Egyptian Prosthodontic Association (EPA Newsletter)

Al Driven One Day Digital Prosthodontics



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Recent advancements in digital technology have significantly benefited dental treatment, aiding dentists, dental technicians. and patients alike.(1) Traditional crown fabrication involves taking impressions, creating stone models, and casting waxed-up designs.(2) Modern prosthodontics leverages intraoral scanners (IOS) and computer-aided design-computermanufacturing (CAD-CAM) aided systems for fabricating prostheses digitally.(3) Additionally, threedimensional (3D) printers have become common substitutes for stone casts.(4) Digitization in dental treatment has contributed to a shorter prosthetic fabrication time to increase patient satisfaction, cost reduction, improving accuracy and reducing workload for the dental technicians. (5)

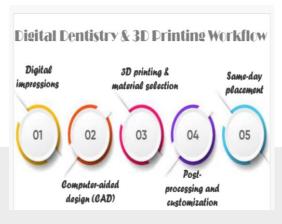


Figure 1: Modern Digital Prosthetic Workflow (4)

Stage I: Scanning

Integrating an IOS into a dental practice can enhance treatment quality and patient experience while serving as a valuable marketing tool.(6) All IOS systems generate 3D models by "stitching" together multiple images captured from different angles, with the success of this merging process closely tied to the operator's steadiness during scanning.(7) However, it's essential to acknowledge that IOSs have limitations, which may restrict their use in certain clinical situations.

Intraoral scanning could be accompanied by errors that affect the accuracy of final impression. There are two main types of scanning errors: the ones created by the operator and the ones caused by the intraoral conditions of the patient. (figure 2). (8) These errors dictated that we use of intraoral scanners in linear scanning strategy to avoid errors. (8)



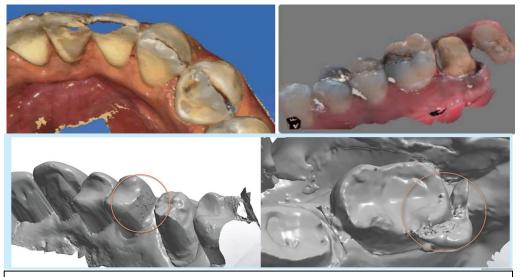


Figure 2: Intraoral scanning errors (8)

AI has been successfully integrated int **designing (CAD process)**. digital workflows to enhance th scanning process by automatical removing excess soft tissues an material (9).

process, is that it automatically fill gar or smoothen irregularities in the digital mesh, reducing the need for manua corrections and improving overa workflow efficiency, without followin a certain scanning strategy(10). The rol of AI is assisting the operator i capturing more complete and accurat scans, these features simplify th scanning process and increase th reliability of the resulting digital models, thus enhancing the speed an application of one day digitals prosthodontics.

Stage II: Computer aided restoration

Digital designing for restorations is a process that requires skills, to develop restorations with proper form, accuracy and occlusion. The main challenge facing Another impact of AI in scannin this process is time as a single restoration requires time from 10 to 30 minutes to develop an accurate restoration.(11)

> Multiple dental morphology databases were commonly utilized in restoration software. Dental technicians need to select and modify data based on their experience and the patient's specific needs. This process was not only technology-sensitive but also timeconsuming. Poorly designed restorations not only increase the chairside adjustment time but also decrease the success rate of restorations, there by affecting the overall restoration effectiveness, efficiency and patient satisfaction.(11)



To overcome these problems, AI algorithms were created to develop fixed restorations. Three-dimensional (3D) Generative Adversarial Network (GAN), depend upon two phases: Generative network may be used to learn the features of teeth within a dental arch and to generate an AI-designed tooth, and discriminative network then attempts to discriminate between the original and the AI-designed tooth (Figure 3). (12)

Studies evaluated the accuracy of AI generated restorations, results showed that AI generated restorations showed acceptable accuracy compared to manual designing by digital designing softwares. However, ΑI has encountered challenges in achieving the same level of morphological accuracy as experienced technicians using computer aided software. Accuracy of these programs could be enhanced by extensive deep learning efforts (13,14).

Stage III: 3D printing and additive manufacturing

additive manufacturing (AM), also known as three-dimensional (3D) printing, has emerged as a preferred alternative to traditional methods, effectively addressing the time-consuming and labor-intensive nature of conventional techniques. Advances in digital technology for material processing in dentistry have enabled more predictable and efficient outcomes in dental laboratory operations (15).

Workflow of 3D Printing Technology in Dental Applications

The comprehensive workflow of 3D printing technology in dental applications is illustrated in (Figure 4). The process commences with the acquisition of a 3D model, which can be obtained through various intraoral digital scanning techniques such as computerized tomography(CT), cone beam computed tomography (CBCT), magnetic resonance imaging (MRI), or laser digitizing (16). This scanned model can then undergo modifications using a CAD software such as 3Shape Dental System, CERECSW, Excocad, etc. to align with the desired

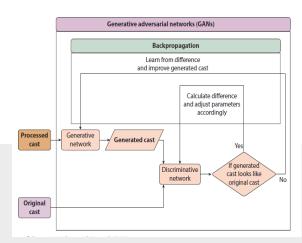


Figure 3: Algorithms used for AI generated resorations (12)

characteristics .Once the design reaches its final form, the software proceeds to convert the model into a series ofcross-sectional slices encapsulated in an STL file format, which is subsequently dispatched to the 3Dprinter (17).

