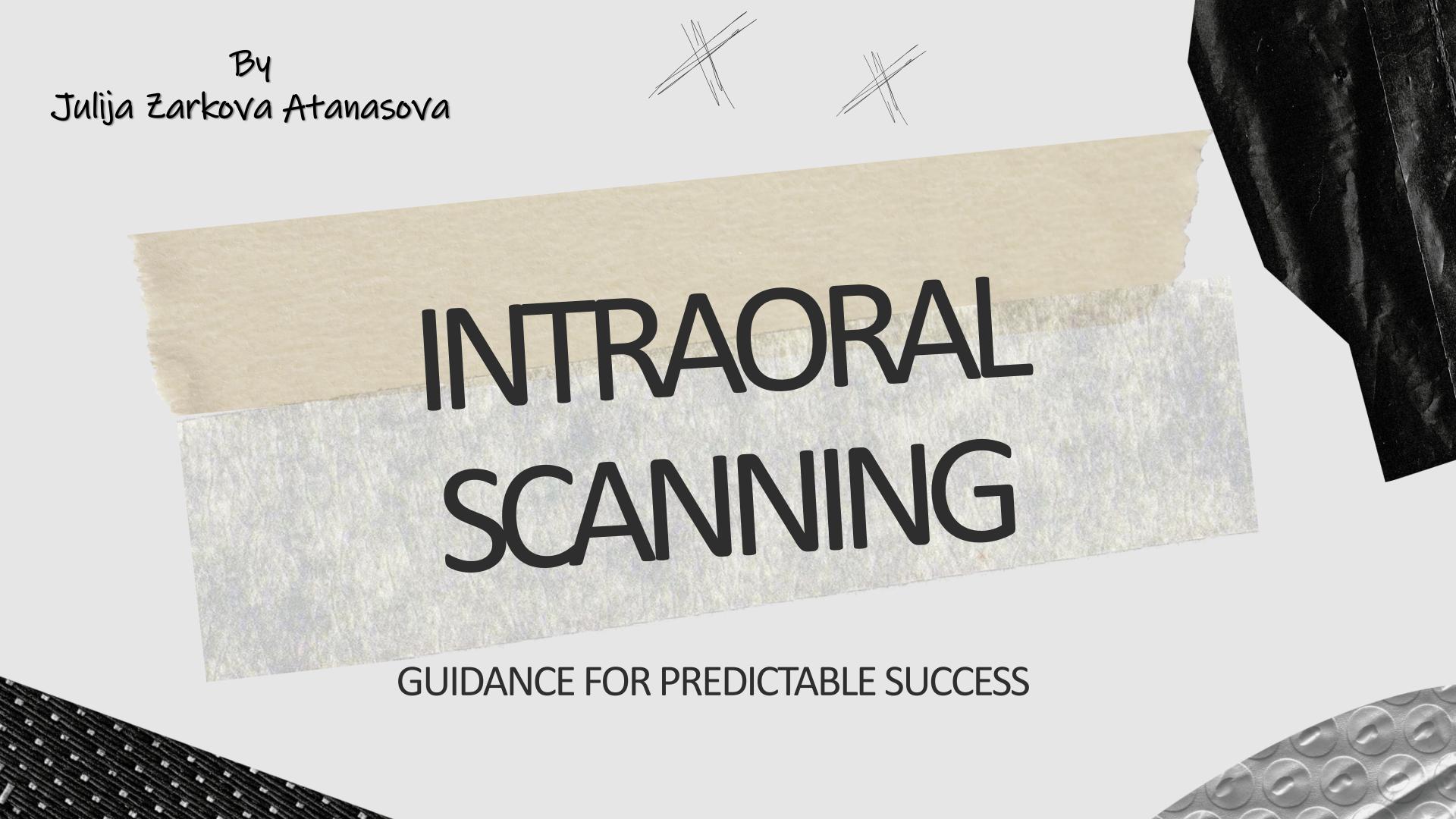
#26th Bass Congress, Skopje, 2023



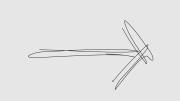




Different types of intraoral scanners



IOS application

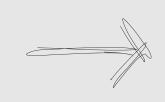


Crowns, bridges, inlays, onlays, veneers, Implant abutments (any kind of fixed restoration)

