation of 2.37. on comparison of maximum strain Mean value observed for Ni-Cr Cast is 0.07 with standard deviation of 0.06, mean value observed for Glass Fiber is 0.21 with standard deviation of 0.09, mean value for carbon fiber is 0.11 with standard deviation of 0.05 and mean value for Gold Plated metal was 0.15 with standard deviation of 0.20.

Conclusion: Within the limitations of this study it can be concluded that Endodontically treated teeth restored with glass fiber and prefabricated metal post are more resistant to fracture load than those restored with carbon fiber posts or cast posts and core. Because of their rigidity, restoring endodontically treated teeth with carbon fiber posts or cast posts and core can lead to tooth fracture. Presence of fiber posts changes the failure mode, and the fracture pattern was mainly favorable. The fiber posts followed by prefabricated gold-plated metal post are readily retrievable after failure, whereas the remaining post systems tested are not retrievable.

Keywords: Endodontically Treated Teeth, Fracture Resistance, Four Different Post Systems, Universal Testing Machine.

Introduction

Extraction was the suggested treatment of choice for most teeth that were grossly carious in earlier days, but today the focus of dental therapy has shifted to a more

conservative approach. The massive success of endodontic therapy has allowed for the restoration of such teeth and teeth has also reinstated it as a long-term functional unit inside the oral cavity¹. The loss of coronal tooth structure due to caries and trauma. If the loss is large in amount, the natural tooth structure cannot support a restoration and a post is necessary to retain an artificial core that will restore the lost structure². Primary motive of a post is to retain the coronal restoration in an endodontically treated tooth that has suffered an extensive loss of crown structure³. Special techniques are usually necessary to restore root canal treated teeth as their tooth structure is considerably lost. The selection of specific materials and technique for the restoration of endodontically treated teeth is categorized by the changes that accompany root canal therapy such as

- a) The amount of remaining tooth structure
- b) Physical changes in tooth structure
- c) The anatomic position of the tooth
- d) The occlusal forces on the tooth
- e) The restorative requirements of the tooth and
- f) The esthetic requirements of the tooth.

Endodontically treated teeth are at higher risk of fracture due to the decreased moisture content in dentin and most of times, compromised structural integrity of teeth poses higher risk of fracture than vital teeth.

For functional and esthetic concerns, complete coverage crown restoration along with post and core is often recommended to enhance retention of crowns⁴. Restoration of endodontically treated teeth is necessary for preserving the remaining tooth structure, function and restoring aesthetic. Due to structural defect caused by caries, trauma or previous restoration, many ETT need reconstruction by post and core to become reasonably functional. The main reason for the use of a

post in these teeth is to create a mechanical retention for the core; however, this can lead to an increased risk of tooth fracture⁵.

During endodontic and restorative procedures, the most important changes in tooth biomechanics is attributed to the loss of tissue either at radicular or coronal levels, which points out the importance of a highly conservative approach⁶. The significance of remaining cervical tissue, it is now known as the ferrule effect is considered the most important feature for the fracture resistance of endodontically treated teeth⁷. Now according to the studies, it is well known that the use of posts to restore endodontically treated teeth does not increase the strength of the remaining tooth. Posts only provide retention to the restoration⁸. It is now known, that dentin like rigidity reduces stress concentration at the dentin-post interface so that forces are more evenly transferred to the root and incidence of root fracture decreases⁹. The unification of adhesive techniques into post and core procedures has altered post designs and has resulted in the use of new materials. Thus, there should have ability to obtain a bonded tooth -post- core -crown “Monoblock” type of restoration, instead of a collection of heterogenous materials.¹⁰

However, steer clear of unnecessary post would eliminate related treatment risks, such as perforation of the root and further weakening of the tooth through additional substance loss when the root canal space is prepared for a post. Post should only be used when there is prognosis of teeth is good or fair¹¹. In molars, the use of the post retained core is often unnecessary due to sufficient dentin thickness and axial loading condition.

