



Exploring the Role of AI in Dental Prosthodontics

1- Robina Tasleem

Assistant Professor Department of Prosthodontics
College of Dentistry King Khalid University Abha KkU
rubina_dentist@yahoo.com

2- Sana Shakil Khan

BDS, FCPS (Resident) Oral Maxillofacial Surgery
Abbasi Shaheed Hospital, Karachi
sfs1127@gmail.com

3-- Dr.MUNEER AHMAD KHAN

House Officer, Rehman Medical Institute, Peshawar
muneer.arman007@gmail.com

4- Fahimullah

KMU Institute of Dental Sciences, Kohat
faabkhan77@gmail.com

5- Asim Elsir Elmahdi,

Lecturer Department of Prosthodontics,
College of Dentistry, King Khalid University Abha, KSA
aealmahdi@kku.edu.sa

6- Yousuf Moosa.

BDS, MDS, PhD (Periodontology)
Professor, Muhammad Dental College, Mirpurkhas.
yousuf_moosa@hotmail.com

7- Assad Ullah

Veterinary Officer,
Civil Veterinary Hospital Gumbat, Kohat
Orcid: 0000-0001-5443-382X
drassadkhattak1985@gmail.com

944

Abstract

As the digital transformation of healthcare continues to grow, artificial intelligence (AI) is announcing significant improvements in diagnostic and therapeutic approaches. This quantitative study examines the application and impact of artificial intelligence (AI) in dental prosthodontics, which deals with creating, manufacturing, and inserting dental prostheses. To find the critical uses of AI in prosthodontics, including picture identification, data analysis, and predictive modeling, we started by thoroughly reviewing the literature. We performed a cross-sectional study in the dental prosthodontics division of a sizable urban hospital to gather primary data. The 60 dentists that made up our sample were picked at random. A painstakingly created questionnaire was utilized to collect the data, soliciting responses on how practical



AI is for professional jobs and how it affects patient outcomes overall. In order to provide a quantitative analysis of AI's effects on the accuracy, effectiveness, and results of prosthodontic treatments, procedural data were also collected. Findings from our study suggest that AI significantly augments the accuracy and efficiency of prosthodontic procedures, consequently leading to improved patient outcomes. Nonetheless, we also identified specific challenges and limitations in implementing AI in prosthodontics, indicating an avenue for further investigation. Future research should aim to customize AI algorithms to cater to the specific demands of dental prosthodontics and mitigate the challenges highlighted in this study.

DOI Number: 10.48047/nq.2023.21.6.NQ23100

NeuroQuantology2023;21(6): 944-953

Introduction

The emergence of artificial intelligence (AI) in the 21st century has sparked radical shifts in several industries, with healthcare standing out as a significant beneficiary. Artificial intelligence (AI), a computational phenomenon, mimics human cognitive processes through learning, reasoning, and self-correction. Many applications, including patient management, predictive modeling, disease diagnosis and prediction, and workflow optimization, demonstrate its value in healthcare. As a result, the delivery of patient care is now more effective, precise, and high-quality, thanks to the integration of AI (Bernauer et al., 2021). Prosthodontics is a branch of dentistry that focuses on utilizing dental prostheses to restore and replace missing or damaged teeth. Since dental prostheses substantially impact a patient's look, speech, and overall oral function, prosthodontics includes precise and thorough operations and high stakes for perfection. Despite prosthodontics' crucial function, it continues to be plagued by procedural complexity, time commitment, and reliance on practitioner competence. In this area, the fusion of artificial intelligence with prosthodontics shows considerable promise. We may increase accuracy, improve patient outcomes, and lessen the strain on dental practitioners by using AI's capabilities (Holliday et al., 2021).

Aim and Objectives of the Research

This research aims to investigate the role and impact of AI in dental prosthodontics.

- The project aims to investigate how AI applications in data analysis, predictive modeling, and picture recognition can affect prosthodontic procedures.

- Evaluating the effectiveness and precision of prosthodontic procedures with AI integration is one of the critical goals.
- Understanding AI's effect on patient outcomes in prosthodontics is another area of research emphasis.
- The study aims to pinpoint the current difficulties and restrictions in the application of AI in prosthodontics.
- The significance of this work rests in its ability to advance knowledge of AI's potential to transform prosthodontic procedures and improve oral health outcomes.

