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Original Study

Teledentistry revisited

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ABSTRACT

In this digital world, technological improvements have become part and parcel of life. In dentistry, digitising the information is booming. Hence with the help of the technologies and data available, consultations for the patients are offered using telecommunication technology. This is advantageous for both patients as well as the dentists. The teledentistry has attained significance after the COVID pandemic where availability of resources has become scarce. In this review article, the current aspects of teledentistry are discussed in detail.

Keywords: Teledentistry, Telecommunication, Contactless diagnosis, E-prescription.

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INTRODUCTION

The utilization of well-being data innovation and media communications for oral consideration, meetings, schooling, and public mindfulness is known as teledentistry.¹ According to the definition " teledentistry is the delivery of real-time and offline dental care such as consultation, diagnosis, treatment planning and follow-up by electronic transmission from separate sites,".^{2,3}

Teledentistry, as telehealth, is the utilization of data innovation and media communications for dental consideration, interview, instruction, and public mindfulness. Similarly, m-teledentistry is the use of mobile technology for the same goals, such as smartphones, portable radiography, and electronic health records. In generalist and expert practices, like endodontics, orthodontics, periodontics, , oral medical procedure and dental general wellbeing, teledentistry is utilized. Teledentistry's most prominent advantage is its capability to take out medical services incongruities by expanding admittance to trained professionals and conveying opportune oral consideration technology rather than direct personal interaction with the patient(s).^{1,4}

The Coronavirus pandemic has scrutinized existing medical services frameworks all over the planet. Since it spreads by fomite, bead and contact transmission, it represents a risk of transmission during up close and personal connections between medical care experts and patients. Dental practitioners are the most susceptible to coronavirus infection since dental consideration by and large involves close review, assessment, symptomatic, and helpful mediations of the naso-oro-pharyngeal region.^{1,5,6} thus, most ordinary dental systems have been deferred all over the planet during the ongoing pandemic, and just crisis dental strategies and medical procedures are being performed.

Be that as it may, in light of the ongoing rising pattern of Coronavirus cases, this pandemic doesn't seem, by all accounts, to be finishing at any point shortly. Without a doubt, the WHO has of late communicated worry that this infection might turn into an endemic infection in our networks, never disappearing.⁷ If these theories are correct and COVID-19 becomes rampant, dental practises will need to reorganise and revolutionize in order to remain providing dental care while minimising the danger of cross infection. Teledentistry has the potential to give an innovative alternative for continuing dental practise during and beyond the present pandemic.⁵

Teledentistry fulfils the need for social distance, which has been advised by health experts all over the world to restrict the spread of the SARS-COV-2 virus. Teledentistry can be merged into everyday dental practise because it has a variety of benefits, including distant triaging of supposed COVID-19 patients for dental treatment and reducing needless exposure of healthy or uninfected patients by reducing their appointments to already overburdened dental workplaces and hospitals.⁵

HISTORY:

Teledentistry relates to telemedicine, which was initially utilized by NASA during the 1970s and is currently utilized by the US military.⁸ In 1989, the principal idea of teledentistry arose as a component of an arrangement for dental informatics.³ The Absolute Dental Access (TDA) drive, which started in 1994, is viewed as at the bleeding edge of teledentistry. TDA is a Division of Protection teledentistry project that permits suggesting dental specialists from the US Military to talk with experts at a clinical focus regarding a patient's condition.⁹

SCOPE OF TELEDENTISTRY:

Access to treatment for the underserved and undertreated populace

Older people have viewed teledentistry as inconceivably valuable. Accordingly, by far most of patients in this gathering will want to keep away from hospitalization and exorbitant transportation. Besides, both the going with staff time and the patient's tension are significantly decreased.¹⁰

Cost effective

The cost of setting up teledentistry gear is extremely high from the start, however a one-time venture takes care of over the long haul. Teledentistry saves the most money in distant locations since it eliminates the need for expensive transportation.¹⁰ Cell phones with different electronic applications can end up being the most financially savvy approach to sending photos for teleconsultation. Many mobile applications for general and dental health have recently been developed for the public, which people can use at any time without incurring additional costs.

Early diagnosis

Early location and compelling administration of precancerous sores, for instance, assists with keeping an injury from transforming into a carcinoma. Teledentistry might support early finding and preventive treatment. Furthermore, this approach can detect carious lesions at an early stage, allowing for suitable therapy to be arranged for the patient.