Because single rooted teeth are loaded non axially, more stress develops when masticatory forces are exerted¹². Studies have focused on strengthen the remaining tooth

structure after root canal treatment. However, although adhesive dental materials, coronal coverage, or post placement have been suggested for coronal reinforcement, properly restored teeth may fracture, because of weakened root canal treated roots. Therefore, one of the goals of filling the root canal with either sealer/gutta percha or both sealer/gutta percha and cement/post is to fortify the endodontically treated root to increase fracture resistance¹³. When remaining coronal tooth structure is less than 5 mm in height, it may be increased either surgically through a crown lengthening procedure or orthodontically through forced extrusion of the tooth. Both procedures result in satisfactory and predictable increase in coronal tooth structure but may be contraindicated in situations in which the crown to root ratio is compromised or where further exposure of tooth structure will have adverse esthetic results.

As coronal tooth structure is increased by crown lengthening, the corresponding osseous supported tooth structure is decreased. This change in the crown to root ratio may hinder the tooth less resistant to lateral forces. A 1:1 crown to root ratio has been advocated as the minimum ratio necessary for resisting lateral forces that may occur during function¹⁴.

The post placement must be based on such as anatomic position of tooth, amount of the remaining tooth structure, esthetic requirement of the tooth, functional load on the tooth. Endodontic post can be of metallic and non-metallic, preformed and custom made, stiff and flexible and esthetic and non-esthetic¹⁵. The design of resin posts reinforced with glass fiber post are retained on the dentinal wall by means of adhesion with cement. Accurate adaptation of post to the wall is very important. The shape of FRC can be conical, cylindrical, or

combined. The conical post has sufficient retention, with the preservation of dentin in the coronal area of the canal. The cylindrical post is very good for retention and evenly distribute the stress up to the entire length of the canal¹⁶. Fiber posts are made up of resin material and filler component consisting of glass fiber, which have same modulus of elasticity as dentin and distribute the load forces evenly along the root¹⁷.

Glass fiber reinforced post systems are composed of unidirectional glass fiber in the resin matrix that strengthened the structure of the post. To obtain optimal esthetic, translucent quartz fiber post systems are recently introduced as alternative. To compare the fracture resistance of endodontically treated teeth restored with different post systems such as zirconia, titanium and fiber -reinforced post which concluded that the fracture strength of zirconia post is superior to titanium post and both are superior to fiber reinforced post¹⁸. The carbon fiber post is made up of an organo-mineral composite with optimal mechanical properties. The weight of carbon fiber represents 64%.the matrix which is epoxy resin 36% that embeds the carbon fibers.it is claimed that the compatibility between the carbon fibers and the epoxy resin resulted the cohesion of the material¹⁹. A carbon fiber post has some crucial properties that make it potentially useful such as corrosion-resistant, biocompatible and strong. Carbon fiber post is reported that it has same modulus of elasticity as dentin that's why it resulting in fewer root fracture²⁰.

Cast posts and cores most commonly used for teeth with little remaining coronal structure²¹. They are versatile and allow best filling in the root canal treated teeth. They show good adaptability to the configuration and angulation of root canal walls. And it has ideal

connection to the core with no possibility of separation. This is cast post and core is made up of Ni-Cr alloy.it also have some disadvantages such as inferior esthetics, as they don't allow the light transmission.it might be corrode and cause gingival and tooth discoloration. Some kind of difficulty might be occur in fabrication, fitting and retrieval²².

The aim of this study is a comparative evaluation of fracture resistance of four different post system in endodontically treated maxillary anterior teeth.

Materials and methodology:

Eighty extracted intact single rooted teeth are used, treated endodontically, and distributed into the following four groups

Group 1 (n=20) Prefabricated glass fiber post

Group 2 (n=20) Prefabricated carbon fiber post

Group 3 (n=20) Prefabricated gold-plated metal post

Group 4 (n=20) Customer made cast post

Sample preparation

Eighty recently extracted caries free single rooted maxillary anterior teeth will be selected and stored in 0.1 % thymol solution at 25 degrees Celsius until use. The teeth will be cleaned with a hand scaler and stored at room temperature during the study. Root canals (1mm shortened to root apices) will be cleaned and shaped using the step back technique to apical size 45 and then obturate with gutta percha points and eugenol free epoxy amine resin sealer using lateral condensation technique. The teeth will be stored in distilled water at room temperature for 4 days sign of polymerization.