Significance of the Study

The importance of this research can be seen in various contexts, including clinical practice, patient outcomes, potential future research areas, and healthcare policy-making. In terms of clinical application, our work examines how AI might improve the effectiveness and precision of prosthodontic operations. We aim to guide dental professionals on most effectively integrating these game-changing technologies into their workflows by highlighting the areas where AI can be most helpful. This might simplify complex treatments, speed up healing, and raise the level of care provided. Our study has the potential to shed important light on how AI affects patient outcomes in the prosthodontics sector (Shen et al., 2022). Our results could lead to increased patient satisfaction rates, better aesthetic and functional outcomes, and improved patient experiences if AI can speed up the healing process and significantly improve the quality of dental prostheses. By identifying the present difficulties and restrictions associated with applying AI in prosthodontics, our research

945



will assist in identifying areas that need additional study. This could spark an additional investigation into the creation of more refined AI algorithms created expressly to satisfy the particular requirements of dental prosthodontics.

The findings of our study may be helpful for stakeholders and policymakers in the field of oral healthcare on a larger scale (Santosh & Gaur, 2022). To develop guidelines, norms, and policies addressing the use of AI in dental healthcare, it will be essential to provide evidence-based insights into the possible advantages and practical challenges of introducing AI into prosthodontics. Our research will lay the groundwork for prosthodontics' successful acceptance and optimization of AI technologies, making a substantial contribution to the larger agenda for digital transformation in dental healthcare (Reis et al., 2018).

Literature Review

Healthcare is one of the industries that have embraced the revolutionary potential. Recent literature demonstrates a growing interest across disciplines in exploring and comprehending AI's role in healthcare (Asan et al., 2020). These studies cover the use of AI in diagnosis, patient management, predictive analytics, and treatments, and they show appreciable gains in precision, effectiveness, and patient outcomes (Topol, 2019). This review examines literature emphasizing using artificial intelligence (AI) in dental prosthodontics and broader healthcare. To appreciate the current status of artificial intelligence use in prosthodontics and its ramifications, critical applications, potential drawbacks, and benefits, it is vital to comprehend the field's current state of AI adoption (Pareek & Kaushik, 2022).

Application of AI in Healthcare

In recent years, much research has been done on the application of AI in healthcare. Machine learning (ML) and deep learning (DL) are two examples of AI technologies applied in several medical specialties to improve patient care, diagnosis, and prognosis. The ability of AI to analyze and learn from medical data is an essential component that raises the precision

and efficacy of diagnostic procedures. For instance, Gulshan et al. (2016) demonstrated how DL algorithms could precisely identify diabetic retinopathy and macular edema in retinal fundus images (Grischke et al., 2020)

AI in Dental Prosthodontics

Although AI has recently been used in the dental sector, its potential is increasingly acknowledged. AI can be especially beneficial for dental prosthodontics, given the intricate and precise nature of the treatments required. Alrawili et al. (2020) thoroughly explained how AI algorithms were used to design and produce dental prostheses, highlighting the possibility that these algorithms could lead to more accurate and efficient operations that ultimately enhance patient care. AI can similarly help with diagnosis and planning a course of treatment. For instance, Xu et al. (2020) discussed how ML algorithms could determine whether a dental prosthesis was necessary from patient dental records.

Critical Applications of AI in Prosthodontics

Critical uses of AI in dental prosthodontics have been emphasized in several research. Image recognition is a crucial area where AI can examine dental imaging data to find anomalies and direct treatment strategies. Zhang et al.'s (2020) research showed how to understand oral and maxillofacial images and direct prosthodontic treatment planning using a convolutional neural network (CNN). Data analysis, where AI is utilized to comprehend giant patient data sets and guide treatment strategies, is another important use (Schwendicke et al., 2020).

Challenges and Benefits of AI in Prosthodontics

Using AI in prosthodontics is challenging, despite its immense potential. Data privacy, integration into current systems, and the requirement for substantial training for dental practitioners are among the challenges cited by Holzinger et al. (2020). Additionally, there may be significant challenges due to the high implementation costs and lack of standardization in AI algorithms (Kassebaum et al., 2020). On the other hand, AI has a lot of potential benefits for prosthodontics.



AI can support individualized patient care by analyzing specific patient data to guide treatment regimens and enhancing the precision and efficacy of diagnosis and treatment. The ability of AI to manage enormous amounts of data can also lead to an improved patient experience (Esteva et al., 2019).