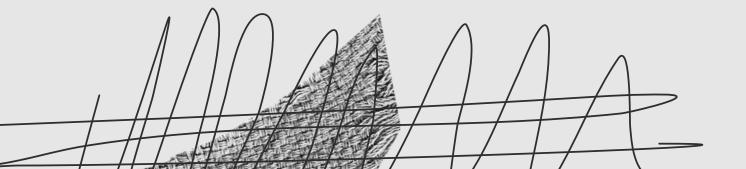


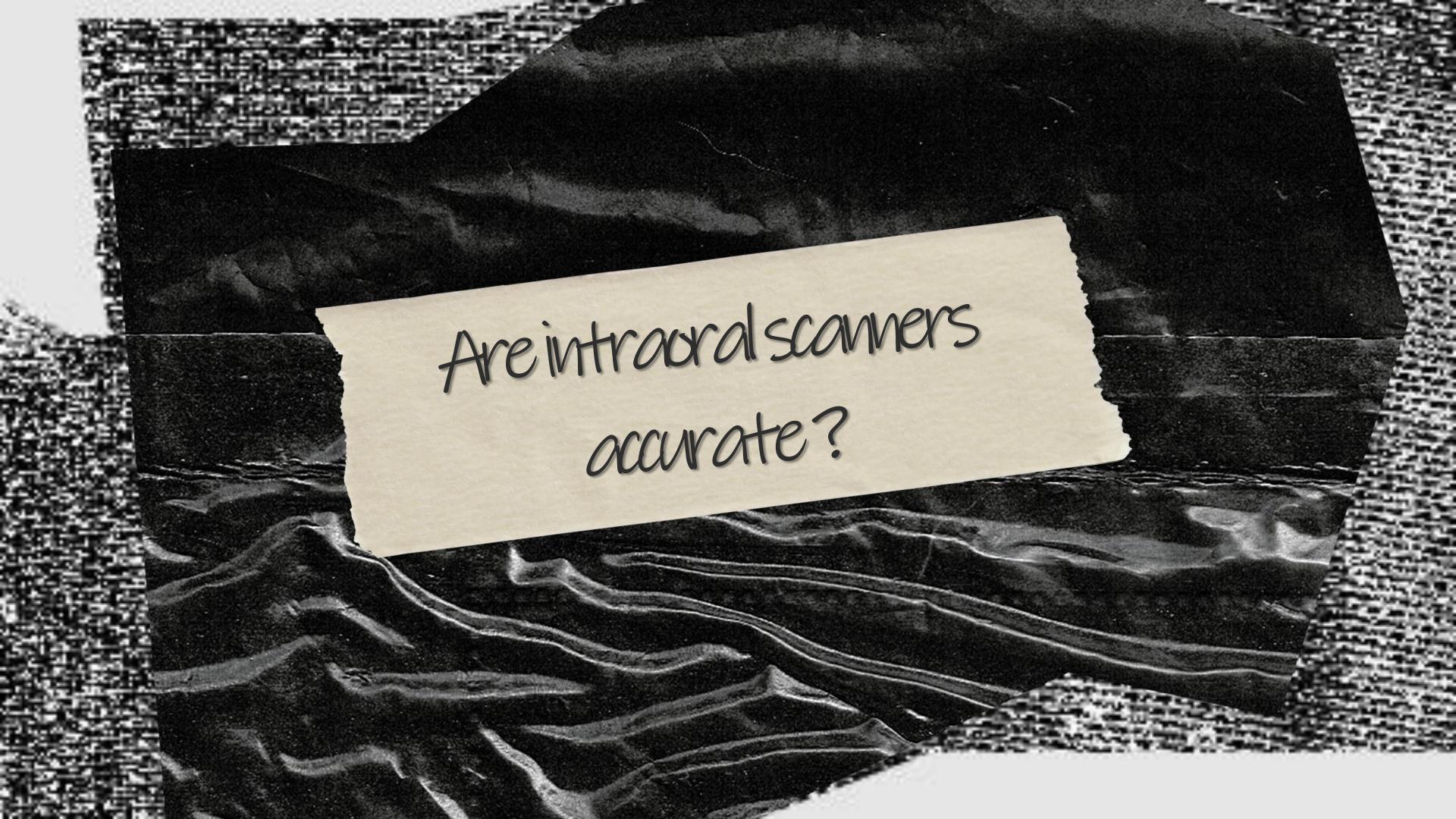
Partial removable and complete dentures

(scan wash impression on printed denture)



Surgical guides, bite splints, sleep and orthodontic appliances, aligners, smile designs







Data shows that difference in accuracy of different IOS systems is significant but not relevant because they are below clinical accessibility







Citation: Giuliodori, G.; Rappelli, G.;

Aquilanti, L. Intraoral Scans of Full

Measurement Study of the Accuracy

Environ. Res. Public Health 2023, 20,

Academic Editors: Stefano Di Carlo,

Gerardo Pellegrino, Luigi Vito Stefanelli, Grecchi Frances

Received: 1 February 2023 Revised: 1 March 2023

Accepted: 7 March 2023 Published: 8 March 2023

4776. https://doi.org/10.3390/

jerph20064776

Dental Arches: An In Vitro

Intraoral Scans of Full Dental Arches: An In Vitro Measurement Study of the Accuracy of Different Intraoral Scanners

Giovanni Giuliodori ^{1,†}, Giorgio Rappelli ^{2,3,*} and Luca Aquilanti ^{2,†}

- Independent Researcher, Via Brecce Bianche 94, 60131 Ancona, Italy
- 2 Department of Clinical Specialistic and Dental Sciences, Università Politecnica delle Marche, Via Tronto 10/A, 60126 Ancona, Italy
- 3 Dentistry Clinic, National Institute of Health and Science of Aging, IRCCS INRCA, Via Tronto 10/A,
- Correspondence: g.rappelli@staff.univpm.it; Tel.: +39-071-2206227
 These authors contributed equally to the work.

Abstract: The aim of this in vitro study was to evaluate the accuracy of different intraoral scanners (IOS), according to different scanning strategies and to the experience of the operator. Six IOS setups were used in this study. Ten scans of a complete epoxy-resin-made maxillary dental arch were performed with each