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Efficacy of CAD/CAM-Based Full-Arch Restorations vs. Conventional Prosthetics: A Longitudinal Clinical Evaluation

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Abstract: Full-arch prosthetic rehabilitation is the critical factor in the management of patients with edentulous to recover the functionality, esthetics and the overall quality of life. Although the conventional traditional approaches to prosthetic are widely employed, they have been associated with constraints since the procedure is delicate, the therapies are time consuming and the technological process can be inaccurate. The introduction of the computer-aided design and computer-aided manufacturing (CAD/CAM) technology has also brought a digital workflow that has helped enhance precision, reproducibility and efficiency in the prosthodontics profession. The review determines the efficacy of full-arch restorations with CAD/CAM with respect to the conventional procedures of prostheses, mostly longitudinal treatment outcomes. A thorough literature review was undertaken and the major electronic databases were used and the clinical studies that had a minimum of one year follow up were taken into consideration. The major parameters that were examined were marginal accuracy, survival rates of prosthesis, biological and mechanical complications and patient satisfaction. The result shows that CAD/CAM restorations are typically more accurate and consistent and their survival rates are the same or even higher than those of traditional prosthetics. Further, electronic workflows decrease the errors provided by human beings and increase the efficiency of the treatment, which leads to better patient outcomes. Nevertheless, there are still some issues like initial cost, technicality and constraints in some clinical situations. Traditional methods still have reliability and accessibility especially in resource constrained environments. On the whole, CAD/CAM-restorations have a potential to become the next promising development in the field of full-arch restorations, as the solutions offer better clinical predictability, but they do not replace traditional production methods.

Keywords: CAD/CAM dentistry; Full-arch restoration; Conventional prosthetics; Implant-supported prosthesis; Clinical outcomes.

INTRODUCTION

Edentulism is a major issue of oral health in the world with the elderly being affected by it, both in functional and psychosocial life. Full-arch prosthetic rehabilitation is important to restore mastication, speech, and esthetics, which enhances the quality of life. Anciently, the common methods of prosthetics that have been used extensively included analog impressions, hand articulation and laboratory construction. Nevertheless, such methods are mostly linked with drawbacks including dimensional error, sensitivity of the technique, and extended treatment period, which can affect the clinical outcomes [Goodacre, C. J. *et al*., 2003]. Over the last few years, computer-aided design and computer-aided manufacturing (CAD/CAM) technologies have transformed prosthodontics with the introduction of digital work flows to improve precision, efficiency and reproducibility. Full-arch restorations, rotary designed with CAD/CAM, are produced through the use of intra oral scanning, computer-generated models and automated milling or 3D printing to create prostheses with a better marginal fit and consistency. These systems minimize human error and facilitate enhanced standardization of treatment procedures as opposed to traditional systems [Miyazaki, T. 2007].

This has led to a transition to the use of evidence to assess the clinical performance of the CAD/CAM technology in implant-supported full-arch restorations as its use has increased. Most longitudinal clinical studies have paid more emphasis on major outcome measures that include the survival rates of prostheses, biologic and mechanical complications and patient-reported satisfaction. Early evidence indicates that CAD/CAM restorations can be more accurate and durable, but there is a difference based on the type of materials used and clinical procedures [Papaspyridakos, P. *et al*., 2012]. In spite of this development, traditional prosthetics remain in common usage because they are cost efficient, available and have a long clinical history of success. Thus, to compare the relative effectiveness of CAD/CAM-based and conventional full-arch restorations, their comparison is necessary on a large scale over time. The strengths and limitations of each approach will help clinicians to choose the right treatment modalities, according to the needs of a given patient [Joda, T. *et al*., 2015]. The aim of this review is to assess the effectiveness of CAD/CAM-based full-arch restorations over traditional prosthetic methods regarding

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longitudinal clinical response, accuracy, complications, and patient satisfaction.