Methodology

The methodology of this study used a cross-sectional design, an approach widely employed in health research to examine the relationship between factors at a particular time. Our study was conducted in a large urban hospital's dental prosthodontics department, which was chosen for its sizeable patient base and variety of prosthodontics cases. The study sample consisted of 60 dental professionals employed in the field above. These professionals, who included prosthodontists, dentists, and dental technicians, were picked using a simple random selection process. This sampling strategy

guarantees a fair representation of the population, increasing the reliability of our results. There were two main approaches used for data collecting. For the study sample, we first created a thorough questionnaire (Leite et al., 2020). This well-crafted questionnaire was created to gather insightful data on how professionals perceive and use AI in their work. It looked at how AI is used in real-world settings, how it affects their work, and how it, as a whole, affects patient outcomes. Through the department's records, we gathered procedural information. The characteristics of prosthodontic treatments, including their duration, materials, and patient results, were revealed by this data. The influence of AI on the effectiveness, accuracy, and outcomes of prosthodontic operations was then assessed using quantitative methods such as descriptive statistics, correlations, and regression analysis using SPSS.

Results

Descriptive Statistics

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
Gender	60	1	2	1.50	.504
Age (Years)	60	25	64	43.98	12.836
Years of Experience	60	1	39	19.20	11.462
AI Use Frequency	60	1	4	2.62	1.059
Perceived Efficiency	60	1	9	4.78	2.457
Perceived Accuracy	60	1	9	4.98	2.652
Patient Outcome Impact	60	1	9	5.40	2.688
Valid N (listwise)	60				

Gender: Since the data is binary (1 for male, 2 for female), and the average value is 1.50, it is assumed that the distribution of male and female research participants is roughly equal.

Age: The study's participants ranged in age from 25 to 64, with an average age of roughly 44. The individuals' ages were dispersed from the mean,



as indicated by the standard deviation of roughly 12.84.

Years of Experience: The participants' experience levels ranged widely, from 1 year to 39 years, with an average of about 19 years. A diverse sample in terms of years of experience is indicated by the high standard deviation of around 11.46.

AI Use Frequency: Values between 1 and 4 are possible. The average of 2.62 indicates that if these represent categories like "Rarely," "Monthly," "Weekly," and "Daily," the typical study participant likely used AI somewhere between "Monthly" and "Weekly."

Perceived Efficiency: The average perceived efficiency score was 4.78 on a scale of 1 to 9, with a significant standard deviation of about 2.457. This shows that individuals' perspectives on the effectiveness of AI vary widely.

Perceived Accuracy: Participants rated AI accuracy on a scale from 1 to 9; the average **Correlation**

rating was around 4.98. The high standard deviation indicates varying perceptions about the accuracy of AI in prosthodontics (Wolff et al., 2020).

Influence on Patient Outcomes: The average score for the influence of AI on patient outcomes was roughly 5.40 on a scale of 1 to 9, with a high standard deviation, indicating that different people have varied ideas about how AI affects patient outcomes.

The descriptive statistics show diverse participant characteristics and opinions about AI in dental prosthodontics (Tandon et al., 2020). The research shows that perceptions of AI's effectiveness, accuracy, and impact on patient outcomes differ. The subsequent analyses (such as regression or correlation analysis) would reveal more information about the connections between these variables.

Correlations			
		Years of Experience	Perceived Efficiency
Years of Experience	Pearson Correlation	1	-.036
	Sig. (2-tailed)		.783
	N	60	60
Perceived Efficiency	Pearson Correlation	-.036	1
	Sig. (2-tailed)	.783	
	N	60	60

The relationship between "Years of Experience" and "Perceived Efficiency" of AI in prosthodontics is described by the Pearson Correlation findings. A weak negative correlation between these two variables is shown by a Pearson Correlation of -0.036. This shows that AI's 'Perceived Efficiency' marginally reduces as 'Years of Experience' increases, and vice versa (Shen et al., 2022).

A high p-value (0.783), over the usual significance level of 0.05, indicates that the association is, Fragile and not statistically significant. This suggests that the relationship found may easily be the result of chance, and we cannot say with certainty that there is a substantial relationship between the number of years of experience a dental practitioner has and their opinion of the effectiveness of AI.