IOS, using four different scanning techniques (manufacturer-suggested scanning strategy, cut-out rescan technique, simplified scanning technique, novel scanning technique). Scans were also performed by an expert operator in the field of digital dentistry. An operator with no experience in the field of intraoral scans performed 10 scans following each of the scanning strategy suggested by the manufacturer. The master model was scanned with an industrial high-resolution reference scanner to obtain a highly accurate digitized reference model. All the digital models were aligned with the reference model using a software aimed at comparing the STL files. A total of n=300scans were performed. Once the data were pooled, Medit i700 and Primescan obtained the best results in terms of both trueness and precision, showing no statistically significative differences (p > 0.05) to the first and the second scanning technique, Medit i700 scanner allowed to obtain the best values both in terms of trueness (24.4 \pm 2.1 μm and 21.4 \pm 12.9 μm , respectively) and precision compared to other IOS (23.0 \pm 1.6 μm and 30.0 \pm 18.0 μm , respectively). When considering the third scanning technique, Medit i700 recorded the best values in terms of trueness while Primescan recorded the best values in terms of precision (24.0 \pm 2.7 μm and 26.8 \pm 13.7 μm , respectively). When considering the two operators, significant differences between the two were found only with Medit i700 (p < 0.001). The examined IOS showed statistically significant differences in terms of trueness and precision. The used scanning strategy is a factor influencing the accuracy of IOS. Considering the expertise of the operators, clinically scanning strategies are not operative sensitive in terms of accuracy.