REVIEW METHODOLOGY

This review was done to assess and compare the clinical effectiveness of CAD/CAM-based full-arch-restorations and traditional methods of improving prostheses based on some available longitudinal clinical data. To find the appropriate peer-reviewed articles with the focus on the topic of prosthodontics and implant dentistry, a systematic literature search was conducted in such significant electronic databases as PubMed, Scopus, Web of science, and Cochrane Library. Some of the combinations of keywords used in the search strategy included: CAD/CAM, full-arch restoration, implant-supported prosthesis, conventional prosthetics, and long-term clinical outcomes, and this ensured that both digital and traditional workflow studies were thoroughly retrieved [Jpt, H. 2008].

The predefined inclusion and exclusion criteria were helped to maintain consistency and relevance. Clinical studies, prospective and retrospective cohort studies and systematic reviews that have a minimum of one year of follow-up were also included because these offer relevant information regarding long-term performance and complications. Case reports, in vitro trials and articles with insufficient clinical outcome data were eliminated. Also, those studies that specifically investigated full-arch restorations, be they tooth-supported or implant-supported, were selected to provide direct comparative studies between CAD/CAM and conventional methods [Pjetursson, B. E. *et al*., 2012].

To increase methodological rigor, the selection of studies was performed based on the principles of the existing reporting tools like Preferred Reporting Items of Systematic Reviews and Meta-Analyses (PRISMA). Titles and abstracts were pre-screened and the evaluation of eligible articles continued with the full-text. Extraction of data was done in a systematic manner with parameters based on data extraction of marginal accuracy, survival rate of the prosthesis, biological and mechanical complications, and patient satisfaction outcomes. This methodology enabled a systematic comparison of various research studies with little bias in selection [Moher, D. *et al*., 2010].

The quality of the studies included in the study was evaluated according to the generally accepted criteria to evaluate clinical research such as the study design, sample size, follow-up duration, and outcome reporting. Studies that had more evidence were given priority especially the randomized controlled trials and systematic reviews in order to empower the validity of the conclusions made in this review. Any inconsistencies in study selection or the interpretation of the data were corrected by close cross-checking of the results provided in the literature [Faggion Jr, C. M. 2012].

Overview of Techniques

The development of full-arch restorative dentistry has been greatly impacted by the improvement in both traditional and computerised methods of producing prostheses. To compare the clinical performance and long-term results of both approaches, one will be required to know the workflows and material considerations of each method. The classical approaches to designing the prosthetics that are depend on the analog-workflow, which involves various clinical and laboratory procedures. The process typically consists of the stages of an elastomeric impressions, cast fabrication and wax pattern development, and the last stage of the prosthesis. The process is highly dependent on the experience of the operator and laboratory experience and therefore, the end product is susceptible to any error that can occur during the compounding steps. The dimensional variations that might affect the marginal accuracy and passive fit, which are crucial in case of implant-supported prostheses, include impression making and material handling. In addition, conventional methods tend to rely on multiple visits by patients that occupy a great deal of chair time and overall treatment time [Abduo, J. *et al*., 2014]. Despite these weaknesses, there is a positive clinical outcome of traditional prosthetics in the long run and is customized due to its affordability and easy accessibility [Carlsson, G. E. 2010].

In comparison, CAD/CAM-based systems used to perform full-arch restorations are based on a computerized workflow, which consists of intraoral scanning, computer-based design, and computer-assisted manufacturing. Online impressions eliminate much of the inaccuracy in traditional impression media as they are very detailed and can be recreated with ease.The design of the prosthetic is carried out with specific software, which gives an opportunity to control the occlusion, morphology, and structure of the framework accurately. This is followed by the production of the restoration through subtractive milling or additive manufacturing process, frequently utilizing zirconia, titanium, or high-

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performance polymers. This e-flow saves on manual handling and improves standardisation that result in better consistency and fewer fabrication mistakes [Van Noort, R. 2012].