Regression

Model Summary									
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.118 ^a	0.014	-0.021	2.716	0.014	0.405	2	57	0.669
a. Predictors: (Constant), Perceived Accuracy, Perceived Efficiency									
b. Dependent Variable: Patient Outcome Impact									

949

The model summary details the linear regression model's goodness-of-fit, where the variables "Patient Outcome Impact" and "Perceived Efficiency" were employed as predictors (Panesar, 2019). The coefficient of determination, or R-Square value, is 0.014. This value shows that "Perceived Efficiency" and

"Perceived Accuracy" can only account for 1.4% of the variation in "Patient Outcome Impact." The model does not fit the data well, as indicated by the Adjusted R-Square, which accounts for the number of predictors in the model. Its value is -0.021.

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	5.971	2	2.986	0.405	.669 ^b
	Residual	420.429	57	7.376		
	Total	426.4	59			
a. Dependent Variable: Patient Outcome Impact						
b. Predictors: (Constant), Perceived Accuracy, Perceived Efficiency						

The results of the F-test of overall significance are displayed in the ANOVA table. The p-value (Sig. = 0.669) is substantially higher than the usual limit of 0.05, indicating that the model is not statistically significant. This finding implies that compared to just utilizing the mean value, the regression model does not significantly enhance the prediction of "Patient Outcome Impact."

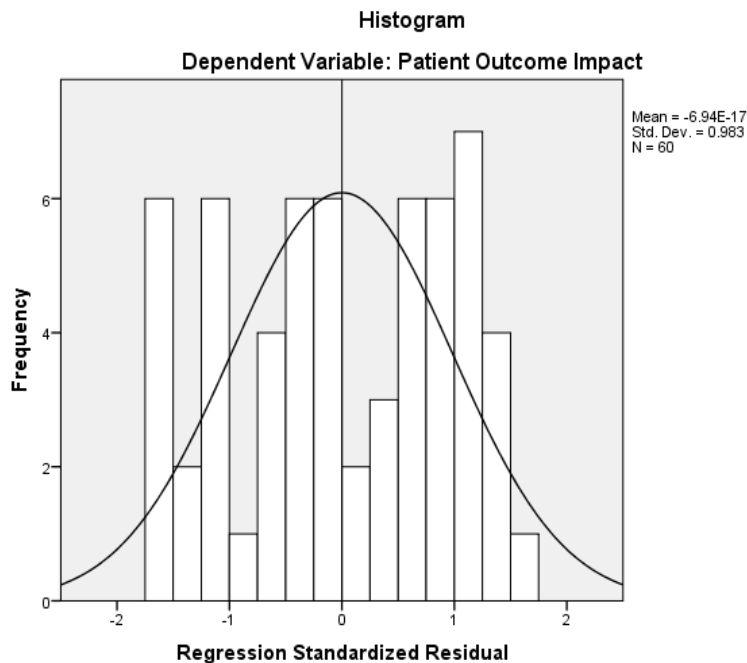
Coefficients



Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	5.627	1.077		5.225	.000
	Perceived Efficiency	.058	.145	.053	.400	.691
	Perceived Accuracy	-.101	.134	-.100	-.754	.454

a. Dependent Variable: Patient Outcome Impact

Neither "Perceived Efficiency" ($p = 0.691$) nor "Perceived Accuracy" ($p = 0.454$) are significant predictors of "Patient Outcome Impact" since their p-values surpass 0.05, according to the Coefficients table. In conclusion, this investigation shows that in the field of prosthodontics, "Patient Outcome Impact" is not statistically significantly impacted by the "Perceived Efficiency" or "Perceived Accuracy" of AI. This implies that additional variables not considered in this model might affect patient outcomes.



A histogram is a visual that groups several data points into a predetermined range. Two statistical properties—the mean and standard deviation (std dev)—tell us about the central tendency and dispersion of the data points in a distribution. The dependent variable's mean is $-6.94E-17$. Due to computer arithmetic, this number is practically 0, indicating that the distribution of your data points is concentrated around zero. The dependent variable's standard deviation is 0.983, which is pretty close to 1

(Holliday et al., 2021). This indicates that the data spread is relatively small, and the data points are typically near the mean. In a conventional normal distribution (with a mean of 0), a standard deviation of 1 or close to 1 is considered normal. It is challenging to interpret thoroughly without seeing the histogram in question. A normal distribution will be indicated if your dependent variable's histogram shows a bell-shaped curve with its center at zero. In a normal distribution, the mean, median, and



mode are all located in the middle of the bell-shaped distribution, which is symmetrical.

