

# Dental ceramics

Classification, structure and properties

Pavel Bradna, Antonin Tichy

pavel.bradna@lf1.cuni.cz, antonin.tichy@lf1.cuni.cz

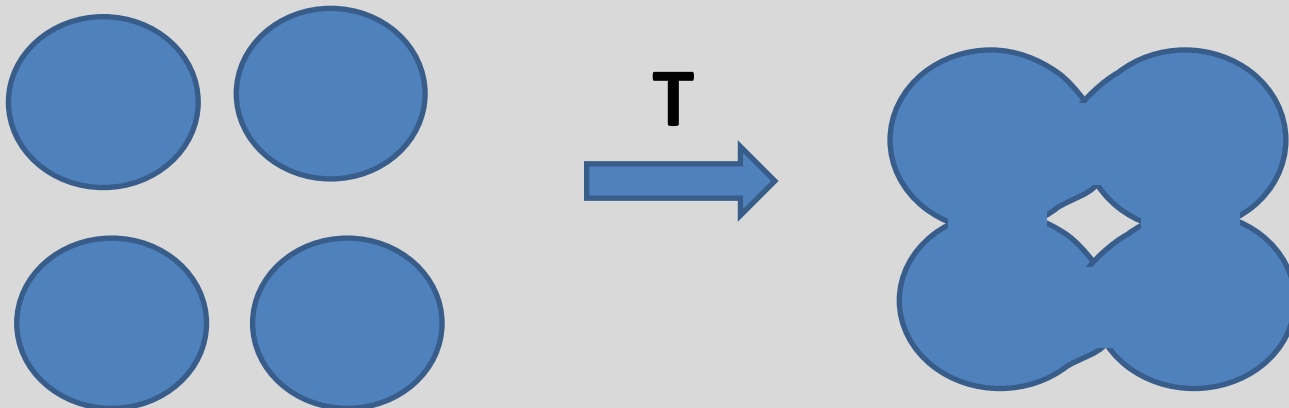
Institute of Medical Biochemistry and Laboratory Diagnostics,  
Institute of Dental Medicine

First Faculty of Medicine ,  
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# Definition of ceramics:

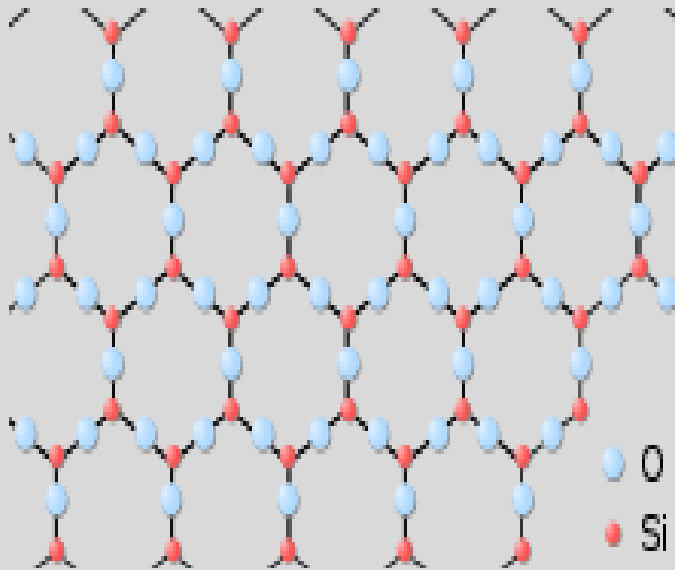
Inorganic, **non-metallic heterogeneous** materials **containing** >30 % of **crystalline particles** and prepared by particle **sintering** at high temperatures.

**Sintering** (firing) – process of strengthening and densifying (lowering porosity) of powder materials at high temperatures (below their melting point) due to interdiffusion at their boundaries leading to their mutual bonding.

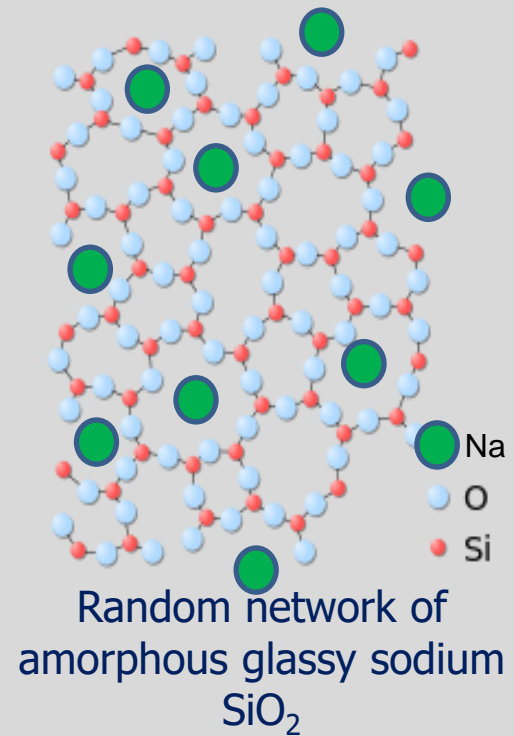
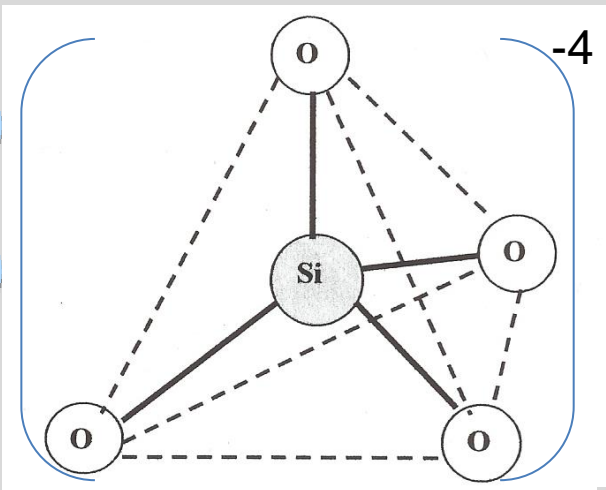


# Definition of glass:

**Glass is amorphous** (non-crystalline) solid material with the structure „resembling liquid“, characterized by transition at  $T_g$  (glass transition temperature) from a hard and brittle to molten plastic state on heating. This process is reversible.



Regular network of crystalline  $\text{SiO}_2$



Random network of amorphous glassy sodium  $\text{SiO}_2$

# Dental ceramics:

Contains various amount of potassium/sodium **feldspar** ( $\text{KAlSi}_3\text{O}_8, \text{NaAlSi}_3\text{O}_8$ ), crystals of **leucite** ( $\text{KAlSi}_2\text{O}_6$ ), **quartz**,  **$\text{Al}_2\text{O}_3$** ,  **$\text{ZrO}_2$** , **lithium disilicate** ( $\text{Li}_2\text{Si}_2\text{O}_5$ ), **spinel** ( $\text{MgAl}_2\text{O}_4$ ), **etc.**

Note to the terminology of ceramics:

In some literature a term porcelain is often used for ceramic materials. Porcelains, however, contain **> 40 wt.% of kaolin which is** in dental ceramics in much lower quantity. For that reason a more general term **dental ceramics should be preferred.**

*However, traditional name porcelain can be also used mainly for feldspathic ceramics/e.g. porcelain fused to metal.*

# Dental ceramics indications:

In denture prosthesis manufacturing ceramic materials are processed using various methods: **sintering**, **casting**, **pressing**, **CAD/CAM**, **copy-milling**, etc:

- Inlays and onlays,
- Veneering material for metal-ceramic crowns and bridges,
- Aesthetic veneering over natural teeth,
  - Single **all-ceramic** crowns and short (typically 3-unit) bridges,
    - Artificial teeth, orthodontic brackets, implant abutments.

# Properties of dental ceramics

- **Highly aesthetic,**
- **Biocompatible** – non-toxic, chemically inert,
- **Stable – resistant to oral cavity environment,**
- Low adherence of bacteria,
- **High strength in compression but low tensile strength, brittle, some rather abrasive to opposing teeth,**
- Thermal conductivity similar to enamel and dentin,<sup>6</sup>

- Requires skilled technician, special expensive equipment,
- High price.

# Classification of dental ceramics

There are several classification systems, according to e.g:

- Indication (veneers, crowns, bridges, inlays...),
- Type of restoration (metal-ceramic, all-ceramic),
- Processing (sintering, casting, pressing, infiltration, machinable - CAD/CAM, copy milling),
- Type of crystalline phase (leucite, spinel, lithium disilicate...),
- Chemical composition.



# Why classification system is needed?

- To orient in the broad range of ceramic materials.
- To understand their structure - properties relationships and physical principles behind.



**To understand which and why various ceramic materials can be used under specific clinical conditions?**

# Examples of classification systems

# ***Anusavice KJ: Phillips' Science of Dental Materials, 11th. edition, 2002:***

- Silicate ceramics – characterized by an **amorphous**  $\text{SiO}_2$  **glass phase** and small amount of  $\text{Al}_2\text{O}_3$ ,  $\text{MgO}$ ,  $\text{ZrO}_2$  (include *dental porcelains*),
- Oxide ceramics – contain principal crystalline phase of  $\text{Al}_2\text{O}_3$ ,  $\text{MgO}$ ,  $\text{ZrO}_2$  with no or a **small content of glass phase**,
- Nonoxide ceramics – nitrides, carbides – **not used in dentistry** (dark colours, processing at high temperatures),
- Glass-ceramics – **partially crystallized glasses** produced by nucleation and growth of crystals in the glass matrix.

# ***McLaren AD et al: Ceramics in Dentistry- Part I: Classes of Materials.***

<http://www.insidedentistry.net>

## ***Microstructural classification:***

- Glass-based systems (mainly silica),
- Glass-based systems with fillers (leucite, lithium disilicate),
- Crystalline-based systems with glass fillers (mainly alumina),
- Polycrystalline solids (alumina and zirconia).

# ***Craig´s: Restorative Dental Materials, Mosby, 12th. Edition, 2006:***

Classification according to the type of restoration or processing method

<b>Application</b>	<b>Processing</b>	<b>Crystalline phase</b>
All-ceramic	Machined (CAD/CAM, copy-milling)	ZrO <sub>2</sub> , alumina Al <sub>2</sub> O <sub>3</sub> , feldspar (KAlSi <sub>3</sub> O <sub>8</sub> ), mica, leucite (KAlSi <sub>2</sub> O <sub>6</sub> )
	Slip-cast	ZrO <sub>2</sub> , Al <sub>2</sub> O <sub>3</sub> , spinel (MgAl <sub>2</sub> O <sub>4</sub> )
	Heat-pressed	Leucite, lithiumdisilicate (Li <sub>2</sub> Si <sub>2</sub> O <sub>5</sub> )
	Sintered	Leucite, Al <sub>2</sub> O <sub>3</sub>
Ceramic-metal	Sintered	Leucite
Denture teeth	Manufactured	Feldspar

# Classification according to firing temperature

**High fusing ceramics  $>1300^{\circ}\text{C}$**

**Medium fusing ceramics  $1100-1250^{\circ}\text{C}$**

**Low fusing ceramics  $870-1050^{\circ}\text{C}$**

**Ultra low fusing ceramics  $<850^{\circ}\text{C}$**

## **Result:**

students are confused and do not understand principles of ceramic's properties and their clinical use.

# ***Classification system based on the phase structure:***

Kelly JR: Dental ceramics: current thinking and trends. Dent. Clin. N. Am. 48, 2004, str. 513-515.

Any ceramic material can be considered as a **composite material** consisting of two distinct phases:

**Continuous** – amorphous, forming predominantly **glass matrix**,

**Dispersed** – composed of crystalline filler particles, which reinforce a matrix, increasing the strength and resistance to fracture.



# Types of dental ceramics according to Kelly:

1. Predominantly glassy (feldspathic) ceramics  
glassy **amorphous** material with a low content of crystalline filler particles, resistant to crystallization (devitrification),
2. Particle filled glassy ceramics,
3. Polycrystalline ceramics.

Type of ceramics	Main components	Uses
<b>Predominantly glassy ceramics</b> (Feldspathic ceramics)	Feldspathic glass colorants high-melting glass particles	Veneer for all-ceramic substructures, inlays, onlays

Type of ceramics		Main components	Uses
Particle filled glassy ceramics	<b>Moderately filled glassy ceramics</b>	<b>Feldspathic glass</b> <i>Particles of crystalline leucite (17-25 wt.%)</i>	Veneer for metal substructures, inlays, onlays
	<b>Highly filled glassy ceramics</b>	<b>Feldspatic glass</b> <i>Al<sub>2</sub>O<sub>3</sub> ( app 55 wt. %)</i>	Single-unit crowns, ceramic substructures
		<b>Feldspathic glass</b> <i>Particles of leucite (40-55 wt.%) of fluoromica flakes (55 vol. %)</i>	Single-unit crowns, inlays, onlays
		<b>Feldspathic glass (modified)</b> <i>Lithium disilicate whiskers (app 70 vol.%)</i>	Single-unit crowns, <b>anterior</b> three-unit bridges
		<b>Lanthan glass</b> <i>Al<sub>2</sub>O<sub>3</sub> ( app 70 vol %) or Al<sub>2</sub>O<sub>3</sub> and MgO</i>	Single-unit crowns, <b>anterior</b> three-unit bridges
		<b>Aluminoborosilicate glass</b> <i>Al<sub>2</sub>O<sub>3</sub>( app 50 vol. %) and ZrO<sub>2</sub> ( app 20 vol. %)</i>	Single-unit crowns, three-unit bridges

Glass-ceramics

Glass-infiltrated

Type of ceramics	Main components	Uses
<b>Polycrystalline ceramics</b>	<i>Aluminium oxide <math>Al_2O_3</math>, dopants (&lt;0.5 wt .%)</i>	Single-unit crowns, three-unit bridges
	<i>Zirconium oxide (3-5 wt. % yttrium oxide <math>Y_2O_3...</math>)</i>	

Higher filler content **increases mechanical resistance** of dental ceramics, such as **compressive strength, flexural, tensile strength** and **fracture toughness**.

On the other hand, fillers increase opacity - compromised aesthetic properties.

# 1. Predominantly glassy ceramics

*More glass than ceramics*

Main raw materials in feldspathic ceramics

***Feldspar*** – naturally occurring crystalline potassium or sodium (less often) aluminium silicate  
 $\text{KAlSi}_3\text{O}_8 / (\text{K}_2\text{O}-\text{Al}_2\text{O}_3-6\text{SiO}_2)$

In dental ceramics high purity feldspar is used.

**Fusing temperature 1150 – 1300°C**

it acts as a **flux** – substances **decreasing the firing temperature** of the ceramics.

## ***Quartz*** (crystalline $\text{SiO}_2$ )

Colorless and transparent mineral of high melting point ( $1700^\circ\text{C}$ ), but in the presence of feldspar or alkali it **melts at lower temp.** In dental ceramics it stabilizes the shape of ceramic material and provide its transparency,

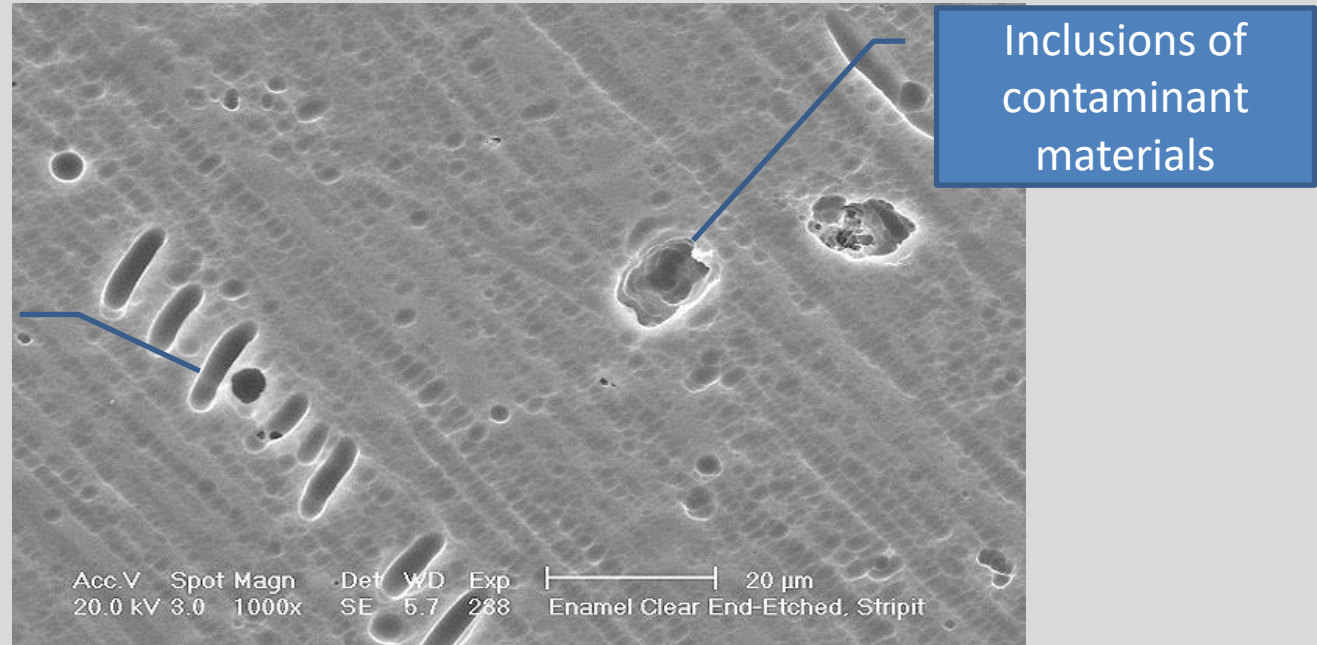
## ***Kaolin*** ( $\text{Al}_2\text{O}_3\text{-}2\text{SiO}_2\text{-}2\text{H}_2\text{O}$ )

White crystalline clay mineral with the high melting point  $1750^\circ\text{C}$ , used to stabilize the shape of ceramics during drying and firing (to bind the loosely held ceramic particles together), added in **small amount**,

**Glass modifiers** – alkaline Na, K carbonates to lower fusion temperature (however, decrease chemical

**Components** are ground, melted, quenched and ground to a powder to be mixed with water and condensed on a die

# Microstructure of predominantly glassy ceramics



Microstructure of glassy veneering ceramics  
Russell Giordano, Edward A. McLaren, 2010

**Increased resistance to crystallization**

Low flexural strength (60 – 70) MPa;  
Indications – e.g. veneering metallic or ceramic constructions,

## 2. Filled ceramics

a) Moderately filled glassy ceramics – leucite ceramics

Feldspathic glass:

Problem No. 1: superior aesthetic properties but **low mechanical strength**.

**Solution** – to prepare mechanically resistant metal/framework/construction and to fuse feldspathic ceramics on its surface.

Problem No. 2: smaller **coefficient of thermal expansion** of ceramics than metals causing **chipping or cracking of the ceramic veneers.**

**Solution** – invention of glass filled with **leucite** crystals of higher thermal expansion coefficient **and alloys with decreased coefficient of thermal expansion.**

Problem No. 3: **weak bond** between the alloy and ceramics.

**Solution** – addition of In, Sn, Fe forming oxides on the **alloy surface to bond chemically with the glass.**



# Problem of thermal expansion coefficients mismatch:

**Incorporation of leucite crystals** ( $\text{KAlSi}_2\text{O}_6$ ) of much **higher** coefficient of thermal expansion (**CTE**) **than feldspathic glass** and having very similar refractive indices as the feldspathic glass – its presence **doesn't increase opacity**.

Coefficient of thermal expansion :

**feldspathic glass**  $8 \times 10^{-6} \text{ K}^{-1}$ ,

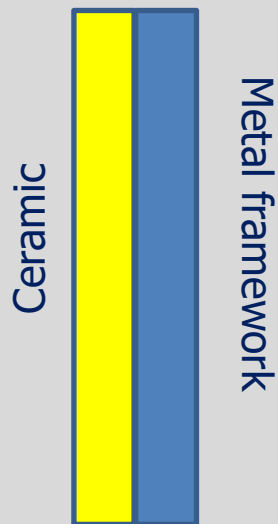
**metals**  $(12-18) \times 10^{-6} \text{ K}^{-1}$ ,

**leucite**  $\text{KAlSi}_2\text{O}_6$   $(20-26 \times 10^{-6}) \text{ K}^{-1}$ .

At **(17-25) wt. % of leucite crystals** CTE is **slightly lower, e.g.:**  $14 \times 10^{-6} \text{ K}^{-1}$ , **than of metal substructure** with the coefficient of thermal expansion  $14.5 \times 10^{-6} \text{ K}^{-1}$ .

Under these conditions the ceramic is in slight compression after cooling – resists cracks propagation in the ceramics.

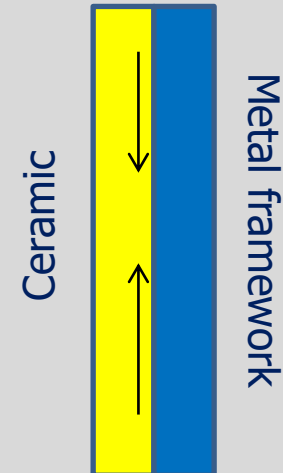
Dimensions on firing



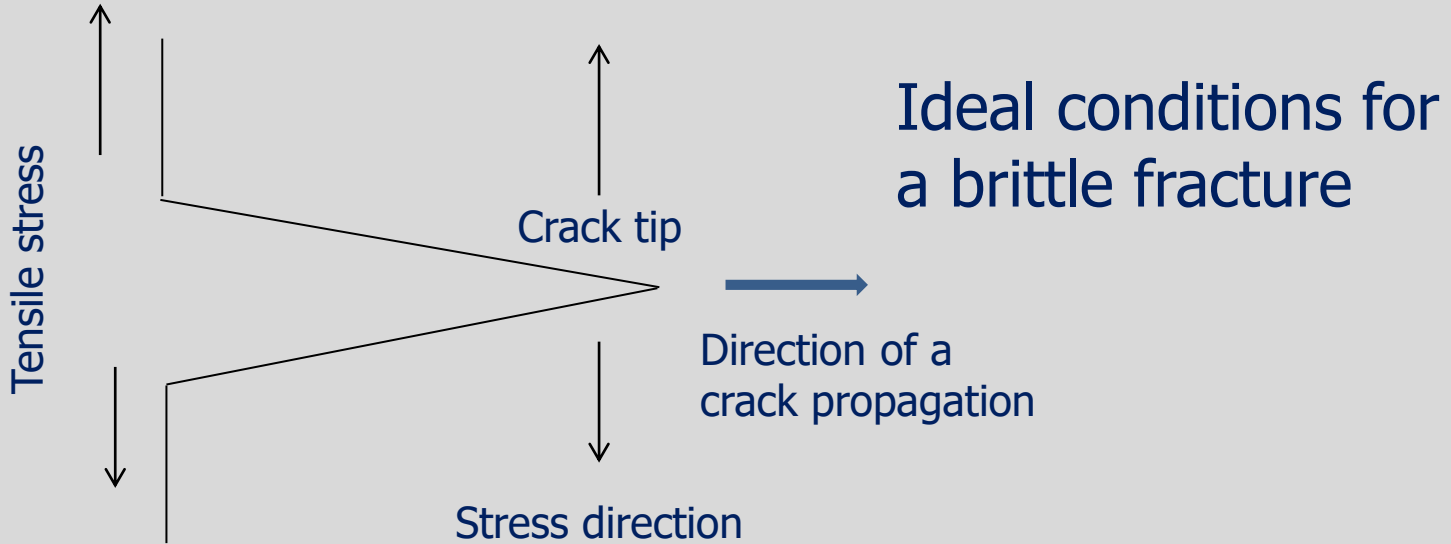
Dimensions during cooling. **No bond** between ceramic and the metal, **mismatch** between **their CTE**  
Metal shrinks more



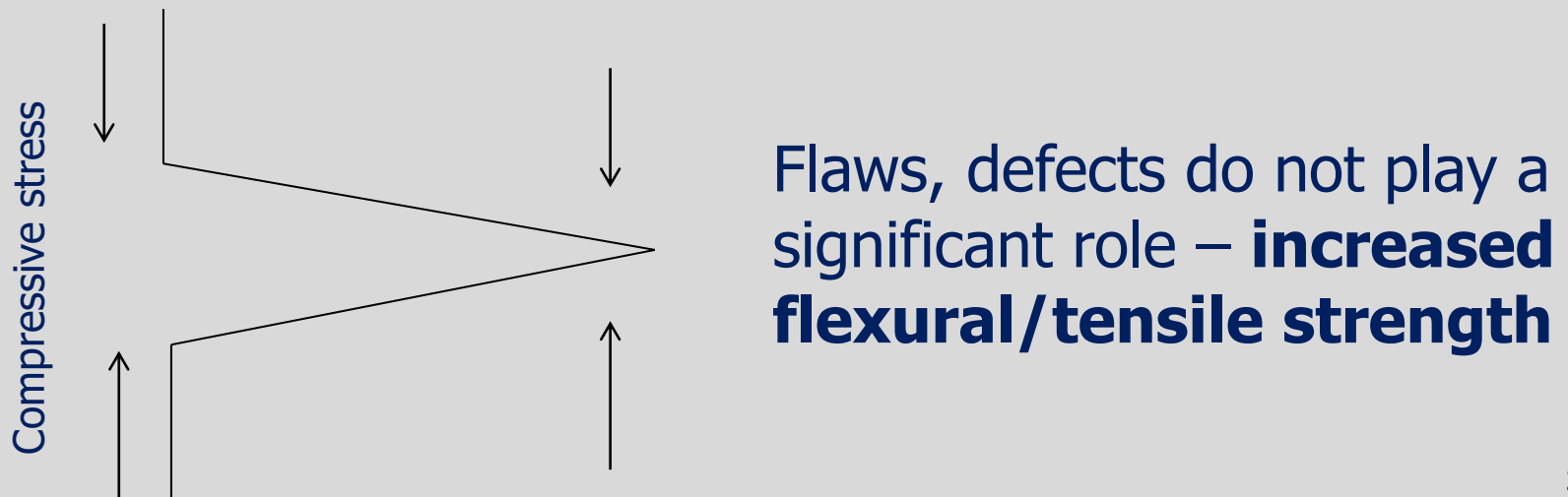
Dimensions on cooling – Ceramic and the metal bonds, CTE optimized



Crack initiated by flaws, voids, inhomogeneities under tensile stress opens, grows and propagates to a critical size – a catastrophic fracture

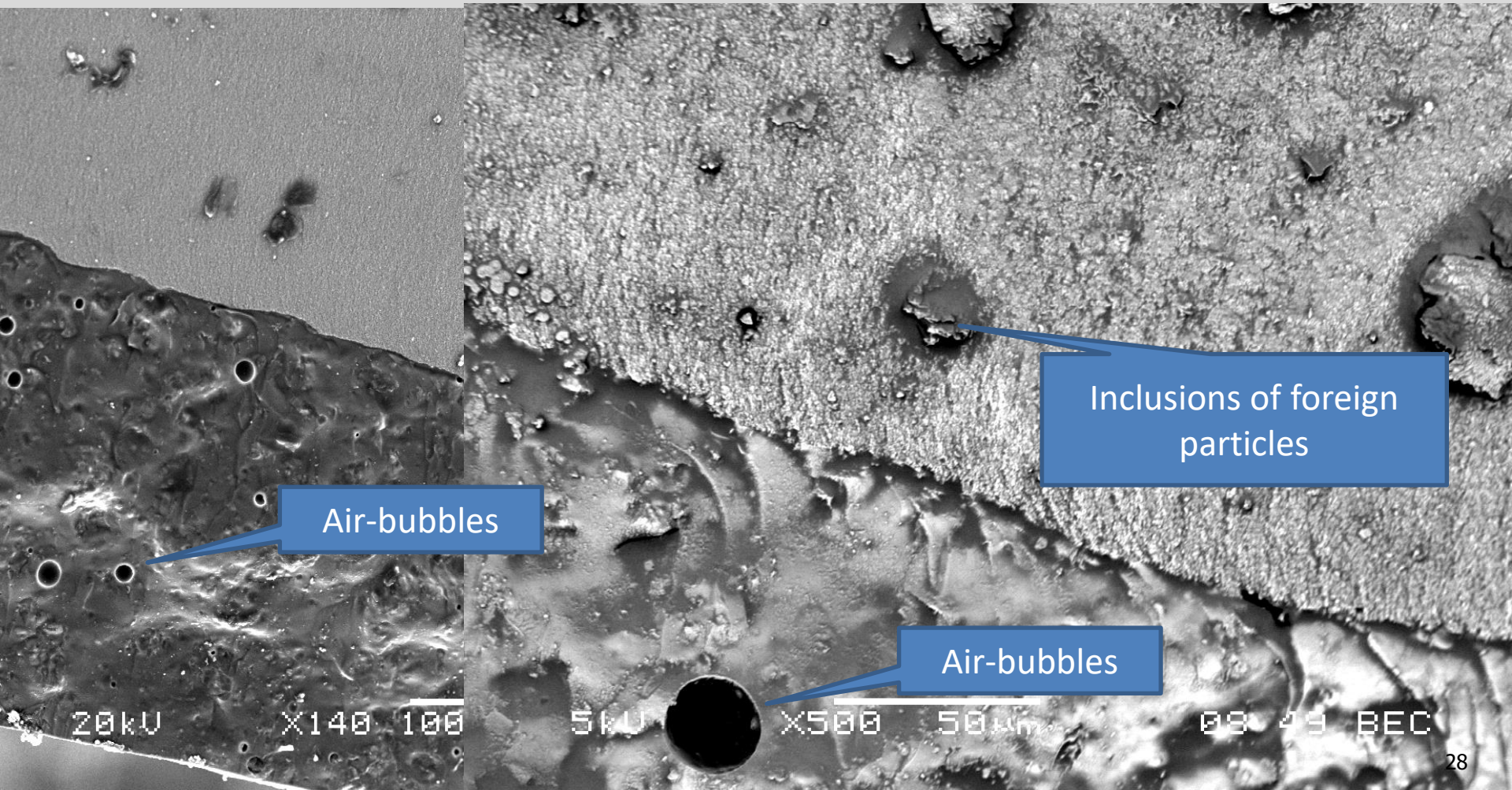


Crack under compressive strength – the crack is closed



# Problems of flaws or defects in the ceramics structure

Defects in the structure (voids/porosity, inclusions of contaminants, not properly sintered particles)



## b) Highly filled ceramics

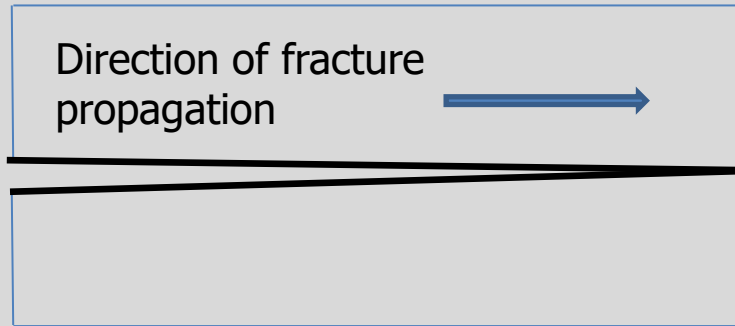
# How to **improve mechanical resistance** of filled dental ceramics?

Posibilities:

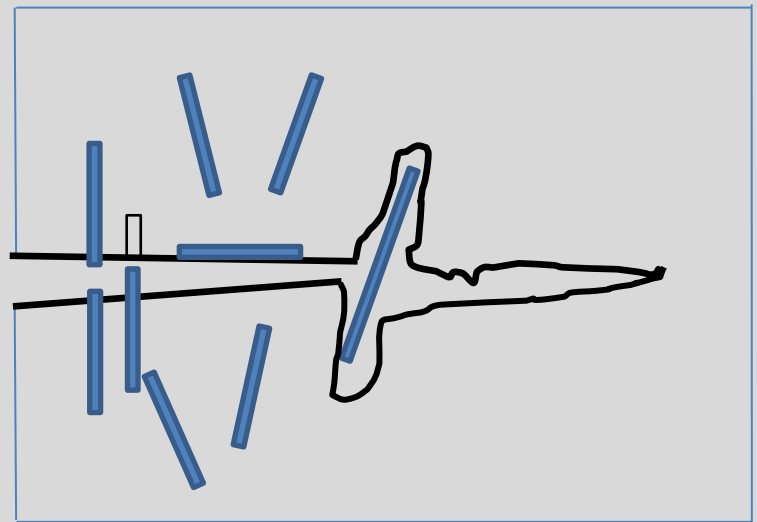
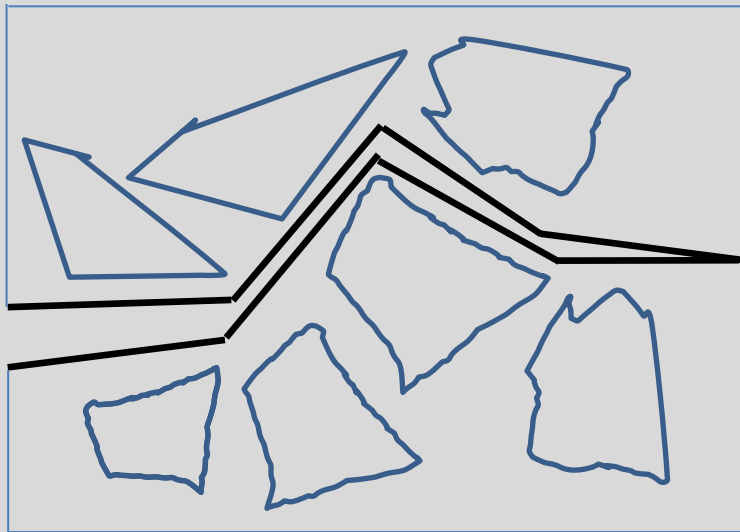
1. To increase **percentage** of crystalline phase or use **fibrous** fillers which will retard cracks propagation,
2. To interconnect crystalline particles to stress resistant network.

# How to increase toughness of brittle materials

Homogeneous brittle material



Heterogeneous material reinforced with fillers



Examples of fracture toughness improvement: a) deflection of a fracture by filler particles (deflection toughening), b) energy consumption by fracture of reinforcing fibres or their debonding from a matrix

However:

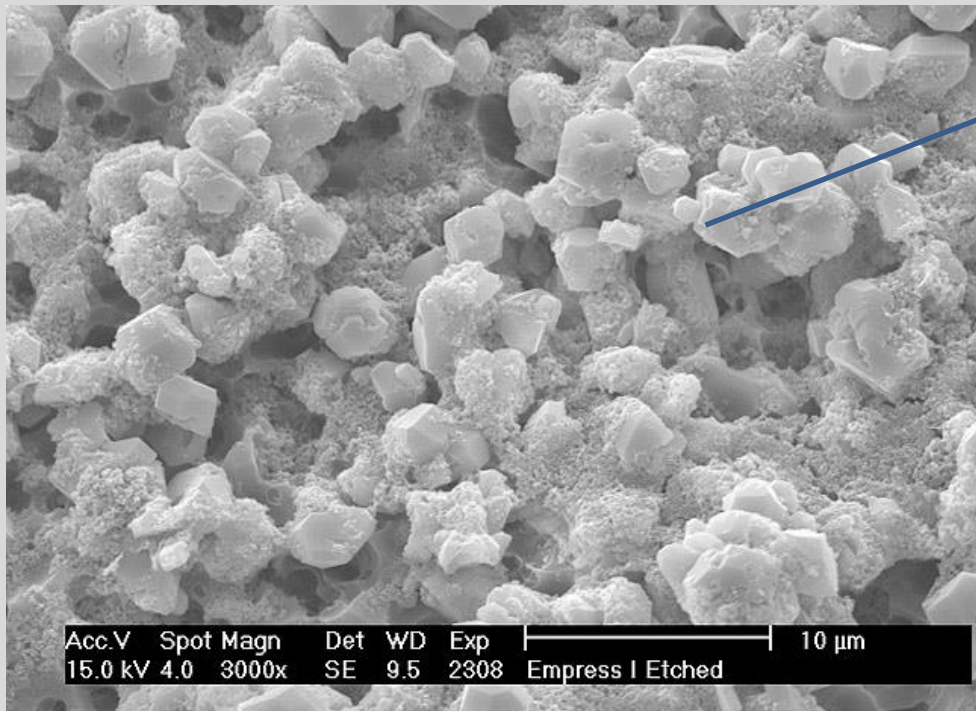
1. Too **high viscosity** of molten glass **acts against** the incorporation of increased amount of crystalline phase,
2. **Differences in refractive indices** of glass and crystalline phase **enlarge the opacity** of a ceramics.

**Solution:**

1. Highly filled leucite ceramics,
2. Lithium disilicate ceramics,
3. Infiltrated ceramics.



1. Highly filled leucite ceramics (40-55 wt. %) leucite – growth of leucite crystals is enhanced by their **controlled nucleation and crystallization** (ceraming) in a glassy feldspathic matrix

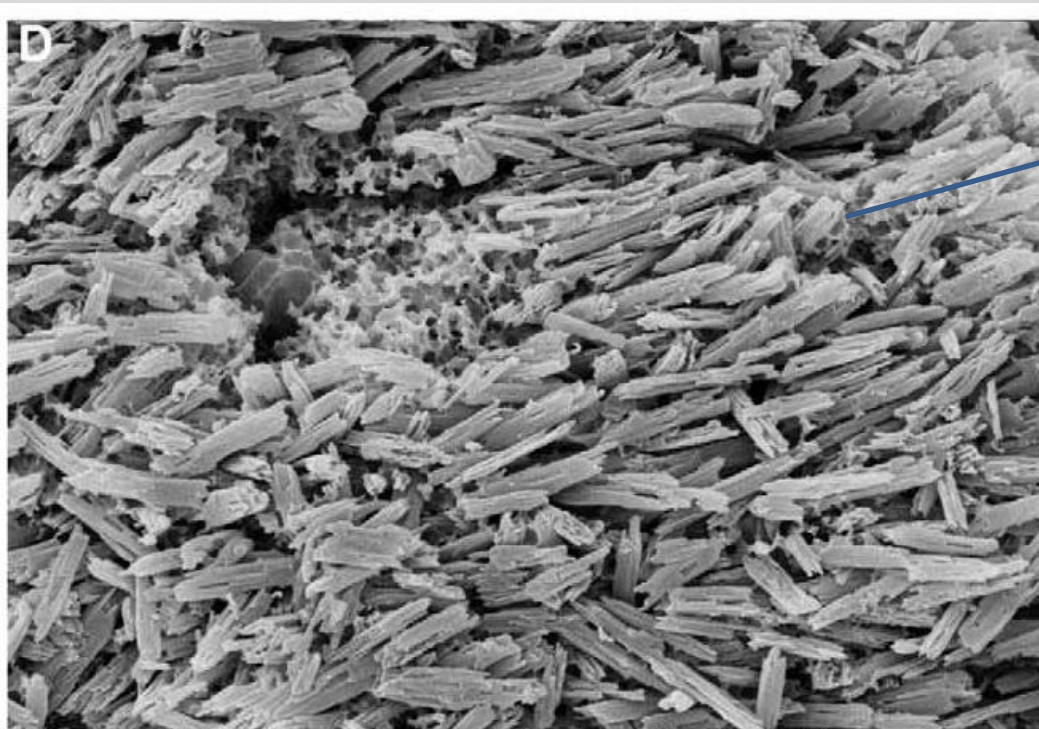


Leucite crystals  
reinforcing  
structure of  
feldspathic matrix

Microstructure of a leucite pressing ceramics after dissolution of its glassy matrix



2. Lithium disilicate ceramics – needle-like crystals ( $\text{Li}_2\text{Si}_2\text{O}_5$ ) filling app. 70 vol. % significantly improve strength and fracture toughness of the ceramics.

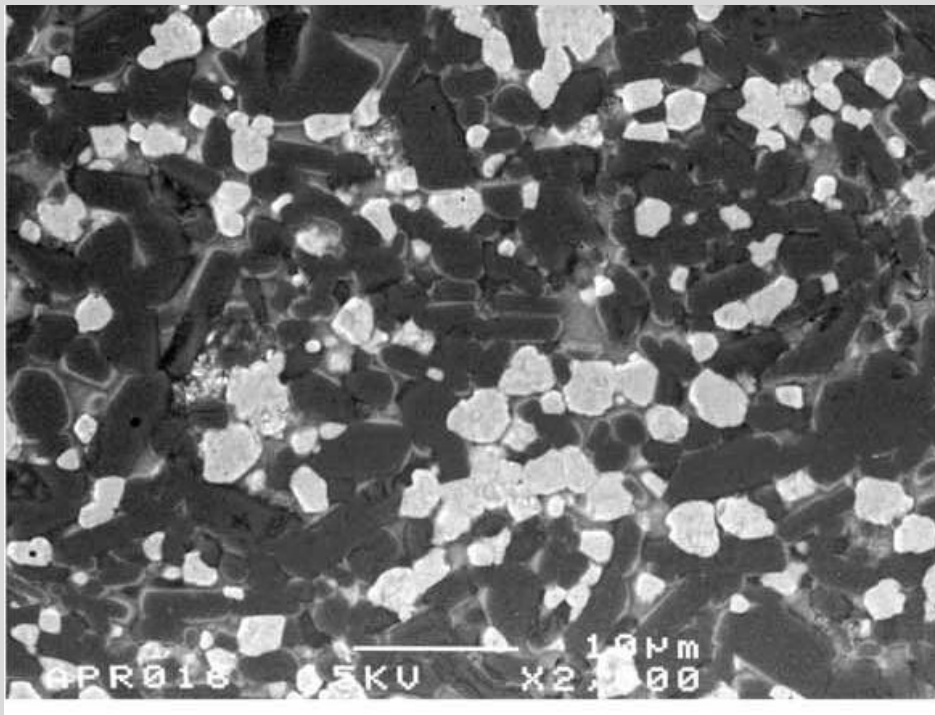


Needle-like  
crystals of lithium  
disilicate

Microstructure of lithium disilicate ceramics. The matrix removed by its selective dissolution.

Borges, Sophr, de Goes, Sobrinho, Chan. 2003.

3. Infiltrated ceramics – sintered crystals of  $\text{Al}_2\text{O}_3$ ,  $\text{Al}_2\text{O}_3\text{-ZrO}_2$  form mechanically strong network, voids among the crystals are infiltrated with a **low-viscosity glass (La in the case of alumina)**.

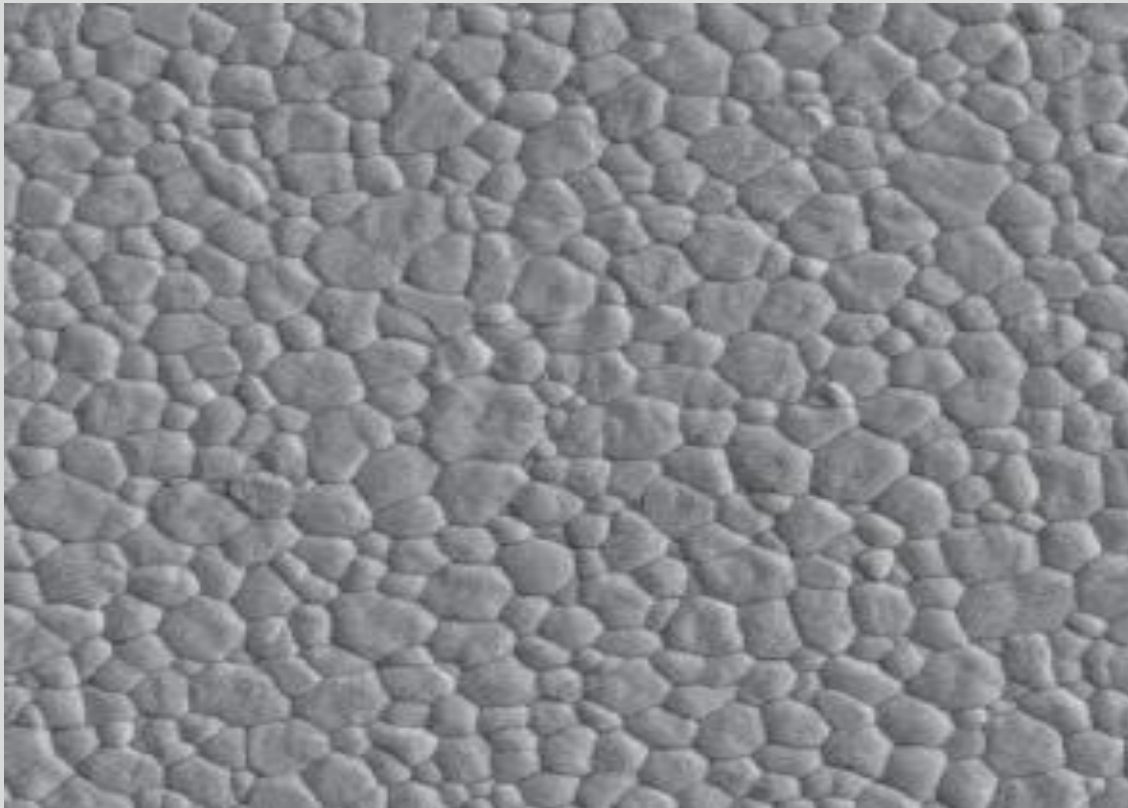


Crystals:  
white -  $\text{ZrO}_2$   
dark -  $\text{Al}_2\text{O}_3$

Microstructure of infiltrated  $\text{Al}_2\text{O}_3\text{-ZrO}_2$  ceramics.  
Guazzatoa, Albakrya, Ringerb, Swain, et al: 2004.

# 3. Polycrystalline ceramics

Even higher strength of a ceramics – to form a ceramic material consisting of **closely packed**  $\text{ZrO}_2$ , or  $\text{Al}_2\text{O}_3$  crystals with a very low **content of a glassy phase** and free of porosity.



Microstructure of a zirconium ceramics.

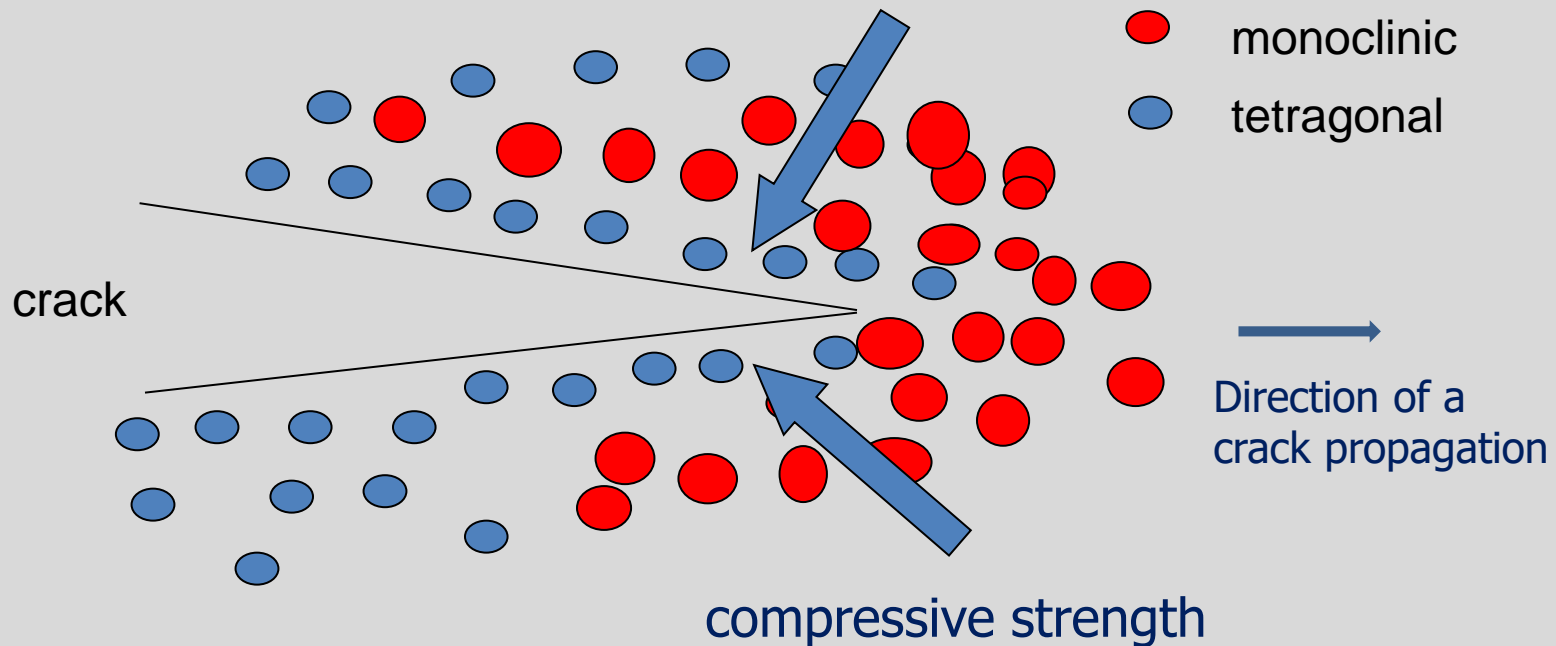
McLaren, Cao. 2009.

# Zirconia ceramics – complicated crystalline structure and its phase transformation under stress:

ZrO<sub>2</sub> – monoclinic (m) - up to 1170°C  
tetragonal (t) - up to 2370°C  
cubic - at higher temperature

During transformation **tetragonal – monoclinic (t-m)** the volume increases by app. **4.5 %** - **stabilization of cracks growth. t-modification is stabilized at the ambient temperature by Y, Mg, Ca, Ce oxides.**

Transformation t-m is also initiated by a **stress field** at the crack tip. It generates a compressive stress field which closes the cracks and **stops their growth**.



**Problem:** transformation t-m is also initiated due to mechanical stresses acting during **grinding, air-abrasion** and at the presence of water (**low temperature aging**) leading to **decreased mechanical strength** of the ceramics.

**Typical flexural strength and a fracture toughness of ceramics.** Fracture toughness characterizes resistance of to brittle fracture (compare with metallic materials 60-150 [MPa.m<sup>1/2</sup>]).

Ceramics		Flexural strength [MPa]	Fracture toughness [MPa.m <sup>1/2</sup> ]
Predominantly glassy ceramics	Feldspathic ceramics	60-80	<1.0
Moderately filled ceramics	Leucite ceramics	100-150	1.2
Highly filled ceramics	Lithium disilicate ceramics	300-500	3.0
	Infiltrated ceramics	300-600	4-5
Polycrystalline ceramics	Zirconium ceramics	800-1000	7-10