

Pharmacological Effects and Complications of Dental Whitening Procedures

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DESCRIPTION

When dental whitening was first made available to patients of all ages, mostly in the beginning of the initial communication about the possibilities of using this procedure, it occasionally ran into ethical dilemmas over whether or not it should be used. The age restriction for applications was one of these issues. Carbamide peroxide is employed as a teeth-whitening agent, but it's recognized that the whitening effect is not simply produced by the substance utilized. In fact, urea peroxide's efficiency rises when it's distributed in a proper way, increasing its effectiveness. These bleaching agents need specific air conditions for transit in order to preserve their potency at the time of administration to the patient. Studies that examined a rubber tooth sample corroborated the physico-chemical characteristics of this material. By adjusting the amount of bleach and the pH of the medium produced, these experiments sought to determine the effectiveness of urea peroxide in treating two different types of pigmented lesions. The effect of application duration, within the parameters of potential damage and the efficacy of the bleaching agent was studied.

It has been discovered that the effectiveness of teeth whitening, namely urea peroxide gel, is significantly influenced by physicochemical properties, particularly those of adhesion and digestion. There is less of a chance for temporary bonding between the bond and the composite on each tooth that has undergone bleaching, regardless of the bleaching method used. The fixing of the bonding bond is prevented by residual oxygen from peroxide residues. To avoid this, all conservative therapeutic dental restorations must be completed one week after the last teeth whitening process, or when the whitening is finished. The literature reports a 1% possibility of cervical resorption when teeth that have had endodontic treatment are internally whitened, particularly when using thermo catalytic procedures. When calcium hydroxide and distilled water are applied as a paste to the orifice of teeth that have received internal teeth whitening treatment, this percentage is dramatically lowered. In terms of the advancement of internal bleaching procedures, it is important to note that the thermo catalytic method is no longer advised.

As a side effect of bleaching healthy teeth in dental clinic settings, poly methyl methacrylate PMMA restoration material's color change and loss of integrity are highlighted. This happens when the material is exposed to carbamide peroxide. As a result, bis-acrylics work best for modeling temporary crowns. Since hydrogen peroxide can easily flow through enamel and dentin without causing pulp damage, moderate-grade sensitivity to teeth whitening procedures has been observed to develop after treatment. With before sensitivity, which lasted little more than 24 hours after bleaching, it is advised to administer modest analgesics to the patient. The sensitivity of the teeth and gum irritation, both of which result from the use of the whitening agent in excess, are indicated as adverse effects for the whitening of important teeth under home settings. Bleaching is not dependent on the material being bleached; rather, it depends on the specific post-bleaching care provided to the patient, particularly the feeding regimen followed. The second injury stated after bleaching, which is regarded to still be under evaluation as to whether it manifests with the associated adverse effect, is the roughness of tooth surfaces.

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