 $\textbf{Keywords:} \ intraoral\ scanner; full\ dental\ arch; accuracy; trueness; precision; scanning\ strategies$

In recent years, digital technologies have become widely used in dental practice,



ACCURACY OF INTRAORAL SCANNERS VERSUS TRADITIONAL IMPRESSIONS: A RAPID UMBRELLA REVIEW



KELVIN I. AFRASHTEHFAR a,b, NADEN A. ALNAKEB C, AND MANSOUR K.M. ASSERY d

- *Evidence-Based Practice Unit (EBPU), Clinical Sciences Department, College of Dentistry of Ajman University, Ajman City, UAE **Department of Reconstructive Dentistry & Gerodontology, School of Dental Medicine, Universität Bern, Berne, Switzerland
 **Postgraduate Program in Restorative Dentistry (MSRD), College of Dentistry of Ajman University, Ajman City, UAE

 **Faculty of Graduate Studies and Scientific Research, Riyadh Elm University (REU), Riyadh, KSA

ABSTRACT

This study aimed to (1) report the trueness and precision of intraoral scanning (IOS) in dentistry based on recent secondary sources and to (2) appraise the reporting quality of the titles and abstracts of the included literature.

This rapid overview searched the PubMed/Medline and Cochrane Database of Systematic Reviews in March 2021 to identify reviews reporting on the accuracy of IOS. The reference list from the eligible studies was also screened for identification of other potentially eligible studies. The inclusion criteria consisted of English language systematic reviews or meta-analyses published between 2019

CORRESPONDING AUTHOR: Kelvin I. Afrashtehfar, Centre of Medical and Bio-allied Health Sciences Research (CMBHSR), Ajman University, PO Box 346, Dubai, UAE. E-mail: kelvin.afrashtehfar@unibe.ch

(R) Check for updates

KEYWORDS

Accuracy, Intraoral scan, Digital impression, Precision, Publishing standards, Trueness



ADVANTAGES AND DISADVANTAGES ***



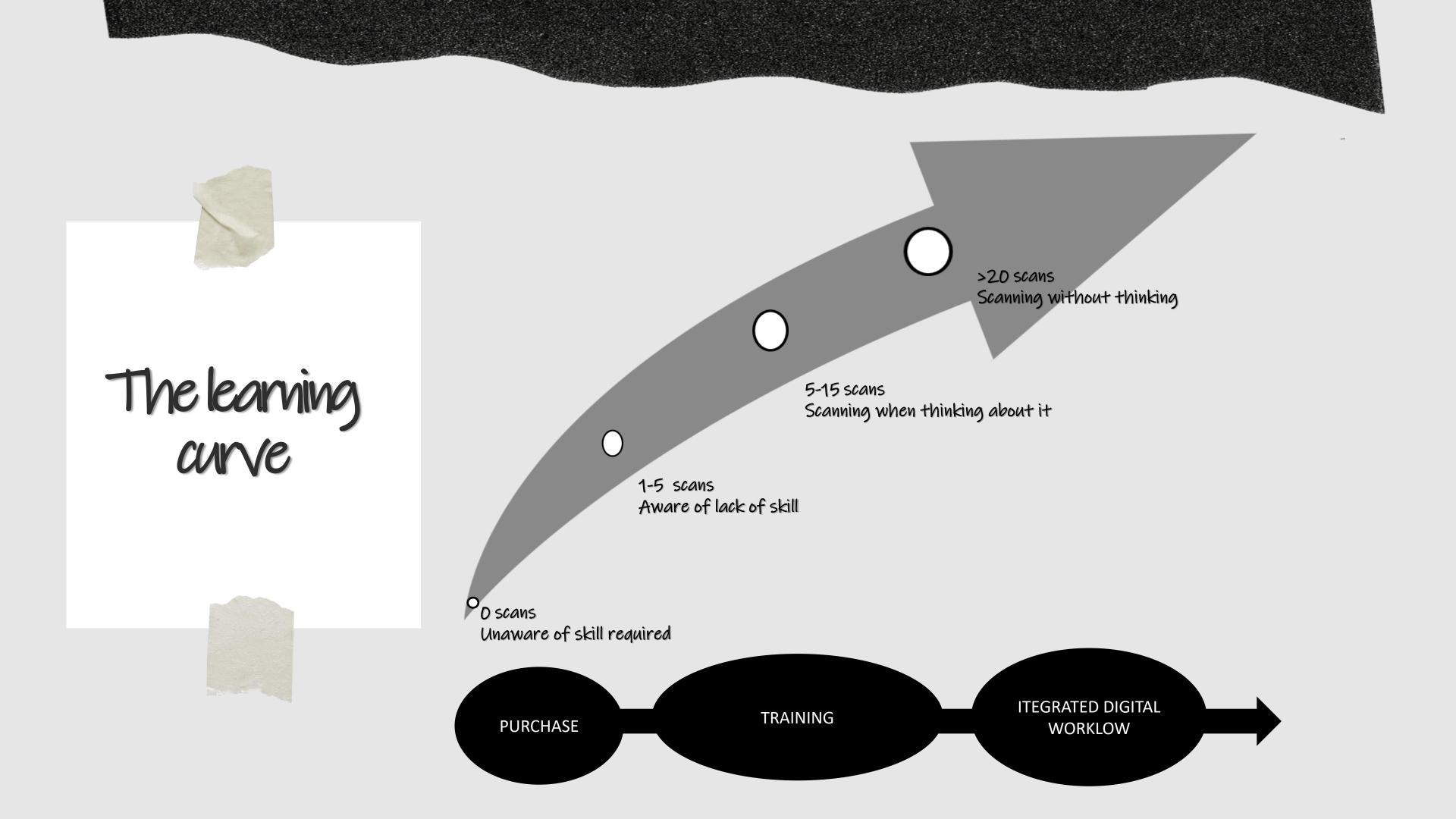
- Less patient discomfort
 - Time efficient
- Simplified clinical procedures
- no more plaster cast and storage
- Better communication with the lab and patient