To create the PDL situation, the roots will be immersed in melted wax at a depth of 2mm below cemento-enamel junction and then embed in acrylic resin blocks. Afterward teeth roots will be embedded in auto polymerizing resin up to 2 mm apex of CEJ and orient

with their long axes perpendicular to the horizon using a customer made parallelometer. Each root will be removed from the resin block upon appearance of primary The wax spacer will be replaced by a silicon based impression material, which will be injected into the acrylic resin. Then, the tooth will be reinserted into the resin blocks and the excess impression material will be removed using a surgical blade.

Root canal filling material (gutta percha and sealer) will be removed using (except for control group) using no. 1,2,3 and 4 Gates Glidden burs. Post spaces will be prepared using a low speed corresponding drill provided by the post manufacturer to achieve a post space length of 10 mm in all groups. All posts will be air borne particle abraded with 50 micrometer alumina particles for 5 secs at 0.25 MPa and ultrasonically cleaned in 96% isopropanol for 3 min. The post spaces will be then rinsed with 5% sodium hypochlorite solution, irrigate with 70% ethanol and dried with absorbent paper points. The walls of post etch with 37% phosphoric acid for 15 rinse with water spray and air dried. The posts will be coated with freshly mixed self-adhesive resin cement that were applied using disposable micro-brushes. Each post will be seated with finger pressure for 10 seconds. Excess resin cements will spread to cover the occlusal part of the post. Light-polymerizing composite resin cores will be fabricated according to the manufacturer's instructions. All procedures will be performed by the same operator.

Loading of specimen

All specimens are quasi-statically tested with a universal testing machine until the fracture occur until the fracture occur. The cross-head speed is 1mm/min at an angle of 135 degrees to the long axis of the tooth at the center of palatal fossa. Failure of loading will be recorded when a

sudden deep was observed in the force versus time graph.

The failure mode is determined by visual inspection.

Two typical root fracture mode is determined follow

1.Specimen presenting the cervical third fracture is classified as favourable mode.

2.Specimen presenting middle and apical fracture is classified as an unfavourable or catastrophic mode.

Results

Fracture load data were analyzed using SPSS software (SPSS version 18.0 for window). Data were explored for normality using the Anderson -darling test, which showed normally distributed data. across all four groups, fracture load was analyzed using one- way ANOVA followed by multiple comparisons with tukey's honest significance test ($\alpha=0.05$). failure modes were recorded and statistically analyzed with chi square test among groups for determining the correlation between post systems and failure mode (favourable or restorable/unfavorable or non-restorable)

One Way Analysis of Variance (ANOVA) Test was carried out for comparison among four groups. P-Value less than 0.05 shows that, there is significant difference observed among four groups.

Mean value observed for Ni-Cr Cast is 143.45 with standard deviation of 27.70, mean value observed for Glass Fiber is 224.38 with standard deviation of 29.27, mean value for carbon fiber is 160.24 with standard deviation of 30.78 and mean value f or Gold Plated metal was 160.18 with standard deviation of 12.13.

One Way Analysis of Variance (ANOVA) Test was carried out for comparison among four groups. P-Value less than 0.05 shows that, there is significant difference observed among four groups.

Mean value observed for Ni-Cr Cast is 11.34 with standard deviation of 1.79, mean value observed for Glass Fiber is 5.30 with standard deviation of 1.80, mean value for carbon fiber is 8.48 with standard deviation of 2.13 and mean value for Gold Plated metal was 7.87 with standard deviation of 2.37.

One Way Analysis of Variance (ANOVA) Test was carried out for comparison among four groups. P-Value less than 0.05 shows that, there is significant difference observed among four groups.

Mean value observed for Ni-Cr Cast is 0.12 with standard deviation of 0.10, mean value observed for Glass Fiber is 0.17 with standard deviation of 0.07, mean value for carbon fiber is 0.13 with standard deviation of 0.07 and mean value for Gold Plated metal was 0.11 with standard deviation of 0.08.

One Way Analysis of Variance (ANOVA) Test was carried out for comparison among four groups. P-Value less than 0.05 shows that, there is significant difference observed among four groups.