Short time

There is a significant saving in time because the patient's travel time is considerably reduced, and specialist accessibility is virtually instantaneous. Preauthorization and other protection models can be achieved immediately web based, utilizing genuine photos of dental issues instead of tooth diagrams and composed prescriptions.¹¹ All photographs can be explored not long after getting them, and patients can be reached inside 2-3 hours of getting them and urged to have an oral mucosal assessment later if fundamental.²

Clinical e- remedy

Teledentistry allows patients to receive medical care without having to travel to a specialist in another city. However, pharmacological allergies should be discussed with the patient. If the patient is not improving, he or she should see a professional in person.

Enhanced communication

Teledentistry is the act of moving clinical photos or sound accounts to a partner for peer survey and counsel, which can frequently bring about a superior prognosis.¹² It likewise works on the dental specialist's and research center faculty's correspondence. Further developed correspondence prompts before, more exact, and quicker treatment of oral sicknesses, further developing the patient's personal satisfaction.

Technical aspect

In the fields of dentistry and medicine, technological advancements and rapid internet networks can be used.

There are two types of teledentistry:

- Real-time consultation and
- Store and forward.

A video gathering, in which patients from various areas and their dental specialists might see, hear, and talk with each other using progressed media transmission innovation and super high data transfer capacity network associations or satellites is known as continuous discussion.^{13,14} At both the center and peripheral destinations, complex video meeting gear, an intraoral camera with superior grade, and a web connect/ video are set up for an ordinary teledentistry visit.¹⁵ The trading of clinical data and inert pictures gained and kept in telecom gear, then again, is known as store and forward. The dental expert accumulates all expected clinical data, intraoral and extraoral photos, advanced or filtered radiographs, and gives them to meeting and treatment arranging by means of laid out networks or potentially the web coming up and advance. Subsequently, the treatment is undeniably more opportune, centered, and financially savvy.¹⁴

USES:

Lately, there have been various mechanical headways in the field of dentistry. The main headways are found in oral and maxillofacial radiology, which incorporates the utilization of computerized symptomatic imaging administrations, intraoral cameras, computerized radiography, and different programming projects that poor person just better the nature of dental patient administration yet additionally prompted various progressions in different parts of dentistry.²

Orthodontics

Telecom in the field of orthodontics can treat minor issues, for example, elastic ligature uprooting and bothering brought about by orthodontic apparatuses, diminishing excursions to the dental office.¹⁶ As opposed to projecting jaw models in mortar, orthodontic experts can send alveolar impressions of the jaws by means of extraordinary postal help to particular organizations for three-layered (3D) digitization of operational models; they then make advanced 3D models and send them back to the advisor through the web. The advisor can utilize the organization to impart this computerized model of the jaws with others, considering fundamental conversations with his partners. If needed, peer teleconsultants can assist in the formulation of an orthodontic treatment plan and programme utilising a digital patient model from a distance.¹⁷

Endodontics

Teledentistry, which involves the web as a mode for far off correspondence, might be utilized anyplace on the planet, bringing down administration costs and growing the accessibility of crisis care for all patients.¹⁸ Pastry specialist et al. likewise tracked down no genuinely massive distinction in the understanding of periapical sores between pictures saw locally (utilizing a view Box) and pictures moved by means of videoconferencing.¹⁹

Paediatric and preventive dentistry

Caries avoidance and early discovery are basic to the control of this inescapable infection. Notwithstanding its essential job in conveying dental separating remote, rustic, and other out of reach places, teledentistry has been demonstrated to be a great option in kids who are scared of dental specialists, bringing down their trepidation and uneasiness when contrasted with a constant clinical assessment.²⁰

Oral and maxillofacial surgery

Computerized radiography assistance in dental implant placement has reached its pinnacle of technological advancement, with the ability to examine the patient in one part of the world while creating a digital design of the entire implant and prosthetic assembly in the other. 20

Prosthodontics

For various instances submitted for prosthesis production, discussion amongst the dentist and laboratory technicians is occasionally required. Colored photographs of the patients' teeth can be transmitted in these circumstances to help with size, shade selection, form, and curves of the prosthesis to be created.³

Limitations:

Nothing compares to the clinical precision with which a patient's diagnosis is made. The numerous steps of diagnosis, including palpation and percussion, are not possible to execute with teledentistry.

Treatment requires visit to the clinic

Teledentistry might just be useful in the prevention and diagnosis of dental problems. Patients who require nonmedicinal treatment must see a professional for clinical procedures such as restorations and surgical treatments.

Technique sensitive and time consuming

The procedure of obtaining digital pictures of an oral lesion, uploading photos to a gadget linked to the internet, and mailing the image as an attachment to receive a diagnosis is time demanding for both the patient and the specialist. Teleconsultations can be delayed due to a technical glitch or a bad network.

Beginning venture

The underlying gear cost is truly huge. To gather excellent photos, for instance, a devoted intraoral camera or computerized camera is essential, as is fast web, which adds to the expense.

Virtual examination

Clinical photography is utilized to make a conclusion, which might change relying upon eye-to-eye discussion.¹⁰ The precise portrayal on intraoral pictures or video accounts might contrast based on what is really present. Percussion and palpation are not accessible as extra demonstrative devices.

Decreased accuracy

Hands-on assessment is not possible for specialists. He or she must depend on the examination completed by the dental unit at the remote location; subsequently, a sound connection between the dental specialist working in the distant region and the expert is fundamental.¹⁰

Legal concerns

Matters about the privacy of medical and dental report are also raised by telemedicine and teledentistry. As a result, the patient's informed consent should be obtained, and the patient must be advised of the inherent risk of incorrect treatment or diagnosis owing to technological malfunction.²¹Technical issues with data transfer could lead to a misdiagnosis or medical error. It's important to think about issues like accountability and malpractice.²² Teledentistry practise licencing is largely determined by the nation's description of teledentistry.²³

Language hindrance

Most of teledental schooling curricula are in English. Given that the web is a worldwide instrument, upcoming targets ought to incorporate more multilingual projects.²²

CHALLENGES:

Challenges related to acknowledgement of teledentistry by dentists

Dental specialists' hesitance to acknowledge teledentistry may be connected with the way that they might track down it intricate and impervious to learning new skills.^{24,25} They might be mechanically unskilled, unfortunate of giving a mistaken determination, and restless about rising consumptions and costs. Framework limitations could incorporate deficient web access, a scarcity of equipment, an absence of preparing, and an absence of specialized help and information. Different impediments to teledentistry's worthiness by dental specialists incorporate hierarchical contrariness with the medical care framework, inadequate monetary repayment, unfortunate rules, incoordination among remote and center focuses, and excessive arrangement costs.²⁵ Different constraints incorporate a two-layered depiction of sores and the powerlessness to perform tests like palpation and auscultation.⁴ To defeat these obstructions, dental specialists should be completely prepared and instructed about this innovation, which will support teledentistry's reception. During the present pandemic, not only does the dentistry school curriculum need to be updated in terms of infection control methods, but it also needs to be updated in terms of public health.⁵ Teledentistry should be taught as a way to reduce infection transfer on a regular basis. Moreover, adequate financing, installment, and validation of teledentistry inside medical care frameworks will be vital.

Challenges connected with acknowledgment of teledentistry by patients

Any module's prosperity relies on quiet acknowledgment. Patients might expect that their hardships are not being conveyed as expected to their dental specialists because of an absence of up close and personal correspondence. It will take time to overcome these obstacles. Patients' acceptance of teledentistry will rise in lockstep with the overall acceptance of telemedicine, which is growing by the day. Teledentistry is steadily acquiring acknowledgment among patients and medical care suppliers, as per various studies.^{26,27}

FUTURE:

The utilization of data and correspondence innovation to extend admittance to essential, auxiliary, and tertiary consideration, upgrade quality, help proficiency, and lessen costs can possibly further develop wellbeing administrations all over the planet. Telemonitoring, for instance, can decisively decrease the weight of ongoing infection by diminishing dental specialist visits, medical clinic affirmations, emergency clinic stays, and expenses. Infection the board through teledentistry has additionally been displayed to further develop results like utilitarian status and personal satisfaction. Teledentistry can decrease geological variety in demonstrative and clinical administration by expanding admittance to gifted oral consideration professionals. Teledentistry has been displayed to change investigations and treatment ideas, as well as truncate the time it takes to get notoriety specialty care. This is especially critical in arising countries, where master thought is every now and again out of reach.¹

CONCLUSION:

This pandemic has brought teledentistry to the forefront, allowing patients and dentists to work together to find a solution to their dental problems. The spread of Coronavirus - 19 has been restricted thanks to a contactless symptomatic and treatment technique that meets the oral consideration needs of people who can't look for care for changed reasons or who have practically zero admittance to mind during this time.

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REFERENCES

- 1. Daniel SJ, Kumar S. AC. J Teledentistry: A Key Component in Access to Care. Evid Based Dent Pract 2014;14(1):201-208
- 2. Arora PC, Kaur J, Kaur J, Arora A. Teledentistry : An innovative tool for the underserved population. 2019; 5(1):6–12
- 3. Chen JW, Hobdell MH, Dunn K, Johnson KA, Zhang J. Teledentistry and its use in dental education. J Am Dent Assoc 2003; 134(3):342-346.
- 4. Medicine O. Teledentistry in Practice: Literature Review. 2013;19(7):565–567.
- 5. Ghai S. Are dental schools adequately preparing dental students to face outbreaks of infectious diseases such as COVID-19. J Dent Educ 2020 Jun;84(6):631-633
- 6. Marin R. and Telecare Systematic review Q Teledentistry : a systematic review of the literature. J Telemed Telecare 2013 Jun;19(4):179-83.
- 7. BBC News. Coronavirus may never go away, WHO warns. BBC News; 2020
- 8. Currell R, Urquhart C, Wainwright P, Lewis R. Telemedicine versus face-to-face patient care: Effects on professional practice and health care outcomes. Cochrane Database Syst Rev 2000; (2):CD002098
- 9. Rocca MA, Kudryk VL, Pajak JC, Morris T. The evolution of a teledentistry system within the department of defense. Proc AMIA Symp 1999:921-924.
- 10. Bradley M, Black P, Noble S, Thompson R, Lamey PJ. Application of teledentistry in oral medicine in a community dental service. N Ireland. Br Dent J 2010; 209(8):399-404
- 11. Bauer JC, Brown WT. The digital transformation of oral health care. Teledentistry and electronic commerce. J Am Dent Assoc 2001;132(2):204-209.

- Petruzzi M, De Benedittis M. WhatsApp: A telemedicine platform for facilitating remote oral medicine consultation and improving clinical examinations. Oral Surg Oral Med Oral Pathol Oral Radiol 2016;121(3):248-254.
- 13. Subramanyam Venkata R. Telepathology: Virtually a reality. J Med Pathol 2002;1:1-15.
- 14. Chang SW, Plotkin DR, Mulligan R, Polido JC, Mah JK, Meara JG, et al. Teledentistry in rural California: A USC initiative. J Calif Dent Assoc 2003; 31(8):601-608.
- 15. Fricton J, Chen H. Using teledentistry to improve access to dental care for the underserved. Dent Clin North Am 2009; 53(3):537-548.
- Eby A, Sanju L, Shilpa C, Abraham K. Teledentistry in practice An update. IOSR J Dent Med Sci 2016; 15(6):103-106.
- 17. Mihailovic B, Miladinovic M, Mladenovic D, Lazic Z, Jankovic A, Zivkovic D, et al. Computerized Dentistry [In Serbian]. Belgrade: Obelezja; 2009; 211-249.
- Zivković D, Tošić G, Mihailović B, Miladinović M, Vujičić B. Diagnosis of periapical lesions of the front teeth using the internet. PONS Med J 2010; 7(4):138-143.
- Baker WP 3rd, Loushine RJ, West LA, Kudryk LV, Zadinsky JR. Interpretation of artificial and in vivo periapical bone lesions comparing conventional viewing versus a video conferencing system. J Endod 2000; 26(1):39-41.
- 20. Mihailovic B, Miladinovic M, Vujicic B. Telemedicine in dentistry (Teledentistry). In: Graschew G, editor. Advances in Telemedicine: Applications in Various Medical Disciplines and Geographical Regions. Rijeka (Croatia): InTech; 2011;215-230.
- 21. Sfikas PM. Teledentistry: Legal and regulatory issues explored. J Am Dent Assoc 1997; 128(12):1716-1718.
- 22. Shirolkar R, Ruparelia KP, More C, Ruparelia P. Teledentistry; an art and science of healing. J IndianAcad Oral Med Radiol 2011; 23(2):108-111.
- 23. Kopycka-Kedzierawski DT, Billings RJ. Teledentistry in Inner-city child-care centres. J Telemed Telecare 2006; 12(4):176-181.
- Smith AC, Thomas E, Snoswell CL, Haydon H, Mehrotra A, Clemensen J, et al. Telehealth for global emergencies: implications for coronavirus disease 2019 (COVID-19). Telemed Telecare. 2020 Jun;26(5):309-313.
- 25. Estai M, Kruger E, Tennant M, Bunt S, Kanagasingam Y. Challenges in the uptake of telemedicine in dentistry. Rural Rem Health 2016; 16(4):3915.
- 26. Petcu R, Kimble C, Ologeanu-Taddei R, Bourdon I, Giraudeau N. Assessing patient's perception of oral teleconsultation. Int J Technol Assess Health Care 2017; 33(2):147-154.
- 27. Estai M, Kanagasingam Y, Xiao D, Vignarajan J, Bunt S, Kruger E, et al. End-user acceptance of a cloud-based teledentistry system and Android phone app for remote screening for oral diseases. J Telemed Telecare 2017; 23(1):44-52.





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