- Difficulty detecting deep margins of prepared teeth

- Learning curve

- Cost





"REMEMBER"

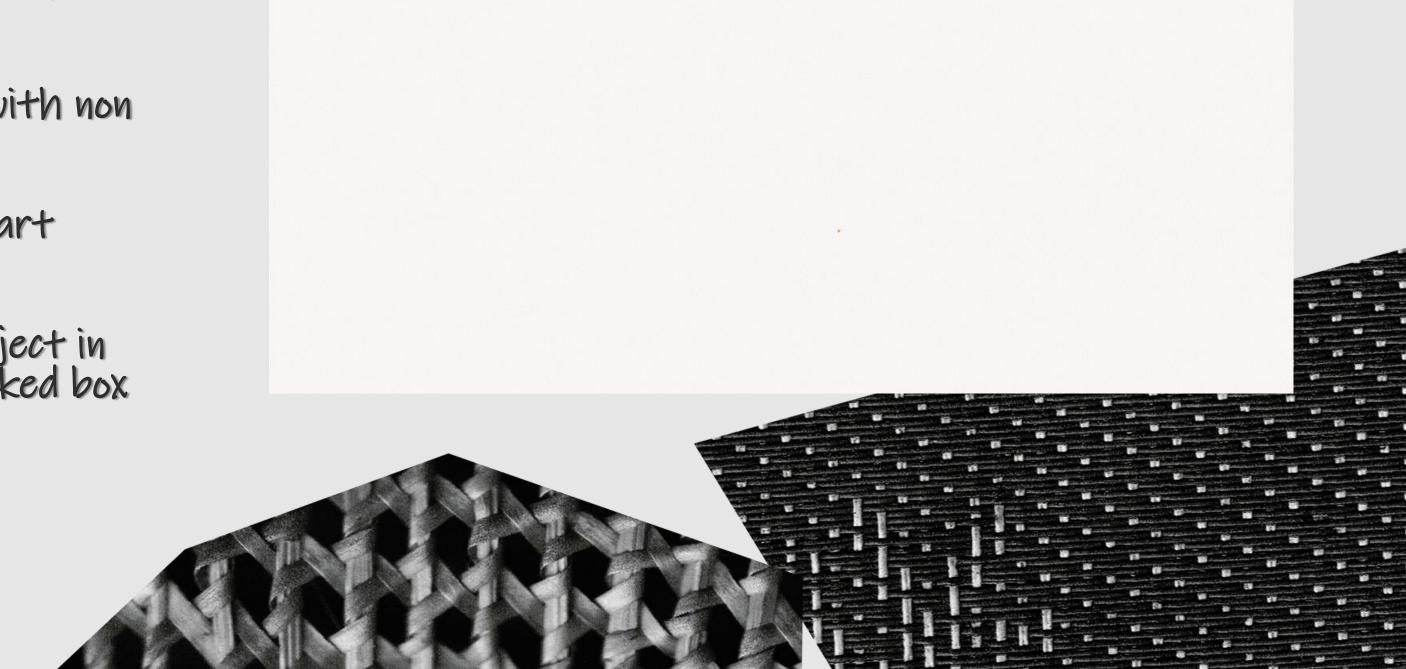
Leave your wrist relaxed

Make smooth, steady and gradual movement, don't rush!

Support the scanner with non holding hand

Don't stop and start constantly

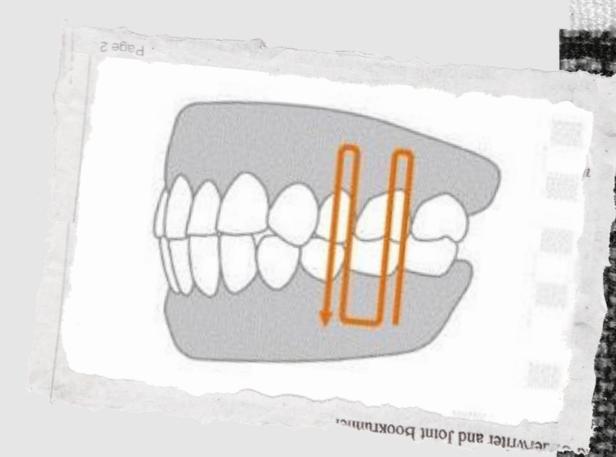
Keep the scanning object in the middle of the marked box

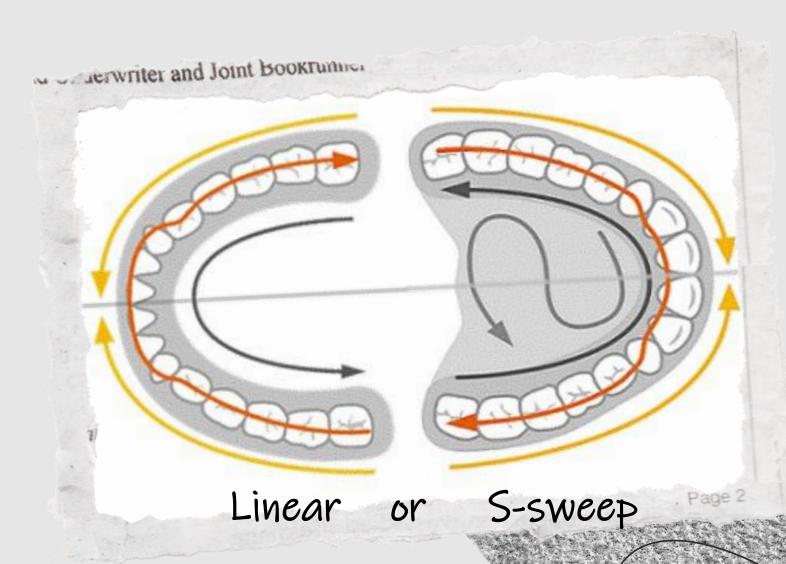


"All scanners are not the same" (Follow the instructions!!!)

