

# DIGITAINER – PRECISION IN PRACTICE.

## **Abstract:**

**Background:** Maintaining arch integrity following the premature loss of primary teeth is a cornerstone of pediatric dentistry. While traditional fixed space maintainers (e.g., band and loop, lingual arch) are clinically proven, they often present challenges regarding patient compliance, chairside time, periodontal health, and aesthetic acceptance.

**Case Description:** This study reports on two pediatric cases—an 8-year-old male requiring a lingual arch and a 5-year-old male requiring a band and loop appliance. Transitioning from conventional metal-based fabrication, both appliances were produced using a CAD-CAM (Computer-Aided Design and Computer-Aided Manufacturing) workflow. Following extraction and initial healing, digital data was acquired via scanning of dental casts. The appliances were virtually designed for optimal fit and thickness using CAD software and subsequently milled from Polymethyl Methacrylate (PMMA) blocks. The final "digitainers" were luted using self-adhesive resin cement.

**Results:** Clinical reviews at the second week, first month, and third month demonstrated successful space preservation with high durability. The CAD-CAM approach significantly enhanced patient and parent satisfaction due to the appliances' superior aesthetics and comfortable fit compared to stainless steel alternatives. Furthermore, the use of PMMA offered a cost-effective solution with reduced chairside adjustment time.

**Conclusion:** The integration of digital dentistry into space management offers a precise, hygienic, and patient-friendly alternative to traditional methods. By utilizing CAD-CAM technology, practitioners can deliver highly customized pediatric appliances that improve the clinical experience and maintain dental development with greater accuracy.

**Keywords:** Digitainer, Digital space maintainer, Space maintainer, Pediatric dentistry.

## **INTRODUCTION**

*Effective space management during transitional phase is critical for maintaining proper occlusion and preventing long-term complications.*

Primary teeth play a critical role in the growth and development of a child. In addition to their role in esthetics, mastication, speech, encouraging normal growth and function, it maintains the arch integrity and provides a guiding path for the succedaneous tooth to erupt in normal occlusion<sup>(1)</sup>. Space management is a fundamental aspect of pediatric dentistry, as the early loss of primary teeth can lead to adjacent teeth migrating into the extraction space, reducing the arch perimeter and compromising the eruption of permanent teeth<sup>(2)</sup> and supraeruption of opposing teeth.

37 Although conventional space maintainers have proven effective, their unesthetic appearance,  
38 difficulty in fabrication and poor retention have often led to patient non – compliance. As the  
39 dentistry is slowly evolving into digital phase conventional appliance fabrication being  
40 replaced by digital fabrication which gives more accurate and precise results.

41 Digital fabrication techniques have gained popularity recently and have efficiently substituted  
42 for conventional ones. These techniques allow for the fabrication of restorations with virtual  
43 models and dies using the CAD software, along with digital manufacturing (CAM).Space  
44 maintainers that use CAD-CAM or 3D print technology with modern and biocompatible  
45 materials are called “Digital Space Maintainers”.

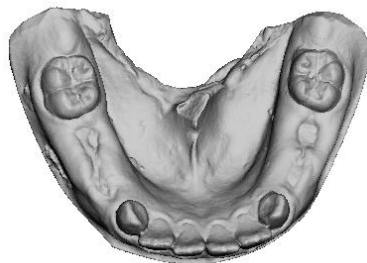
46 In this article we are discussing of digital space maintainers, space maintainers fabricated  
47 using CAD -CAM or 3 D printing technology.

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## 49 **CASE REPORT**

### 50 **Patient 1**

51 A 8 year old male patient came to the Department of Pediatric and Preventive Dentistry with  
52 a chief complaint of grossly decayed tooth in lower right and left back tooth region. There  
53 was no relevant medical and dental history. On examination, multiple grossly decayed non  
54 restorable tooth was noticed. After clinical and radiographic examination it was decided to  
55 extract primary first and second molars of both the sides and stabilize the arch by giving a  
56 lingual arch.