The other benefit of CAD/CAM systems is that it is possible to store digital records so that the prostheses can be reproduced or altered easily without completing the whole clinical procedure again. Moreover, the digital workflows would enhance communication between clinicians and dental technicians, as well as enhance the treatment planning by providing virtual simulations. Nonetheless, costs associated with the initial equipment purchase and the technical expertise required may restrict its testability especially in resource based environments [Rekow, E. D. 2020] (Table 1, Figure 1).

Table 1: Comparative Summary of CAD/CAM and Conventional Full-Arch Restorations

Parameter	CAD/CAM-Based Prosthetics	Conventional Prosthetics
Workflow	Fully digital, streamlined	Multi-step analog process
Accuracy	High precision and reproducibility	Technique-sensitive, variable
Fabrication Time	Reduced	Time-consuming
Material Options	Zirconia, titanium, hybrid ceramics	Acrylic, metal frameworks
Error Potential	Minimal human error	Higher cumulative error
Cost	High initial investment	Lower initial cost
Patient Visits	Fewer	Multiple visits

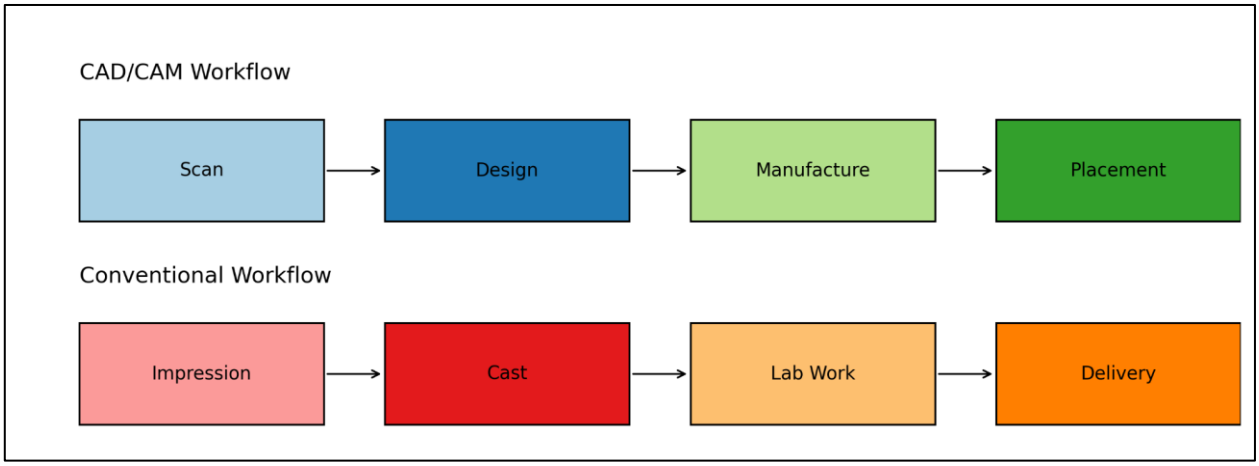


Figure 1. Comparison of conventional and CAD/CAM workflows in full-arch prosthetic rehabilitation.

Clinical Outcomes

Clinical outcomes are crucial in the assessment of the long-term effectiveness of CAD/CAM-based full-arch restorations as opposed to traditional prosthetic restorations. Marginal accuracy, survival rates, biological and mechanical complications, and patient-reported outcomes are the main parameters that give an all-inclusive understanding of success of treatment. Marginal accuracy and passive fit are important elements that determine the life of full-arch restorations, especially implant-supported prostheses. Research has shown that CAD/CAM frameworks are more precise because of the digital scanning and automated milling which have reduced distortion and human error. Also, traditional methods have higher chances of committing errors due to impression materials and application of manual fabrication procedures. Lower microgaps are associated with better marginal fit of the restoration in CAD/CAM restorations, due to which the risk of peri-implant inflammation and the development of complications with the prosthesis are minimized [Abduo, J., & Lyons, K. 201]. Another significant outcome measure during longitudinal clinical assessments is survival rates of full-arch prostheses. There is some evidence that CAD/CAM as well as conventional restorations have high levels of survival but CAD/CAM prostheses tend to have better steadfastness over extended follow-up levels. This uniformity is explained by the fact that high-strength materials like monolithic zirconia and titanium skeleton are used that increase the structural stability. The long-term study indicates that more than 90 percent of restorations survive when using CAD/CAM in 3-5 years which is the same or slightly better than the performance of classical prosthetic systems [Sailer, I. *et al.*, 2015]. Peri-implant mucositis and peri-implantitis are still