Bite registration Plan





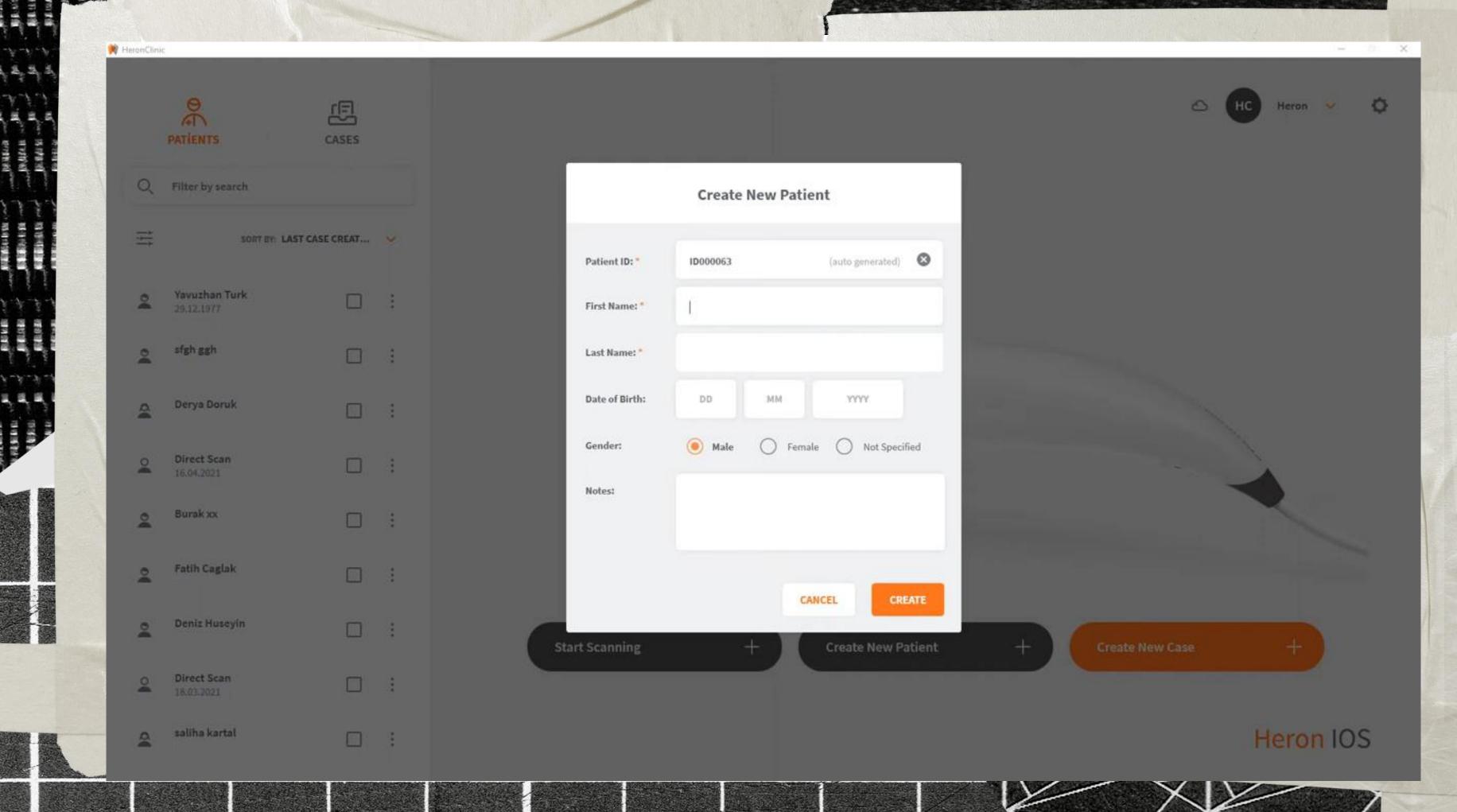


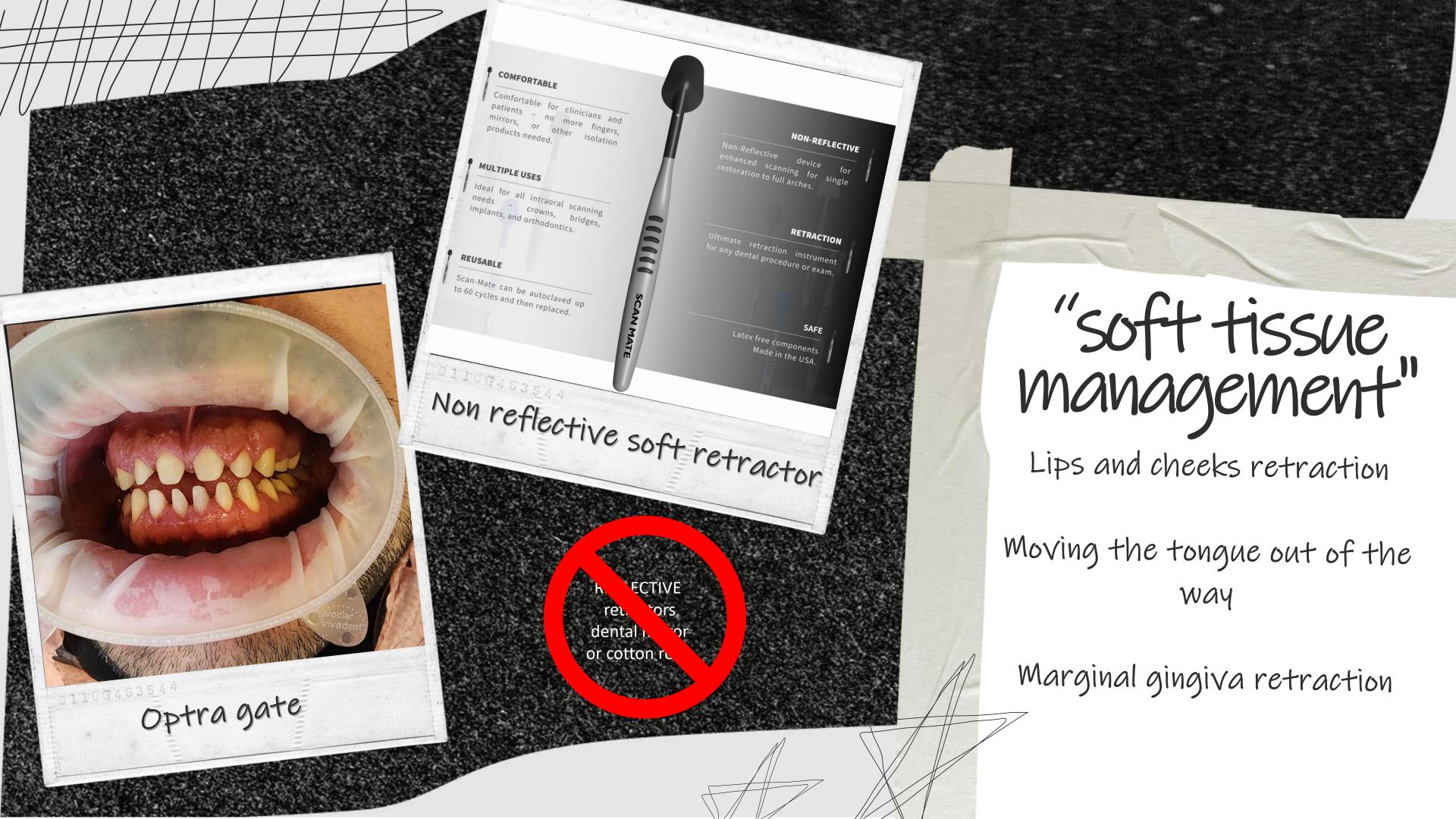
Scan path strategy

(exception with smart scanning)



Distance of scanning





"Gingival retraction"

1. Dual cord technique

First 000 or 00

Second 0 or 1..



3. Retraction paste

4. Teflon tape

YOU CAN SCAN ONLY WHAT YOU SEE!











JULIJA.ZARKOVA@UGD.EDU.MK



@JULIJA.ZARKOVA



@JULIJA ZARKOVA ATANASOVA