

#### Stomatológia Hodnotenie antibakteriálnej aktivity zubných výplňových materiálov, fixačné cementy, pečatidlá a ortodontické lepiace alebo fixačné materiály (ISO 3990: 2023)

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Dentistry - Evaluation of antibacterial activity of dental restorative materials, luting materials, fissure sealants and orthodontic bonding or luting materials (ISO 3990:2023)

Táto norma obsahuje anglickú verziu európskej normy. This standard includes the English version of the European Standard.

Táto norma bola oznámená vo Vestníku ÚNMS SR č. 10/23

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### EUROPEAN STANDARD NORME EUROPÉENNE EUROPÄISCHE NORM

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#### **English Version**

Dentistry - Evaluation of antibacterial activity of dental restorative materials, luting materials, fissure sealants and orthodontic bonding or luting materials (ISO 3990:2023)

Médecine bucco-dentaire - Évaluation de l'activité antibactérienne des matériaux de restauration dentaire, matériaux de scellement, produits de comblement des fissures et matériaux de collage ou de scellement orthodontiques (ISO 3990:2023)

Zahnheilkunde - Bewertung der antibakteriellen Wirkung von dentalen Restaurationswerkstoffen, Befestigungszementen, Fissurenversieglern und kieferorthopädischen Klebe- oder Befestigungswerkstoffen (ISO 3990:2023)

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EN ISO 3990:2023 (E)

#### **European foreword**

This document (EN ISO 3990:2023) has been prepared by Technical Committee ISO/TC 106 "Dentistry" in collaboration with Technical Committee CEN/TC 55 "Dentistry" the secretariat of which is held by DIN.

This European Standard shall be given the status of a national standard, either by publication of an identical text or by endorsement, at the latest by January 2024, and conflicting national standards shall be withdrawn at the latest by January 2024.

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#### **Endorsement notice**

The text of ISO 3990:2023 has been approved by CEN as EN ISO 3990:2023 without any modification.

## INTERNATIONAL STANDARD

ISO 3990

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# Dentistry — Evaluation of antibacterial activity of dental restorative materials, luting materials, fissure sealants and orthodontic bonding or luting materials

Médecine bucco-dentaire — Évaluation de l'activité antibactérienne des matériaux de restauration dentaire, matériaux de scellement, produits de comblement des fissures et matériaux de collage ou de scellement orthodontiques





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#### Foreword

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The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular, the different approval criteria needed for the different types of ISO document should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see <a href="www.iso.org/directives">www.iso.org/directives</a>).

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This document was prepared by Technical Committee ISO/TC 106, *Dentistry*, in collaboration with the European Committee for Standardization (CEN) Technical Committee CEN/TC 55, *Dentistry*, in accordance with the Agreement on technical cooperation between ISO and CEN (Vienna Agreement).

Any feedback or questions on this document should be directed to the user's national standards body. A complete listing of these bodies can be found at <a href="https://www.iso.org/members.html">www.iso.org/members.html</a>.

#### Introduction

Due to the general applicability of *in vitro* tests for antibacterial activity and their widespread use in evaluating a large range of dental materials, it is the purpose of this document to define a scheme for testing which requires decisions to be made in a series of steps rather than to specify a single test. This should lead to the selection of the most appropriate test for a respective dental material to be evaluated.

Two categories of test are listed: extract test and direct contact test.

The choice of one or more of these categories depends upon the nature of the material to be evaluated, the potential site of use and the nature of the use of the respective material. Extract tests are primarily directed to substances leaching out from materials, whereas direct contact tests are directed to both, effects from leachable substances and surface effects. The choice of test then determines the details of the preparation of the samples to be tested, the preparation of the cultured bacteria or biofilms, and the way in which the bacteria or biofilms are exposed to the samples or their extracts.

Both categories of tests are intended to be first conducted toward planktonic cultures of bacteria and then, in case of positive results, toward bacterial biofilms.

This document proposes measurement of reduction of bacterial ability to replicate as the main method to assess antibacterial effects. Additionally, bacterial membrane damage can be assessed in order to further verify bacterial cell death and reductions in bacterial metabolic activity can be investigated as another measure of bacterial viability.

There are several means of producing results in each of these test categories. The investigator should be aware of the test categories and into which category a particular technique fits, in order to ensure the comparability with other results on similar materials both at the intra- and interlaboratory level.

Examples of quantitative test protocols for assessing reduction of bacterial ability to replicate by colony forming units (CFU) assay and for assessing bacterial membrane damage by flow cytometry and for investigating reductions in bacterial metabolic activity by MTT assay are given in this document along with guidance for the interpretation of the results.

## Dentistry — Evaluation of antibacterial activity of dental restorative materials, luting materials, fissure sealants and orthodontic bonding or luting materials

#### 1 Scope

This document specifies test methods for the evaluation of dental restorative materials, luting materials, fissure sealants and orthodontic bonding or luting materials that are claimed by their respective manufacturers to exert "antibacterial" effects.

NOTE Materials for pulp capping (e.g. calcium hydroxide formulations), endodontic filling materials, dental implants or implant systems, nightguards and additive manufactured (e.g. 3D-printed) materials are not covered in this document.

This document does not cover tests on the effectiveness of sterilization or disinfection procedures. This document cannot be used to demonstrate a lack of microbial contamination of medical devices used in dentistry.

#### 2 Normative references

The following documents are referred to in the text in such a way that some or all of their content constitutes requirements of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

ISO 1942, Dentistry — Vocabulary

ISO 4049, Dentistry — Polymer-based restorative materials

ISO 6344-3, Coated abrasives — Determination and designation of grain size distribution — Part 3: Microgrit sizes P240 to P5000

ISO 7405, Dentistry — Evaluation of biocompatibility of medical devices used in dentistry

ISO 9917-1, Dentistry — Water-based cements — Part 1: Powder/liquid acid-base cements

ISO 9917-2, Dentistry — Water-based cements — Part 2: Resin-modified cements

ISO 10993-1, Biological evaluation of medical devices — Part 1: Evaluation and testing within a risk management process

ISO 10993-5, Biological evaluation of medical devices — Part 5: Tests for in vitro cytotoxicity

ISO 10993-12, Biological evaluation of medical devices — Part 12: Sample preparation and reference materials

ISO 10993-18, Biological evaluation of medical devices — Part 18: Chemical characterization of medical device materials within a risk management process

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