Mean value observed for Ni-Cr Cast is 293.08 with standard deviation of 62.18, mean value observed for Glass Fiber is 282.80 with standard deviation of 39.01, mean value for carbon fiber is 232.46 with standard deviation of 64.15 and mean value for Gold Plated metal was 316.52 with standard deviation of 76.02.

One Way Analysis of Variance (ANOVA) Test was carried out for comparison among four groups. P-Value less than 0.05 shows that, there is significant difference observed among four groups.

Mean value observed for Ni-Cr Cast is 13.59 with standard deviation of 3.50, mean value observed for Glass Fiber is 8.00 with standard deviation of 2.34, mean value for carbon fiber is 11.84 with standard deviation of

3.38 and mean value for Gold Plated metal was 16.39 with standard deviation of 3.91.

One Way Analysis of Variance (ANOVA) Test was carried out for comparison among four groups. P-Value less than 0.05 shows that, there is significant difference observed among four groups.

Mean value observed for Ni-Cr Cast is 0.07 with standard deviation of 0.06, mean value observed for Glass Fiber is 0.21 with standard deviation of 0.09, mean value for carbon fiber is 0.11 with standard deviation of 0.05 and mean value for Gold Plated metal was 0.15 with standard deviation of 0.20.

Chi-Square test is carried out to test correlation between failure mode and post systems. P- Value observed is less than 0.05. Shows significant correlation between failure mode and post system.

Discussion

This study evaluated the influence of different post systems on fracture resistance of root canal treated maxillary anterior teeth. Natural teeth were used for the preparation of the specimens. The dimensions of the experimental teeth were evaluated statistically in order to eliminate the possible variation in size. All roots were received endodontic treatment and care was taken to fabricate standard cores and metal crowns. To create the PDL situation, the roots were immersed in melted wax at a depth of 2mm below cemento-enamel junction and then embedded in acrylic resin blocks. Afterward teeth roots were embedded in auto polymerizing resin up to 2 mm apex of CEJ and orient with their long axes perpendicular to the horizon using a custom made parallelometer.

Each root was removed from the resin block upon appearance of primary sign of polymerization. The wax spacer was replaced by a silicon-based impression

material, which were injected into the acrylic resin. Then, the tooth was reinserted into the resin blocks and the excess impression material was removed using a surgical blade. Variations in the post length were eliminated by preparing all posts at the 10mm length prior to cementation. In this study, the posts in all the groups were cemented with self-adhesive resin cement following standard procedures. Studies have elucidated that the adhesion of self-adhesive resin cements to root dentin is comparable to that of conventional resin cements used with etch and rinse adhesive systems and is suitable for cementation of intra-radicular posts⁵⁹.

Guzy and Nichollas reported that, for incisor teeth loading angle of 135 degrees was chosen to simulate a contact angle found in class 1 occlusion between maxillary and mandibular anterior teeth. In the present study, the cross-head speed was 1mm/min at an angle of 135 degrees to long axis of the tooth at the center of palatal fossa. However, submitting samples to cyclic loading and then establish their reaction to fatigue more accurately simulates intraoral conditions than increasing a single load until failure will occur⁵⁴.

In present study, Group 1 specimen (glass fiber post) exhibited the highest mean resistance to fracture with the most catastrophic fractures. Group 4, Ni-Cr cast post exhibited the lowest mean resistance to fracture followed by group 2 and group 3 which is prefabricated metal post and carbon fiber post (Table 1). One-way analysis of variance (ANOVA) test was carried out for comparison among four groups. P value less than 0.005 shows that there is significant difference observed among four groups. The different post systems significantly influenced the final fracture resistance ($p < 0.05$). These results may explain how different post systems enhance the fracture resistance of ETT.

This finding is consistent with Jens T. Mangold and Matthias Kern and they reported that placement of glass fiber post had a significant influence on the fracture resistance when fewer than 2 cavity walls remained, but no significant influence when 2 or 3 walls were present¹¹. This result also agreed with the findings of Giovanni et al who conclude that the roots are restored with glass fiber post showed higher fracture resistance than cast post³⁰. This finding is also consistent with Carlos Torres- Sanchez, Vanessa Montoya -Salazar et al reported that the use of a glass fiber post and resin modified glass ionomer cement increased the fracture resistance of endodontically treated teeth⁴³. Clarence J. Cormier et al concluded that fiber posts evaluated provided an advantage over a conventional post¹⁰.

Conversely, these findings disagree with the result of Lili Zhou and Qing Wang in which they who concluded that cast post had higher fracture resistance than fiber post⁴². This finding is also disagreed with the result of Beck et al, who reported significantly lower fracture load of glass fiber post than zirconia post⁵⁵. Mavari Saritha et al concluded that zirconia had good fracture resistance compared with the carbon fiber post and glass fiber posts⁴⁰.

In Table 2, maximum stress is compared between four groups. Mean value observed for Ni-Cr cast post shows highest value (11.34) compared to other groups and lowest for glass fiber post (5.30). Stress measures the deforming force per unit area of the post which is lowest for the glass fiber post. This finding is agreed with that of Aggarwal et al and Madfa et al in which they reported that compared with other dental post glass fiber post generate least amount of stress concentration and best option for restoring badly decayed teeth (56,57). In Table 3, maximum strain is compared between four

groups. Mean value observed for glass fiber post is highest which is 0.17 and lowest for gold plated prefabricated metal post (0.11). Strain measures the relative changes in length caused by deforming force.

With respect to glass fiber posts, the result indicated that the roots restored with longer posts (10 mm) had a greater resistance to fracture. Posts glass fiber post has modulus of elasticity similar to dentin. When submitted to a compressive load, it can better absorb the forces concentrated along the root, which may decrease the probability of fracture³⁰. However, fracture test has certain limitation with regard to obtaining information on the internal behavior of the tooth -restoration complex before the failure. Therefore, it is important to combine destructive test with non-destructive methodologies, such as strain gauge measurement for root strain analysis and its relation to fracture resistance and failure mode⁵⁸.

In table 4, 5, 6, the maximum load, maximum stress and maximum strain in unfavorable mode were discussed. In table 4, the mean value of maximum load was observed for gold plated prefabricated metal post (316.52) is highest among the group. Mean value observed for carbon fiber post (232.46) is lowest among the groups. In table 5, comparison of maximum stress was observed. gold-plated prefabricated metal post was highest (16.39) and lowest for the glass fiber post (8.00). In table 6, comparison of maximum strain was measured in which I glass fiber post is highest 0.21 and cast post was lowest 0.07.

An important factor related to resistance is failure mode. All post systems have some percentage of clinical failure. However, some posts cause higher percentage of failures that result in teeth that are nonrestorable. For example, teeth restored with less rigid posts, such as

fiber posts, tend to have failures that are more likely to be restorable (21,18,10,29). In the present study, Chi-square (X²) analysis indicated statistically significant differences in the failure modes among groups less than 0.05, which shows significant correlation between failure mode and post systems (Table7). Most specimens with glass fiber and prefabricated metal post showed favorable failure mode. The unfavorable or catastrophic failures were shown mostly with carbon fiber post and cast post.

Conclusion

Within the limitations of this study it can be concluded that

1. Endodontically treated teeth restored with glass fiber and prefabricated metal post are more resistant to fracture load than those restored with carbon fiber posts or cast posts and core.
 2. Because of their rigidity, restoring endodontically treated teeth with carbon fiber posts or cast posts and core can lead to tooth fracture.
 3. Presence of fiber posts changes the failure mode, and the fracture pattern was mainly favorable.
- The fiber posts followed by prefabricated gold-plated metal post are readily retrievable after failure, whereas the remaining post systems tested are nonretrievable.