Subsequently, in the next phase, meticulous specification of the essential printing variables and parameters precedes the initiation of the printing process. The printer methodically fabricates the material in a layer-by-layer sequential fashion, with each newly printed layers seamlessly bonding to its predecessor. This iterative process continues until the entire partis successfully produced (17). To achieve precise final designs and desired material properties, the meticulous determination of printing parameters assumes paramount importance. These critical parameters encompass build orientation, layer thickness, infill ratio, depth of cure, degree of polymerization, and the intensity of the light source. Build orientation, in particular, exerts a substantial influence on material properties, printing efficiency, final part accuracy, and the hygiene aspects of dental applications (18,19).

Importance of Post-Processing and Considering Factors

This involves selecting an appropriate method, determining the duration, and choosing the right solvent for the washing process, along with fine-tuning post-cure device settings including exposure time, temperature, and wavelength, which collectively contribute to notable enhancements in the final product (20), as summarized in (Figure 5).

Post-processing shows little effect on the overall dimensional accuracy of 3D-printed specimens if the parts are fully cured during the printing process (21). On the other hand, if the printed parts are not fully cured during printing, considerable shrinkage and shape distortion may be induced via the post-treatment (22).

Proper washing solution and washing time ensure the biocompatibility of the printed object by removing residual resin from the surface of the printed part (22). However, over washing the samples may have detrimental effects on the surface quality and mechanical properties due to the surface absorption of the solvent, leading to plasticizing effects. Similarly, excessive post-curing may lead to depolymerization, brittleness, and inferior material properties (23).

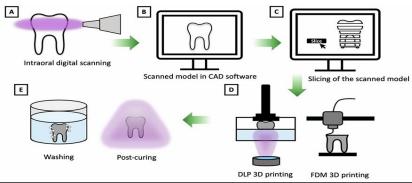


Figure 4: Summary of process procedures. (A)Intraoral digital scanning. (B)Scanned model in CAD software. (C)Cross-sectional slice of the scanned model. (D)3Dprintingvia(left)digital light processing (DLP)and(right) fused deposition modeling (FDM)techniques. (E) Post-processing treatments: (left) washing and (right)post-curing (17)



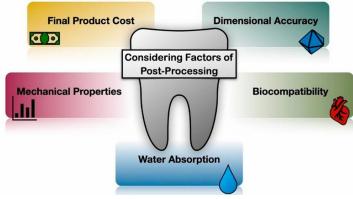


Figure 5: Considering factors of post-processing (22)

Finally, the integration of artificial intelligence (AI) and machine learning (ML) in post-processing presents an exciting frontier. AI-driven algorithms could optimize post processing parameters in real-time, based on the specific characteristics of each printed part, leading to more personalized and precise outcomes (23).



