

# INPLASY

## Can splinting scan bodies or artificial landmarks improve the accuracy of intraoral full-arch scans from dental implants? A systematic review and meta-analysis

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### ADMINISTRATIVE INFORMATION

**Support** - None.

**Review Stage at time of this submission** - Preliminary searches.

**Conflicts of interest** - None declared.

**INPLASY registration number:** INPLASY202440033

**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 07 April 2024 and was last updated on 07 April 2024.

### INTRODUCTION

**Review question / Objective** Can splinting scan bodies or artificial landmarks improve the accuracy of intraoral full-arch scans from dental implants?

**Rationale** Intraoral scanners (IOSs) face notable limitations when scanning full edentulous arches. The accuracy of IOSs can be compromised due to the absence of stable tissue landmarks, increased distance between scan bodies, and challenges in distinguishing between multiple identical scan bodies in such clinical scenarios.

**Condition being studied** The accuracy of intraoral scans for full-edentulous arches, which will be rehabilitated with implant-retained restorations, using either splinted scan bodies or artificial landmarks.

### METHODS

**Search strategy** The following combinations of keywords will be utilized: ("Artificial landmarks" AND "Intraoral Scanner") OR ("Artificial landmarks" AND "Intraoral Scanner" AND "Dentistry") OR ("Artificial landmarks" AND "Intraoral Scanner" AND "Edentulous") OR ("Artificial landmarks" AND "Intraoral Scanner" AND "Dentistry" AND "Edentulous") OR ("Splinted Scanbody" AND "Intraoral Scanner") OR ("Splinted Scanbody" AND "Intraoral Scanner" AND "Dentistry") OR ("Splinted Scanbody" AND "Intraoral Scanner" AND "Edentulous") OR ("Splinted Scanbody" AND "Intraoral Scanner" AND "Dentistry" AND "Edentulous").

**Participant or population** Full-arch implant rehabilitation.

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**Intervention** Intraoral digital scan using splinted scan bodies or artificial landmarks.

**Comparator** Standard intraoral digital scan.

**Study designs to be included** in vitro studies.

**Eligibility criteria** The inclusion criteria consist of English-language in vitro studies published in peer-reviewed journals that compare the accuracy of intraoral scans obtained from fully edentulous arches with implants, utilizing either artificial landmarks or splinting scan bodies, against the standard type of scan. Exclusion criteria encompass articles focusing on implant-retained single unit restorations, fixed partial dentures, and other types of investigations, such as ex vivo, in vivo, or clinical studies, pilot studies, case reports/series, narrative/systematic reviews, book chapters, expert opinions, analyses with insufficient/missing data, letters to the editor, editorial and commentary reports, as well as studies published in languages other than English, and those not meeting the eligibility requirements.

**Information sources** PubMed, Embase, Scopus, Web of Science, the Cochrane Library, Google Scholar.

**Main outcome(s)** Final scan accuracy.

**Data management** Records will be entered into a reference management program (Endnote 21; Clarivate Analytics) for screening purposes. Two reviewers will independently extract the necessary data from the included papers using a standardized Excel form.

**Quality assessment / Risk of bias analysis** QUIN Tool.

**Strategy of data synthesis** Inter-rater reliability between assessors will be calculated using Cohen's Kappa coefficient. The study groups will be compared using a standardized mean difference (SMD) analysis. SMD will be calculated by pooling the data using a random-effects model with the DerSimonian and Laird method. The analysis will be performed using the meta package (v4.17-0) in the R Statistical environment (v4.1.2; R Core Team 2021, Vienna, Austria). Heterogeneity of effect-size estimates will be assessed using the Cochran (Q) test and inconsistency score (I<sup>2</sup>). Significant heterogeneity will be considered if the I<sup>2</sup> value exceeds 50% and the p-value for the Q test is less than 0.1.

**Subgroup analysis** Subgroup analysis will be conducted to identify potential sources of heterogeneity by considering moderator variables with the highest likelihood.

**Sensitivity analysis** Moreover, the reliability of the pooled results will be assessed using a "leave-one-out" sensitivity analysis approach, where each study will be excluded one by one to evaluate the impact of its exclusion on the overall results and the heterogeneity between studies. Potential publication bias will be statistically assessed using Begg's and Egger's regression tests.

**Language restriction** Only English articles will be considered.

**Country(ies) involved** Spain.

**Keywords** intraoral scanning; accuracy; complete dentulous arch; artificial landmarks; splinting scanbody; dentistry.

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