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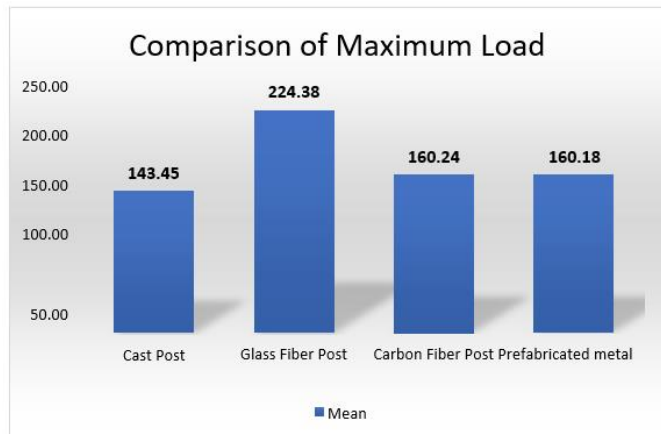
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Legend Tables and Figures

Maximum Load	N	Mean	SD	SE	F-Value	P-Value	Remark
Cast Post	20	143.45	27.70	6.19	37.634	0.000	Sig
Glass Fiber Post	20	224.38	29.27	6.54			
Carbon Fiber Post	20	160.24	30.78	6.88			
Pre-fabricated metal post	20	160.18	12.13	2.71			

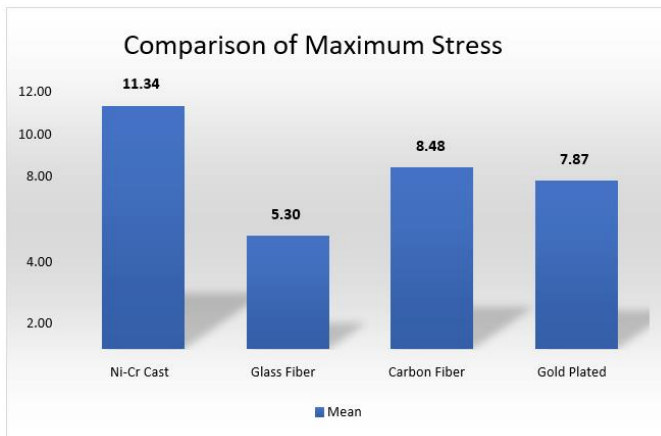
Table1: Comparison of maximum load (Favourable)



Graph1: Comparison of maximum load (favourable)

Maximum Stress	N	Mean	SD	SE	F-Value	P-Value	Remark
Ni-Cr Cast	20	11.34	1.79	0.40	29.576	<0.001	Sig
Glass Fiber	20	5.30	1.80	0.40			
Carbon Fiber	20	8.48	2.13	0.48			
Gold Plated	20	7.87	2.37	0.53			

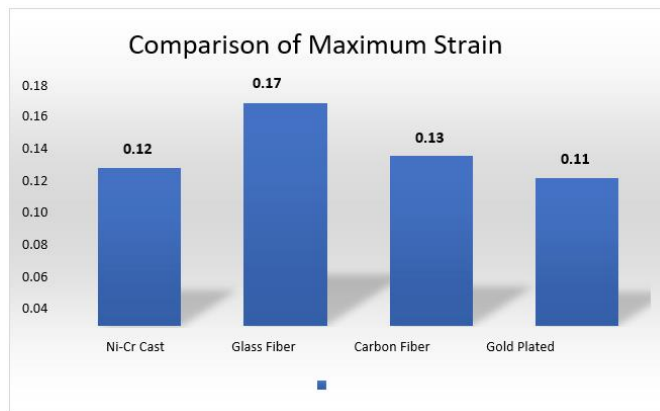
Table 2. Comparison of maximum stress(favourable)



Graph 2: Comparison of maximum stress(favourable)

Maximum Strain	N	Mean	SD	SE	F-Value	P-Value	Remark
Ni-Cr Cast	20	0.12	0.10	0.02	3.066	0.033	Sig
Glass Fiber	20	0.17	0.07	0.02			
Carbon Fiber	20	0.13	0.07	0.01			
Gold Plated	20	0.11	0.08	0.02			