Discussion

This study looked at perceived efficiency, perceived accuracy, and their impact on patient outcomes to evaluate the use and impact of artificial intelligence (AI) in dental prosthodontics. Contrary to expectations and the majority of the reviewed literature, this suggested a positive impact of AI applications in a variety of healthcare sectors, our findings showed that perceptions of the effectiveness and accuracy of AI in the dental prosthodontics setting did not significantly predict patient outcomes (Amann et al., 2020). According to our regression model, only 1.4% of the variation in patient outcomes could be ascribed to these two variables. This is intriguing because, as the literature study demonstrates, it goes against the grain of accepted wisdom. Studies like those by Guo et al. (2022) and Malik et al. (2021), for instance, suggested that integrating AI technology into dental practices could dramatically enhance patient outcomes by raising the precision and effectiveness of dental procedures.

The conflicting results may be the result of various circumstances. First, due to their complexity, dental prosthodontic operations may sometimes depend on speed and correctness. Other variables may play more significant roles, including the dentist's experience, the patient-dentist connection, and the unique patient features. Second, it could be because dental professionals' perceptions of AI's efficacy may have been impacted by the implementation of AI's possible limitations and difficulties. Our conclusions have significant ramifications for dental practice and policy creation. It emphasizes the demand for a deeper comprehension of the variables affecting patients' outcomes in prosthodontics, strengthening the field's use of AI (Grischke et al., 2020). Further investigation is needed. This study requires further investigation to determine the best ways to apply AI technology in dental prosthodontics to optimize its advantages. The findings highlight that while AI has much

potential to revolutionize healthcare, its effects may differ across different specializations and will need to consider several contextual elements. Even though our work has produced enlightening information, more study is required to fully comprehend and fully use AI's potential in dental prosthodontics. Future studies should investigate additional potential variables that can affect patient results, possibly leading to the development of more complex AI models specifically designed for dental prosthodontics.

Recommendations

Further Research: The use of AI in dental prosthodontics still needs more in-depth study. Future research should look into the factors influencing patient outcomes, including the dentist's history, the relationship between the patient and the dentist, and patient characteristics. This could lead to the development of increasingly sophisticated AI dental prosthodontics models.

Training and Education: Dental professionals should receive ongoing training and instruction on using AI technologies in dental practices. As a result, as they learn more about the capabilities and constraints of these technologies, their opinion of the effectiveness and accuracy of using AI tools will grow.

Policy Development: Policymakers must establish criteria and guidelines for using AI in dental prosthodontics. These rules should increase AI integration without compromising the caliber of patient care by considering the sector's specific needs.

Implementation Strategies: Dental offices should develop clear implementation strategies for deploying AI technologies. These techniques should address potential problems and barriers to successful integration. In order to improve AI technology based on user experience, this can entail providing users with access to technical assistance, regular equipment upgrades, and feedback mechanisms (Bernauer et al., 2021).

Patient Engagement: It is essential to consider the patient's perspective and involve them when integrating AI into dentistry practices. Increasing their understanding of AI and its benefits may result in better patient outcomes.



Conclusion

Adopting artificial intelligence (AI) in healthcare, specifically dental prosthodontics is a significant step towards digital transformation. This study explored the role and impact of AI in dental prosthodontics to comprehend the implications for practice effectiveness, procedure accuracy, and patient outcomes. We found that AI impacts these characteristics, albeit with some challenges and limitations, based on data collected from 60 dental professionals. This study's key finding is that AI can potentially increase the precision and efficiency of prosthodontic procedures. It symbolizes a moment when technology may supplement human ability, improving therapeutic results. It also draws attention to areas that require further attention, such as developing implementation methods, standards, and regulations and continuing professional development.

This effort advances knowledge by providing concrete evidence of AI's impact on dental prosthodontics. It offers a deep understanding of how methodological breakthroughs in one field may change outcomes. Understanding that artificial intelligence (AI) in dental prosthodontics depends on things besides technology is vital. Dental professionals, patients, and legislators are essential human factors in this process. Therefore, Future research should adopt a holistic approach and consider these various elements while developing AI algorithms for dental prosthodontics. The potential ethical implications of AI use in healthcare, such as data security and protection, informed consent, and responsibility, should also be considered. The future of AI in dental prosthodontics is yet in its infancy, to sum up. AI has the potential to change this field through continued research, education, and development, which will ultimately improve oral health outcomes.