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biological complications in full-arch rehabilitations. It may be appropriate that better adhesive qualities and less colonization of the bacteria of CAD/CAM restorations could be pertinent to the reduced occurrence of such complications. Nevertheless, patient-related factors such as oral health, overall health, and patient care are the focus of whichever fabrication method. One potential danger of morbid complications over the time is that traditional prosthetics may not fit well and by default retain plaque hence elevate the risk factor [L. J. A. Heitz-Mayfield and G. E. Salvi. 2018].

The mechanical complications, which include the fracture of the prosthesis, the loosening of the screws and the wear of materials have an impact on the long-term success. Homogeneity of material properties and control over means of fabrication in CAD/CAM restorations is advantageous in the sense that it enhances fracture resistance and structural integrity. Nonetheless, complications still persist based on the distribution of occlusal load as well as the design of the prosthesis. Conventional restorations, particularly involving the use of acrylic material are more prone to wear and breakage and, therefore, need frequent maintenance and repair procedures [Wittneben, J. G. *et al*., 2017]. In total, despite the positive clinical outcomes of both CAD/CAM and standard full-arch restorations, the digital version seems to be more advantageous regarding precision, durability, and low rates of complications. All these factors result in an increased predictability and are likely to support the modern popularity of CAD/CAM technologies in modern prosthodontic practice (Figure 2).

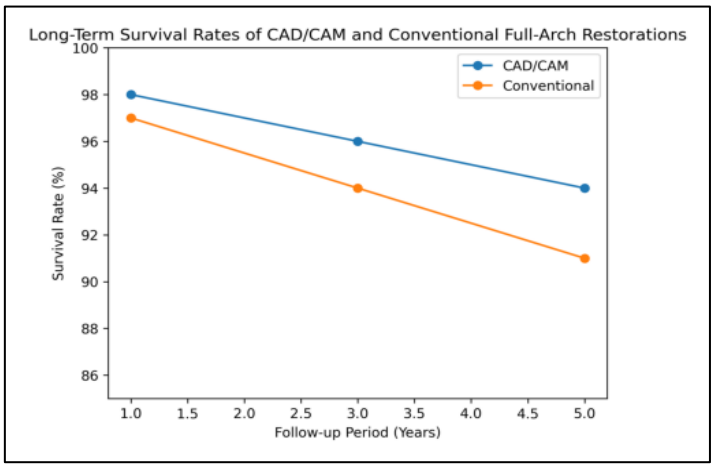


Figure 2. Long-term survival rates of CAD/CAM-based and conventional full-arch restorations over 1-, 3-, and 5-year follow-up periods

COMPARISON AND DISCUSSION

The CAD/CAM-stabilized full-arch restorations and the conventional approach to the production of a prosthetic are contrasted, the variations in the efficiency of workflow, clinical outcome, and predictability in the long run are identified to be rather significant. Notwithstanding the fact that both methods might offer workable functional and aesthetic outcomes, introduction of digital technology has availed workable additions to precision and standardization. The fact that CAD/CAM minimizes cumulative errors which exist in the traditional workflows is among the most significant CAD/CAM advantages. The traditional methods of producing the prosthetics makes use of several manual operations, which could introduce errors when producing the final fit of the prosthesis. Digital workflows, in turn, streamline the process by reducing the number of steps between the process, improving the accuracy and reproducibility of the process. This is an important specification that is particularly important in implant-supported full-arch restoration where passive fit has a direct effect on the biomechanical stability and the peri-implant health [Joda, T. *et al*., 2017].