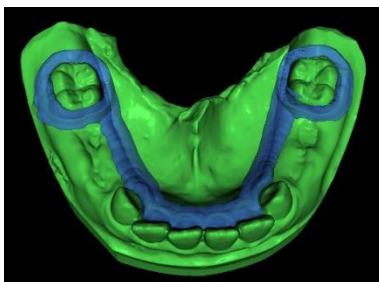


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58 Pre-operative intraoral photograph

Intraoral scanning photograph

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61 Digital design in CAD

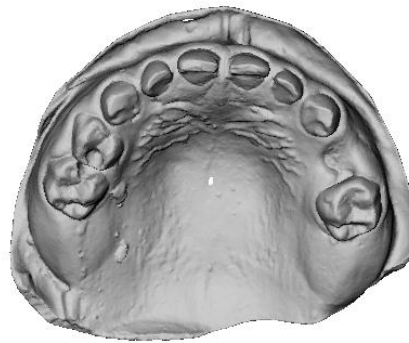
Appliance delivery

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63 **Patient - 2**

64 A 5 year old male patient, came to the Department of Pediatric and Preventive dentistry with a  
65 chief complaint of grossly decayed tooth in upper right back tooth region since 3 months.  
66 Patient has no relevant medical history. After examination, extraction was planned in left  
67 upper primary first molar as the tooth was non restorable and to give a band and loop space  
68 maintainer.

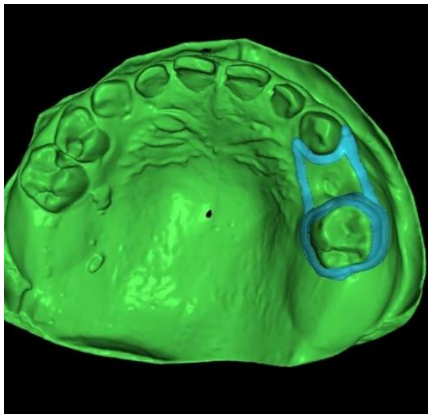


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Digital design in CAD

Intraoral scanning photograph



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Digital design in CAD

Appliance delivery

73 The fabrication of space maintainer was done using CAD-CAM technology for both cases  
74 which combines computer-aided design and computer-aided manufacturing to produce highly  
75 accurate space maintainers.

76 In both cases, the impression of the arches was recorded using polyvinyl siloxane impression  
77 material and the cast was poured using Type IV Die stone which is then digitized using an  
78 intraoral scanner. The digital data is used to construct a virtual model through CAD software.  
79 This virtual model allows for extensive manipulation and analysis, enabling the precise  
80 design of the space maintainer. Using the CAD software, the appliance was designed with  
81 accurate specifications for material thickness, retention, and cementation space, ensuring a  
82 perfect fit and optimal function. The final design file is transferred to a CAM system, where

83 an automated milling machine carves the space maintainer from a solid block of Polymethyl  
84 Methacrylate (PMMA) material, producing a highly accurate and durable appliance.

85 The appliance was tried on the patient and minor modifications which was needed was  
86 rectified and luted on the abutment teeth using resin GIC. Review was done on 2<sup>nd</sup> week, 1<sup>st</sup>  
87 month and 3<sup>rd</sup> month of delivery.

## 88 **DISCUSSION:**

89 The premature loss of a primary tooth can cause psychological, functional, aesthetic  
90 concerns, along with space loss, which may later lead to loss of arch length. This loss of arch  
91 length can lead to crowding, extrusion of opposing tooth eventually leading to malocclusion.  
92 A study by Shamahy et al. in 2021 found that the prevalence of malocclusion among school  
93 children was 81.1% following the premature extraction of a primary tooth<sup>(8)</sup>.The  
94 complications which can arise due to the inevitable loss of primary teeth can be  
95 minimized through proper planning and the use of space maintainers.

