

IMPACT OF INTRAORAL SCANNER SLEEVES ON STL FILE ACCURACY: A METROLOGICAL APPROACH

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IMPACT OF INTRAORAL SCANNER SLEEVES ON STL FILE ACCURACY: A METROLOGICAL APPROACH

Max Troizier-Cheyne, Nicolas Lebon, Floriane Laverne

- Most accuracy studies rely on superimposition of a reference scan and a test scan using local best-fit algorithms
- Errors minimized, especially across larger objects
- Errors are always relative, and measure is not objective

Objective 1

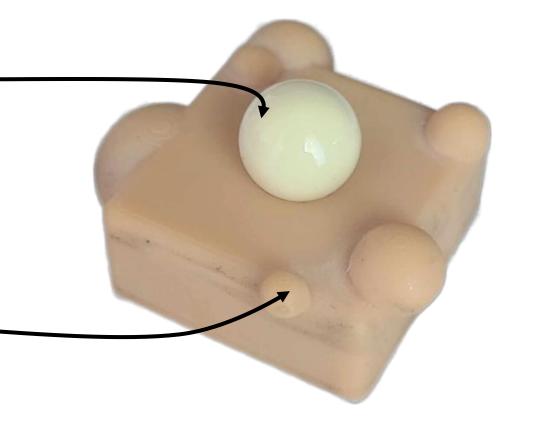
Create a protocol to assess accuracy using an objective metrological approach.

Reference Object

8 mm Al_2O_3 Sphere Grade 10 = max

diameter deviation of 0.25 µm

3D printed support structure with spherical landmarks to facilitate scanning



- Intraoral scanner manufacturers have introduced different protective sleeves to limit cross-contamination
- Scanning sleeves must maintain scanning performance while satisfying rigorous cross-contamination protocols

Objective 2

Compare the quality of STL files produced using different scanning sleeves



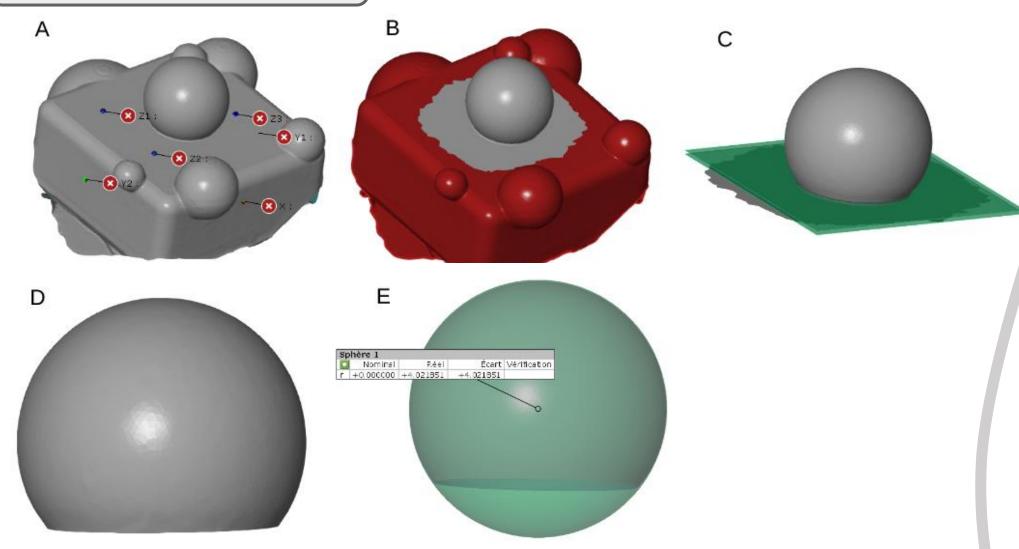
Materials and Methods

- Primescan intraoral scanner (Dentsply Sirona)
- 24 scans of the reference object per sleeve
- Mesh processing and calculations performed according to the metrological protocol

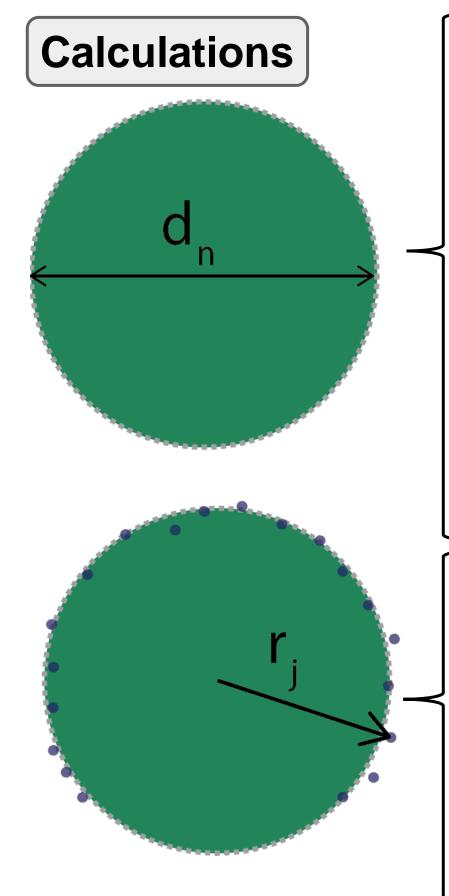




Mesh Processing



- A. Creation of reference coordinate system in GOM Inspect
- B. Deletion of landmarks and support structure
- C. Parallel plane fitted to the surface and mesh deleted below a parallel plan 0.2 mm above it
- D. Isolated sphere
- E. Gaussian fitted sphere



Trueness : Difference between the average of numerous tests and a true or accepted reference value

$$T = \bar{d} - d_R$$





Results	Standard (SS)	Autoclavable (AS)	Disposable (DS)
Trueness	-9.72 µm	2.55 µm	-9.66 µm
Precision	6.71 µm	7.91 µm	7.17 µm
Digitizing Noise	7.31 µm	6.37 µm	8.72 µm

Trueness : Significant differences between AS-DS (p < 0.001) and AS-SS (p < 0.001)

- **Precision :** No significant differences between the sleeves for (p = 0.623)
- Digitizing noise : Significant differences between DS-AS (p < 0.001), DS-SS (p = 0.001), and SS-AS (p = 0.001)

Conclusion

Precision : Closeness of agreement between independent tests

$$P = \sqrt{\frac{1}{n-1} \sum_{i=1}^{n=24} (d_i - \bar{d})^2}$$

Digitizing Noise : Random artifacts of signal that are introduced during the recording

 $\sigma_N = \sqrt{\frac{1}{m-1} \sum_{j=1}^{m} (r_j - \bar{r})^2}$

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- Significant differences between sleeves
- Errors appear to be within clinically acceptable limits
- Metrological approach is valid
- Further studies needed using reference objects with more measurable dimensions