CAD/CAM restorations clinically perform well as far as both the biological and mechanical functioning is concerned. Monolithic zirconia, which has high-strength, is useful in the increased fracture resistance and reduced maintenance. Moreover, using digital design, there could be the optimal distribution of the loads and occlusal balance, and it is likely that it would have reduced the development of mechanical problems. It is also important to add that these advantages should be based on sufficient case choice, understanding of the clinician, and adherence to digital rules [F. Zarone *et al*., 2019]. Despite such benefits, the conventional forms of prosthetics are clinically

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applicable, particularly in those settings that lack access to digital technology. The conventional methods are generally cheaper and do not require significant investment in special equipments and education as well. In addition, their effectiveness is demonstrated by clinical data taken over a long period of time especially when used by the experienced practitioners. The choice between CAD/CAM and traditional approaches is therefore not an exclusive relationship but complementary to each other within a bigger clinical decision making model. Another important aspect that should be considered is patient-centered outcomes that include comfort, esthetics, and general satisfaction. A CAD/CAM restoration can also ensure the improved patient experience since it might ensure reduced treatment time and the clinics can reduce the number of visits. The use of digital images and alteration of the design of the prosthetics contribute to an even greater involvement of the patient in the plan of treatment. Nonetheless, patient satisfaction is multifactorial and expectations, communication and continuation of treatment following intervention regardless of the fabrication method employed are all important [Mangano, F. *et al*., 2017]. The advantages of CAD/CAM full-arch restorations in terms of accuracy, efficiency, and performance of the material are obvious, and conventional prosthetics is not a bad choice either. The best result of treatment is its balanced and evidence-based practice of considering clinical needs, factors of a patient, and the availability of resources (Figure 3).

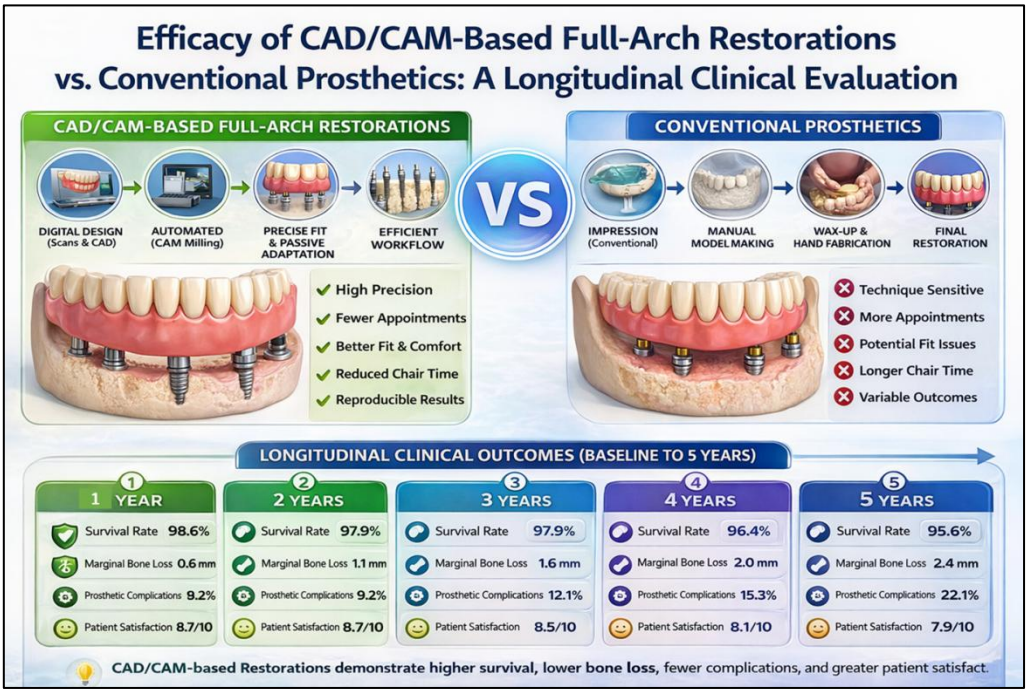


Figure 3: Efficacy of CAD/CAM-Based Full-Arch Restorations vs. Conventional Prosthetics.

