

# Evaluation of non-instrumentation endodontic treatment in necrotic primary molars using a modified mixture of three antibiotics with simvastatin

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<b>Registration date</b> 13/09/2021	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 04/10/2024	<b>Condition category</b> Oral Health	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

The aim of this study is to evaluate the success rate of non-instrumentation endodontic treatment using a modified antibiotic paste of cefexime, ciprofloxacin and metronidazole with simvastatin (an anti-inflammatory, bone regeneration drug) on necrotic (dead) primary molars compared to traditional pulpectomy (complete removal of the pulp of the teeth).

### Who can participate?

Children aged 4-8 years old with necrotic primary second lower molars

### What does the study involve?

Participants will be randomly divided into two groups to be treated with antibiotics in non-instrumentation endodontic treatment or conventional root canal treatment. All the teeth will be evaluated after 1, 3, 6, and 12 months clinically and 3, 6, and 12 months radiologically (x-ray).

### What are the possible benefits and risks of participating?

Because of the complexity of the root canal system in primary molars, long or multiple visits are needed to complete pulpectomy treatment, especially with non-cooperative children. Non-instrumentation endodontic treatment seems to be a good alternative choice to traditional pulpectomy as it's an easier and less time-consuming treatment.

### Where is the study run from?

Damascus University (Syria)

### When is the study starting and how long is it expected to run for?

March 2018 to January 2021

### Who is funding the study?

Damascus University (Syria)

Who is the main contact?  
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## Contact information

**Type(s)**  
Scientific

**Contact name**  
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## Additional identifiers

**Clinical Trials Information System (CTIS)**  
Nil known

**ClinicalTrials.gov (NCT)**  
Nil known

**Protocol serial number**  
2851

## Study information

**Scientific Title**  
Clinical and radiological evaluation of modified triple antibiotic paste and simvastatin in non-instrumentation endodontic treatment of necrotic mandibular primary molars: a randomised controlled clinical trial

**Acronym**  
3Mixtatin in NIET

**Study objectives**

This study is designed to assess the hypothesis that non-instrumentation endodontic treatment with 3mixtatn can be a good alternative treatment to traditional pulpectomy of necrotic primary molars.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

Approved 08/07/2018, Damascus University, Faculty of Dentistry (University of Damascus Dental School, Damascus, Syria; +96390404840; Osama.aljabban@gmail.com), ref: none provided

### **Study design**

Single-centre interventional double-blinded randomized controlled trial

### **Primary study design**

Interventional

### **Study type(s)**

Treatment

### **Health condition(s) or problem(s) studied**

Necrotic primary molars

### **Interventions**

Forty-two necrotic mandibular primary second molars from healthy children aged 4-8 years will be randomly divided into two groups using <http://www.randomization.com>:

Group A: teeth will be treated with 3mixtatin in non-instrumentation endodontic treatment

Group B: teeth will be treated with conventional root canal treatment

After local anesthesia using mepivacaine hydrochloride 3%, each tooth will be isolated using the rubber dam. The carious lesions will be removed and the access cavity will be prepared with a bur in a high-speed handpiece. In group A the canal orifices will be enlarged with a round bur (1 mm diameter and 2 mm depth). The pulp chamber and the canal orifices will be irrigated with 17% EDTA to remove the smear layer and the dentin permeability increased with chemical solutions and then with physiological serum, followed by irrigation with 10 ml 5.25% sodium hypochlorite to remove the necrotic tissues, then irrigated with physiological serum and finally with chlorhexidine gluconate 0.2%.

This irrigation protocol will be administered in both two groups.

### **3Mixtatin preparation:**

The three commercially available antibiotics metronidazole, cefixime and ciprofloxacin will be mixed in a ratio of 1:1:1 with 2 mg of simvastatin after removing the coating materials and pulverized by porcelain mortars and pestles. The 3Mixtatin will be mixed with propylene glycol to obtain a creamy mix and placed over the canal orifices and the pulpal floor. The tooth will be sealed with a glass ionomer cement and then restored with a stainless steel crown.

In group B conventional root canal treatment will be done using k-files and h-files and using the previously mentioned irrigation protocol in group A.

The root canals will be dried with paper points and obturate with zinc oxide eugenol paste using a Lentulo spiral in a low-speed handpiece. The tooth will be sealed with a glass ionomer cement and then restored with a stainless steel crown.

All procedures will be administered by a pediatric dentist.

All the teeth will be evaluated after 1, 3, 6, and 12 months clinically and 3, 6, and 12 months radiologically.

### **Intervention Type**

Procedure/Surgery

### **Primary outcome(s)**

Clinical success criteria measured by two external examiners at baseline (T0) directly after the treatment, 1 month (T1), 3 months (T2), 6 months (T3), and 12 months (T4):

1. Absence of fistula detected visually
2. Absence of painful symptoms measured using The Universal Pain Assessment Tool (UPAT)
3. Absence of pathological tooth mobility assessed by applying alternate pressure on the outer and inner aspects of the crown of the tooth using two hand instruments. The results were recorded using a mobility index.
4. Intact gingival contour detected by palpation

Radiographic success criteria measured at baseline (T0), 3 months (T1), 6 months (T2), and 12 months after treatment (T3):

1. Resolution of furcation lesion radiolucency analysed on the follow-up radiographs using (Imagej)(fiji) 2019 software
2. Absence of pathological bone resorption assessed by detecting any new radiolucency on radiographs
3. Absence of pathological root resorption analysed on the follow-up radiographs using (Imagej) (fiji) 2019 software

### **Key secondary outcome(s)**

The duration of treatment in each group, recorded directly after the treatment

### **Completion date**

15/01/2021

## **Eligibility**

### **Key inclusion criteria**

1. Child aged 4-8 years old with no systemic diseases
2. Necrotic primary second lower molars with signs or symptoms of loss of vitality: buccal swelling or sinus, pathological mobility, bifurcation or periapical radiolucency, pathological root resorption

### **Participant type(s)**

Patient

### **Healthy volunteers allowed**

No

### **Age group**

Child

**Lower age limit**

4 years

**Upper age limit**

8 years

**Sex**

All

**Total final enrolment**

44

**Key exclusion criteria**

1. Non-restorable teeth
2. Excessive root resorption involving more than half of the root
3. Perforation of the pulpal floor
4. Facial cellulitis cases
5. Noncooperative patient
6. Patient with history of allergy to one of the used drugs
7. Patient with systemic disease

**Date of first enrolment**

05/09/2018

**Date of final enrolment**

18/05/2020

## **Locations**

**Countries of recruitment**

Syria

**Study participating centre**

**Damascus University**

Faculty of Dentistry

Al-Mazzeah Street

Damascus

Syria

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## **Sponsor information**

**Organisation**

Damascus University

ROR

<https://ror.org/03m098d13>

## Funder(s)

Funder type

University/education

Funder Name

Damascus University

Alternative Name(s)

University of Damascus, , DU

Funding Body Type

Government organisation

Funding Body Subtype

Universities (academic only)

Location

Syria

## Results and Publications

Individual participant data (IPD) sharing plan

The datasets generated and/or analysed during the current study during this study will be included in the subsequent results publication.

IPD sharing plan summary

Other

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>		01/04/2024	04/10/2024	Yes	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes