Sulcabrush

Clinical Information

Studies supporting the efficacy of the Sulcabrush® have been performed by:

- Columbia University
- University at Buffalo
- Indiana University
- Dental Advisor Plus

Comparative Study of Sulcabrush® vs. Floss on PI and GI.

Dr. A. Zakarian, Dr. L. M. Steinberg, Dr. F. Odusola and Dr. I. D. Mandel Columbia University, School of Dental and Oral Surgery, Department of Periodontics, New York, NY, USA.

This study sought to determine the usefulness of a new interdental brush in reducing dental plaque accumulation and gingival inflammation. Thirty adult subjects were followed for three consecutive 30 day periods. Examinations were conducted at baseline 30, 60 and 90 days and gingival and plaque indices were scored. In the first thirty day period 15 subjects used the Sulcabrush® once daily and a soft bristle toothbrush as their routine while the other 15 subjects used unwaxed dental floss once daily accompanied by routine soft bristle toothbrushing. At the end of 30 days, all subjects were examined and were asked to refrain from sulcabrushing and return to their “everyday oral hygiene routine” for the next 30 days. On day 60, subjects crossed over - those who had sulcabrushed now flossed once daily while those who flossed now sulcabrushed once daily for the final 30 day period. Day 90, all subjects were examined. When the use of Sulcabrush® is compared to floss, it was found that both led to statistically significant reductions in plaque index, although one is not more effective than the other. Both Sulcabrush® and floss led to statistically significant reductions in gingival index. However, the Sulcabrush® effect on gingival index was significantly greater than unwaxed dental floss. This improvement may be due to the ability of the Sulcabrush® to get into areas not accessible to dental floss.

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Comparative Efficacy of Sulcular Oral Hygiene Brush (Sulcabrush®) and Dental Floss.


The purpose of this split-mouth clinical study was to compare the efficacy of a sulcular oral hygiene brush (Sulcabrush®) to dental floss with regard to plaque removal and reduction of gingival inflammation. Patients selected for this study (n=33) were at least 21 years of age, with at least 10 teeth (3 contiguous) on each side. The baseline gingival index (GI; modified Silness-Loe) and plaque index (PI; modified Quigley Hein) were 1.5 or greater. The stain index (SI) and Eastman Interdental Bleeding Index (BI) also were measured at Baseline. Written instructions and extensive clinical home care demonstrations were provided to all subjects for all oral hygiene procedures. Patients then performed home care twice daily using a soft toothbrush. This procedure was followed, once daily in the evening, by use of floss in 1 maxillary and 1 mandibular quadrant, and the use of the Sulcular brush around the remaining teeth. Compliance was assessed by patient diaries. GI, PI, BI and SI were measured on both the sulcular brush and dental floss sides. In addition, anterior/posterior and interproximal/facial-lingual measurements were analyzed by analysis of variance and paired t-tests. We found that the sulcular brush was significantly more effective in reducing plaque in molar sites than dental floss (P<.05). In addition, the sulcular brush was as effective as dental floss in reducing plaque (P<.003), gingival bleeding (P<.0001), and gingival inflammation (P<.004) in all other areas examined. Collectively, these data suggest that the sulcular brush may be a useful addition to patients’ home care regimen. This study was supported in part by a grant from Sulcabrush® Inc.
A Clinical Evaluation of the Sulcabrush®

E. B. Hancock, DDS, MSD, C. M. Brown, DDS, MSD, and T. J. Wolfe, DDS, MSD. Indiana University, School of Dentistry, Department of Periodontics, Indianapolis, Indiana, USA.

The purpose of this study was to compare the effectiveness of a unituft brush in combination with a conventional brush for plaque removal and maintenance of gingival health. Thirty patients presenting for routine dental care were examined and scored for plaque deposits and gingival inflammation. All subjects received a dental prophylaxis consisting of removal of all supragingival and subgingival deposits and polishing of the clinical crowns. Subjects were subsequently evaluated at 1 week, 6 weeks, and 12 weeks. The addition of a unituft brush to the patients' regimen of oral hygiene procedures resulted in significant reductions at 12 weeks in both plaque scores ($P<.05$) and gingival inflammation ($P<.01$) when compared to the use of the conventional brush alone.


The Dental Advisor Plus

TDA Plus recommendation

Sulcabrush® is highly recommended as an adjunct to oral hygiene armamentarium. It received a 91% approval rating.

Description

Sulcabrush is an oral hygiene aid with firm bristles threaded on each end of an angled handle. One end is an obtuse angle for buccal and interproximal areas and the other end is an acute angle for lingual, interproximal and distal of back teeth. It is designed to aid patients who have difficulty in flossing and managing good hygiene in and around fixed and removable appliances. It was used by over 150 patients who were monitored by their dentists.

Positive features

Most consultants stated Sulcabrush contributed significantly to improving their patients' home care techniques and said they would continue to recommend it to their patients. Quality of instructions, access to hard to reach areas, and ease of replacement of bristle head were scored very good or excellent. Several patients with dental implants found it especially helpful in reaching the lingual aspects of their appliances. Interestingly, patients rated Sulcabrush higher than their dentists did.

91% approval rating