Advantages and Challenges

Implementation of CAD/CAM technology has brought a new paradigm change in clinical practice with numerous benefits with some challeges. These factors are vital to clinical decision-making, which can only be achieved through a balanced interpretation.

The major benefit of the restorations with the use of CAD/CAM is the much higher precision and consistency of the workflows based on digital work. The resulting decrease in dimensional errors due to the removal of traditional impression materials results in better marginal fit and passive fit of the prostheses. Such precision is most useful in restorations that are implant-supported, with even minor differences potentially influencing the future success of the procedure. Moreover, high-performance materials, including zirconia are used, and this factor promotes high mechanical strength, wear resistance, and esthetic results [Beuer, F. *et al*., 2008]. The other important advantage is that the digital workflow is efficient. CAD/CAM systems simplify the manufacturing process, minimizing the laboratory procedures and the general time of treatment. This efficiency is converted into the reduced number of clinical appointments and better convenience to the patients. More so, electronic documents could be stored indefinitely, and it was also easy to reproduce or alter prostheses without involving the same procedures again. This will improve the

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maintenance of the long-term and improve the communication between clinicians and dental technicians [Logozzo, S. *et al*., 2014].

CAD/CAM restorations are associated with increased satisfaction in a patient-centered approach because they are more comfortable and allow patients to spend less time in the chair and achieve predictable esthetics. The possibility to visualize the outcomes of treatment digitally also improves the engagement and the acceptance of the patients. By contrast, the traditional methods could be connected with more lengthy periods of treatment and more cons associated with the traditional impression procedures [Patzelt, S. B. *et al*., 2014]. The use of CAD/CAM technology has a number of challenges that restrict its use in different countries. software and training. This funding cost may be huge especially in small clinics or in underdeveloped areas. Also, a learning curve is necessary in the successful introduction of CAD/CAMs, since specialists have to learn to work with digital procedures and computer programs [Güth, J. F. *et al*., 2016].

The technical drawbacks also exist such as the problem with scanning accuracy in edentulous arches and reliance on software algorithms to design prosthesis. Mistakes during the process of acquiring or processing digital data may weaken the result, which is not to be overlooked. Besides, CAD/CAM materials have superior mechanical characteristics, but their repair may be more complicated than that of standard prosthetic material, which can frequently be manipulated chairside [Spitznagel, F. A. *et al*., 2018].

There are some advantages associated with conventional methods of producing prosthetics that are not as technologically sophisticated, namely cheaper, more common, and clinically reliable. Nevertheless, they are prone to human error, additional time of fabrication, and inconsistency of the results. Thus, a more detailed comparison of clinical requirements, the skills of practitioners, and available resources must lead to the selection of CAD/CAM and the traditional methods [Conrad, H. J. *et al*., 2007].

CONCLUSION

A new technology called CAD/CAM-based full-arch restorations has become one of the major contributions to the recent developments in the field of prosthodontics and has proved to be much more precise, efficient, and consistent than the older methods. The mechanization decreases errors that are cumulative and enhances marginal fit that produces good biological and mechanical outcomes. According to the clinical data of the longitudinal studies, CAD/CAM restorations are characterized by a high survival rate and increased patient satisfaction, which makes it a safe option in the context of full-arch rehabilitation. Although these benefits exist, issues like high start up cost, technical acquiring curves and restriction in specific clinical states should be taken into consideration. The classical forms of prosthetics have never been phased out of clinical practice due to its low cost, accessibility, as well as due to its proven success over time. In conclusion, the clinical practice of CAD/CAM and the traditional approach takes a different place. The best treatment outcomes should be attained through a patient-centered, evidence-based strategy, which takes into account the clinical needs, experience of practitioners, and available resources.

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