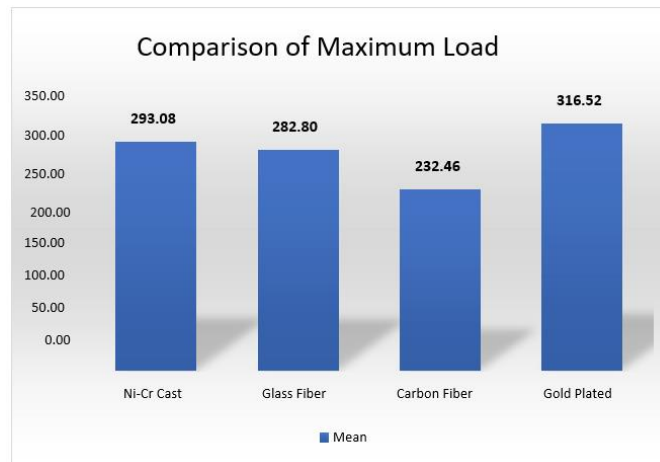
Table 3: Comparison of maximum strain (favourable)



Graph 3: Comparison of maximum strain

Maximum Load	N	Mean	SD	SE	F-Value	P-Value	Remark
Ni-Cr Cast	20	293.08	62.18	13.90	6.573	0.001	Sig
Glass Fiber	20	282.80	39.01	8.72			
Carbon Fiber	20	232.46	64.15	14.34			
Gold Plated	20	316.52	76.02	17.00			

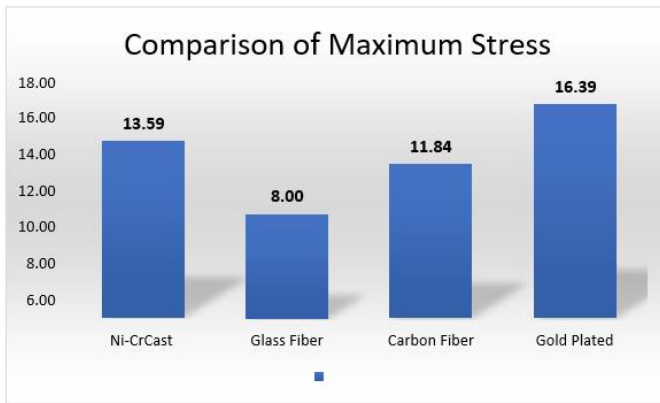
Table 4: Comparison of maximum load (unfavourable)



Graph 4: Comparison of maximum load(unfavourable)

Maximum Stress	N	Mean	SD	SE	F-Value	P-Value	Remark
Ni-Cr Cast	20	13.59	3.50	0.78	22.190	0.000	Sig
Glass Fiber	20	8.00	2.34	0.52			
Carbon Fiber	20	11.84	3.38	0.75			
Gold Plated	20	16.39	3.91	0.87			

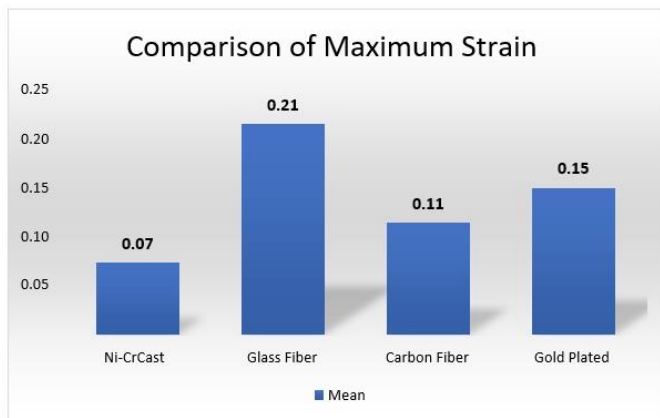
Table 5: Comparison of maximum stress (unfavourable)



Graph 5: Comparison of maximum stress(unfavourable)

Maximum Strain	N	Mean	SD	SE	F-Value	P-Value	Remark
Ni-CrCast	20	0.07	0.06	0.01	5.629	0.002	Sig
Glass Fiber	20	0.21	0.09	0.02			
Carbon Fiber	20	0.11	0.05	0.01			
Gold-plated	20	0.15	0.20	0.04			

Table 6: Comparison of maximum strain(unfavourable)



Graph 6: Comparison of maximum strain

Fracture Mode	Groups			
	Glass Fiber Post	Pre-fabricated metal post	Carbon Fiber Post	Cast Post
Favourable	16(80%)	14(70%)	12(60%)	12(60%)
Unfavourable	4(20%)	6(30%)	8(40%)	8(40%)

Table7: Failure mode