96 As stated by the American Academy of Pediatric Dentistry (AAPD), space maintenance is the  
97 preservation of present dentition placement to avoid loss of arch length, width, and  
98 perimeter. Depending on factors such as the child's age, dental arch development, and  
99 cooperation level the clinician can choose appropriate space maintainer. After using the term  
100 "Space maintenance", in 1941, JC Brauer went on to explain that space maintainer as the  
101 process of preserving a space in the mouth that had previously been filled with one or more  
102 teeth<sup>(11)</sup>. Space maintainers are generally categorized into removable and fixed types.  
103 Removable maintainers offer the advantage of being functional and easy to clean, simplifying  
104 hygiene maintenance. As patient cooperation plays a major role in space maintainers which  
105 can be challenging with younger children, fixed space maintainers are often preferred<sup>(12)</sup>.  
106 Commonly used fixed unilateral space maintainers include the band-loop (BL) and its  
107 modifications, crown and loop (CL), lingual arch (LA), Nance arch (NA), and transpalatal bar  
108 (TB)<sup>(13)</sup>. The conventional space maintainers usually consists of metallic band banded to the  
109 abutment tooth and a loop/wire design soldered to the band.

110 In this study, we have designed the appliance fabrication in CAD-CAM technology.  
111 CAD/CAM milling/machining technology is a digital technique in which different complex  
112 shapes, crowns, frameworks, or working models are fabricated by grinding resin blocks to  
113 achieve the desired geometry, designed by the CAD software<sup>(14)(15)</sup>.

114 The first system introduced was developed by Duret and colleagues in 1971, but was not  
115 widely used, mostly because of the lack of accuracy of digitizing, computer power ,  
116 materials, etc<sup>(16)</sup>.The CAD/CAM process can be divided into three different steps: data  
117 acquisition, indirect restoration design and construction of the prosthesis itself<sup>(17)</sup>. Each step  
118 requires special care to optimize the results. In addition, it is important to emphasize that the  
119 steps work independently, although the images captured will determine the construction of  
120 the digital model, making it possible to design the appliance to be built<sup>(18)</sup>. In recent years,  
121 CAD/CAM technology has expanded the options for dental prosthetic materials, offering  
122 access to new, highly reliable ceramic materials. The stability of zirconium oxide ceramics

123 makes it a viable alternative to metal frameworks for permanent prostheses in many clinical  
124 applications<sup>(19)</sup>.

125 The present clinical report describes the use of CAD/ CAM metal-free milled PMMA. A study  
126 conducted by Rodrigues et al in 2022 introduced a fully digital workflow for manufacturing  
127 fixed esthetic space maintainers in growing patients and he reported satisfactory patient  
128 cooperation with minimal chairside adjustment and lower cost. Improved time efficacy and  
129 possibility of immediate replacement in case of fracture or failure was additional benefit of  
130 this space maintainer<sup>(20)</sup>.

131 The results of this study align with the findings of Guo et al. (2020), who conducted a  
132 comparative analysis of the fit accuracy of space maintainers manufactured using two  
133 different methods: milling PMMA and conventional techniques<sup>(21)</sup> and concluded that  
134 digitally designed and integrated Removable Space maintainers were found to be superior to  
135 those produced using the conventional method<sup>(22)</sup>. In this case report, we have found better  
136 patient acceptance and lesser chair side time, patient and parent acceptance was higher  
137 comparing to the conventional stainless steel space maintainer. The cost of the PMMA was  
138 similar to stainless steel space maintainer which makes it more affordable comparing to the  
139 other materials which is used for fabrication of digitainer like PEEK, Bruxzir etc. Long term  
140 follow ups are necessary to conform these results and other possible benefits over a longer  
141 period of time.

## 142 **CONCLUSION**

143 The present study proposes a fully digital framework for creating pediatric unilateral space  
144 maintainers. The feasibility of integrating intraoral scanning, generative design, finite element  
145 analysis, and additive manufacturing to provide customized and personalized solutions was  
146 verified. The proposed methodology demonstrated to be a promising approach to improve  
147 patient-specific treatments with the aim of enhancing adaptability, hygiene, and patient  
148 comfort<sup>(23)</sup>.

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