References

- 1. Lo Russo L, Caradonna G, Biancardino M, De Lillo A, Troiano G, Guida L. Digital versus conventional workflow for the fabrication of multiunit fixed prostheses:
- a systematic review and meta-analysis of vertical marginal fit in controlled in vitro studies. J Prosthet Dent 2019;122:435-40.
- 2. Aktas G, Özcan N, Aydin DH, Şahin E, Akça K. Effect of digitizing techniques on the fit of implant-retained crowns with different antirotational abutment features. J Prosthet Dent 2014;111:367-72.
- 3. Nagata K, Fuchigami K, Okuhama Y, Wakamori K, Tsuruoka H, Nakashizu T, Hoshi N, Atsumi M, Kimoto K, Kawana H. Comparison of digital and silicone impressions for single-tooth implants and two- and three unit implants for a free-end edentulous saddle. BMC
- Oral Health 2021;21:464.
- 4. Hansson O, Eklund J. A historical review of hydrocolloids and an investigation of the dimensional accuracy of the new alginates for crown and bridge impressions when using stock trays. Swed Dent J 1984;8:81-95.
- 5. Kernen F, Schlager S, Seidel Alvarez V, Mehrhof J, Vach K, Kohal R, Nelson K, Flügge T. Accuracy of intraoral scans: an in vivo study of different scanning devices. J Prosthet Dent 2022;128:1303-6
- 6. Richert R, Goujat A, Venet L, Viguie G, Viennot S, Robinson P, Farges JC, Fages M, Ducret M. Intraoral scanner technologies: a review to make a successful impression. J Healthc Eng 2017;2017:8427595.
- 7. Atieh MA, Ritter AV, Ko CC, Duqum I. Accuracy evaluation of intraoral optical impressions: a clinical study using a reference appliance. J Prosthet Dent 2017; 118:400-5
- 10. Revilla-León M, Aragoneses R, Arroyo Valverde EM, Gómez-Polo M, Kois JC. Classification of Scanning Errors of Digital Scans Recorded by Using Intraoral Scanners. J Esthet Restor Dent. 2025 Jun;37(6):1363-1371. doi: 10.1111/jerd.13419. Epub 2025 Jan 19. PMID: 39828965.
- 8. R. Fisker, Harnessing the power of AI in digital dentistry, 2024. https://www.3shape.com/en/blog/inspiration-on-dentistry/artificial-intelligence-in-dentistry.
- 9. T. Shan, F.R. Tay, L. Gu Application of artificial intelligence in dentistryJ. Dent. Res., 100 (3) (2021), pp. 232-244.
- 10. Liu CM, Lin WC, Lee SY. Evaluation of the efficiency, trueness and clinical application of novel artificial intelligence design for dental crown prostheses. DentMater 2024;40(1):119–27.
- 11. Chau RCW, Hsung RT, McGrath C, Pow EHN, Lam WYH. Accuracy of artificial intelligence-designed single-molar dental prostheses: A feasibility study. J Prosthet Dent. 2024 Jun; 131(6):1111-1117. doi: 10.1016/j.prosdent.2022.12.004. Epub 2023 Jan 9. PMID: 36631366.
- 12. Wu Z, Zhang C, Ye X, Dai Y, Zhao J, Zhao W, Zheng Y. Comparison of the Efficacy of Artificial Intelligence-Powered Software in Crown Design: An In Vitro Study. Int Dent J. 2025 Feb;75(1):127-134. doi: 10.1016/j.identj.2024.06.023. Epub 2024 Jul 28. PMID: 39069456; PMCID: PMC11806298.
- 13. Nagata K, Inoue E, Nakashizu T, Seimiya K, Atsumi M, Kimoto K, Kuroda S, Hoshi N. Verification of the accuracy and design time of crowns designed with artificial intelligence. J Adv Prosthodont. 2025 Feb;17(1):1-10. doi: 10.4047/jap.2025.17.1.1. Epub 2025 Feb 24. PMID: 40061025; PMCID: PMC11886404.
- 14. Nesic, D.; Schaefer, B.M.; Sun, Y.; Saulacic, N.; Sailer, I. 3D Printing Approach in Dentistry: The Future for Personalized Oral Soft Tissue Regeneration. J. Clin. Med. **2020**, 9, 2238.



References

- 15. Shim, J.S.; Kim, J.-E.; Jeong, S.-H.; Choi, Y.-J.; Ryu, J.-J. Printing Accuracy, Mechanical Properties, Surface Characteristics, and Microbial Adhesion of 3D-Printed Resins with Various Printing Orientations. J. Prosthet. Dent. **2020**, 124, 468–475.
- 16. Alharbi, N.; Osman, R.; Wismeijer, D. Effects of Build Direction on the Mechanical Properties of 3D-Printed Complete Coverage Interim Dental Restorations. J. Prosthet. Dent. **2016**, 115, 760–767.
- 17. Vara, R.; Lin, W.; Low, J.K.; Smith, D.; Grimm, A.; Calvert, G.; Tadakamadla, S.K.; Alifui-Segbaya, F.; Ahmed, K.E. Assessing the Impact of Resin Type, Post-Processing Technique, and Arch Location on the Trueness and Precision of 3D-Printed Full-Arch Implant Surgical Guides. Appl. Sci. **2023**, 13, 2491.
- 18. Alsandi, Q.; Ikeda, M.; Arisaka, Y.; Nikaido, T.; Tsuchida, Y.; Sadr, A.; Yui, N.; Tagami, J. Evaluation of Mechanical and Physical Properties of Light and Heat Polymerized UDMA for DLP 3D Printer. Sensors **2021**, 21, 3331.
- 19. Quan, H.; Zhang, T.; Xu, H.; Luo, S.; Nie, J.; Zhu, X. Photo-Curing 3D Printing Technique and Its Challenges. Bioact. Mater. **2020**, 5, 110–115.
- 20. Hwangbo, N.-K.; Nam, N.-E.; Choi, J.-H.; Kim, J.-E. Effects of the Washing Time and Washing Solution on the Biocompatibility and Mechanical Properties of 3D Printed Dental Resin Materials. Polymers **2021**, 13, 4410.
- 22. Snowwhite, P.; Snowwhite, C.; Smith, T. Additive Manufacturing Post Process; 7D Innovators, LLC: Dexter, MI, USA, 2022.
- 23. Fatima, A.; Shafi, I.; Afzal, H.; Díez, I.D.L.T.; Lourdes, D.R.-S.M.; Brenosa, J.; Espinosa, J.C.M.; Ashraf, I. Advancements in Dentistry with Artificial Intelligence: Current Clinical Applications and Future Perspectives. Healthcare **2022**, 10, 2188.



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