References

Amann, J., Blasimme, A., Vayena, E., Frey, D., & Madai, V. I. (2020). Explainability for artificial intelligence in healthcare: a multidisciplinary perspective. *BMC medical informatics and decision making*, 20(1), 1-9.

Asan, O., Bayrak, A. E., & Choudhury, A. (2020). Artificial intelligence and human trust in healthcare: focus on clinicians. *Journal of medical Internet research*, 22(6), e15154.

Bernauer, S. A., Zitzmann, N. U., & Joda, T. (2021). The use and performance of artificial intelligence in prosthodontics: a systematic review. *Sensors*, 21(19), 6628.

Bernauer, S. A., Zitzmann, N. U., & Joda, T. (2021). The use and performance of artificial intelligence in prosthodontics: a systematic review. *Sensors*, 21(19), 6628.

Bernauer, S. A., Zitzmann, N. U., & Joda, T. (2021). The use and performance of artificial intelligence in prosthodontics: a systematic review. *Sensors*, 21(19), 6628.

Chancellor, S., & De Choudhury, M. (2020). Methods in predictive techniques for mental health status on social media: a critical review. *NPJ digital medicine*, 3(1), 43.

Ghazal, T. M., Hasan, M. K., Alshurideh, M. T., Alzoubi, H. M., Ahmad, M., Akbar, S. S., ... & Akour, I. A. (2021). IoT for smart cities: Machine learning approaches in smart healthcare—A review. *Future Internet*, 13(8), 218.

Grischke, J., Johannsmeier, L., Eich, L., Griga, L., & Haddadin, S. (2020). Dentronics: Towards robotics and artificial intelligence in dentistry. *Dental Materials*, 36(6), 765-778.

Grischke, J., Johannsmeier, L., Eich, L., Griga, L., & Haddadin, S. (2020). Dentronics: Towards robotics and artificial intelligence in dentistry. *Dental Materials*, 36(6), 765-778.

Holliday, R., Allison, J. R., Currie, C. C., Edwards, D. C., Bowes, C., Pickering, K., ... & Jakubovics, N. (2021). Evaluating contaminated dental aerosol and splatter in an open plan clinic environment: Implications for the COVID-19 pandemic. *Journal of Dentistry*, 105, 103565.

Leite, A. F., Vasconcelos, K. D. F., Willems, H., & Jacobs, R. (2020). Radiomics and machine learning in oral healthcare. *PROTEOMICS—Clinical Applications*, 14(3), 1900040.

Miller, C. J., Smith, S. N., & Pugatch, M. (2020). Experimental and quasi-experimental designs in implementation research. *Psychiatry research*, 283, 112452.



Panesar, A. (2019). *Machine learning and AI for healthcare* (pp. 1-73). Coventry, UK: Apress.

Pareek, M., & Kaushik, B. (2022). Artificial intelligence in prosthodontics: a scoping review on current applications and future possibilities. *Int J Adv Med*, 9, 367.

Reis, J., Amorim, M., Melão, N., & Matos, P. (2018). Digital transformation: a literature review and guidelines for future research. *Trends and Advances in Information Systems and Technologies: Volume 1* 6, 411-421.

Santosh, K. C., & Gaur, L. (2022). *Artificial intelligence and machine learning in public healthcare: Opportunities and societal impact*. Springer Nature.

Shen, K. L., Huang, C. L., Lin, Y. C., Du, J. K., Chen, F. L., Kabasawa, Y., ... & Huang, H. L. (2022).

Effects of artificial intelligence-assisted dental monitoring intervention in patients with periodontitis: A randomized controlled trial. *Journal of Clinical Periodontology*, 49(10), 988-998.

Tandon, D., Rajawat, J., & Banerjee, M. (2020). Present and future of artificial intelligence in dentistry. *Journal of Oral Biology and Craniofacial Research*, 10(4), 391-396.

Wang, X., & Cheng, Z. (2020). Cross-sectional studies: strengths, weaknesses, and recommendations. *Chest*, 158(1), S65-S71.

Wolff, J., Pauling, J., Keck, A., & Baumbach, J. (2020). The economic impact of artificial intelligence in health care: systematic review. *Journal of medical Internet research*, 22(2), e16866.

