



DIGITAL SMILE DESIGNING- AN INNOVATIVE PATH TO THE BIRTH OF A SMILE RUNNING TITLE- DIGITAL SMILE DESIGNING

Dr. Lalitagaauri Mandke	BDS, MDS, Professor, Department of Conservative Dentistry and Endodontics, D Y Patil University School of Dentistry, Nerul, Navi Mumbai, Maharashtra, India.
Dr. Mansi Vandekar	BDS, MDS, Head of the Department, Department of Conservative Dentistry and Endodontics, D Y Patil University School of Dentistry, Nerul, Navi Mumbai, Maharashtra, India.
Dr. Sumita Bhagwat	BDS, MDS, Professor, Department of Conservative Dentistry and Endodontics, D Y Patil University School of Dentistry, Nerul, Navi Mumbai, Maharashtra, India.
Dr. Rajni Khatri	BDS, MDS Final-year Student, Department of Conservative Dentistry and Endodontics, D Y Patil University School of Dentistry, Nerul, Navi Mumbai, Maharashtra, India.
Dr. Pooja Chadchan	BDS, MDS Final-year Student, Department of Conservative Dentistry and Endodontics, D Y Patil University School of Dentistry, Nerul, Navi Mumbai, Maharashtra, India.
Dr. Neha Talreja	BDS, MDS Second-year Student, Department of Conservative Dentistry and Endodontics, D Y Patil University School of Dentistry, Nerul, Navi Mumbai, Maharashtra, India.

ABSTRACT

The art and science of aesthetic dentistry lies in reconnecting with nature to develop tools to imitate and reconstruct the variations of teeth found in natural beauty and provide patients with a resplendent smile, which they deserve. Developments are occurring in various fields, and no stone is being left unturned in the field of dentistry to design smiles according to the personal and idiosyncratic restorative and cosmetic needs of the patients. Digital Smile Designing has revolutionized the way dentists approach aesthetic and restorative treatments. It not only improves clinical outcomes but also enhances patient confidence and satisfaction. By integrating digital imaging, CAD/CAM technology, and artificial intelligence, DSD improves the predictability and efficiency of smile makeover procedures. With continuous advancements in dental technology, DSD is set to become a standard in modern dental practice, providing a seamless blend of art and science for the perfect smile. This article focuses on the evolution of smile designing from a historical point of view and highlights advances in the development of dental research and clinical intervention.

KEYWORDS : Digital smile designing, dental aesthetics, 3D concept

INTRODUCTION

The smile is the gateway to a person's beauty. With the increase in demand for highly customised care in today's era of aesthetic dentistry, a dentist must use tools that can enhance diagnostic abilities, facilitate team communication, and establish reliable processes for both smile design and treatment.

Digital Smile Design (DSD) has reinvented dentistry by presenting an overarching and groundbreaking methodology for restorative practices.

According to Coachman and Calamita, DSD is a multipurpose conceptual tool that can help with diagnostic vision, communication, and treatment predictability by enabling meticulous examination of the patient's facial and dental features that might have been missed by clinical, photographic, or diagnostic cast-based evaluation procedures. [1]

The Digital Smile Design (DSD) concept helps patients understand the potential solutions, educates them on the benefits of treatment, and encourages greater acceptance of the proposed plan. DSD is a digital approach that enables the creation and visualization of a new smile design, offering a simulation of the anticipated outcome before the treatment begins. [2]

Goals of DSD- [3]

1. Enhancing the smile design process by making the patient a co-creator of their smile, integrating morphopsychology for a more individualized approach.
2. Establishing a communication protocol that ensures continuous and effective interdisciplinary collaboration in dentistry.
3. Enhancing the perceived value of dental treatments and fostering higher case acceptance by utilizing the Emotional Dentistry approach.
4. Incorporating technology to enhance clinical procedures, making them more efficient and predictable, and ensuring the final result aligns closely with the original design presented to the patient.

Evolution of Smile Designing-

In the past two decades, smile designing has undergone a significant transformation. This evolution has seen the shift from basic 2D designs to highly detailed and dynamic 3D models, offering greater accuracy, customization, and a more refined approach to creating perfect smiles.

The digital approach offers the flexibility to make changes effortlessly, allowing designs to be adjusted and refined as needed, ensuring the final result perfectly balances the patient's aesthetic desires and functional requirements. [2]

Christian Coachman in 2017 has proposed this evolution in generations as: [4]

Generation 1- Analogue drawings over photos and no connection to the analogue model.

In earlier times, smile design was done by manually drawing over printed photographs to help visualize the anticipated outcome. However, these hand-drawn sketches were disconnected from the patient's physical study model, making it difficult to align them with the true anatomical details.

Generation 2- Digital 2D drawings and visual connection to the analogue model. With the advent of digital tools like PowerPoint, 2D digital drawings became a more efficient and accurate alternative to hand drawing. These designs could be overlaid onto the study model for better visualization, but there was still no direct physical integration.

Generation 3- Digital 2D drawings and analogue connection to the model.

This was the first step toward bridging the digital and analogue worlds in dentistry. 2D digital smile designs could be linked with 3D wax-ups. Facial integration with the smile design was also introduced, providing a more holistic approach. However, the connection to a fully integrated 3D digital workflow was still missing.

Generation 4- Digital 2D drawings and digital connection to the 3D model.

This marked the transition from 2D to 3D in digital dentistry. 3D digital wax-ups were now possible, incorporating facial integration and predefined aesthetic parameters for a more accurate and personalized design.

Generation 5- Complete 3D workflow.

Generation 6- The 4D concept. Motion was introduced to the smile design process.

Requirements for DSD-

The DSD (Digital Smile Design) technique is carried out with a range of digital equipment that is now standard in dental practices. This includes a computer with specialized DSD software, a digital SLR camera, or even a smartphone. [5]

To complete the digital 3D workflow, additional technologies such as a digital intraoral scanner [6], a 3D printer, and CAD/CAM systems are incorporated. High-quality photographic documentation is indispensable, as it forms the basis for the comprehensive analysis of both facial and dental features. Furthermore, video documentation is essential for capturing the dynamic interaction of the teeth, gums, lips, and facial movements during actions like smiling, laughing, and speaking. This dynamic analysis ensures the integration of facially guided principles, allowing the smile design to be fully aligned with the patient's natural facial expressions and movements. This approach not only enhances the aesthetics of the smile but also ensures it complements the overall facial harmony.

Photography Protocol-

The correct photograph position can provide important information for aesthetic planning. [7]

High-quality precise images must be captured using correct posture and standardized techniques as they establish key facial reference lines, including the commissural lines, lip line, and interpupillary line. Poor-quality photography can distort these references, potentially resulting in an inaccurate diagnosis and flawed treatment planning. [8]

The following photographic views in fixed head position are necessary: [2]

1. Three frontal views:
 - Full face with a wide smile and the teeth apart
 - Full face at rest
 - Retracted view of the full maxillary and mandibular arch

with teeth apart.

2. Two profile views:

- Side profile at rest
- Side profile with a full smile

3. A 12 O'clock view with a wide smile and incisal edge of maxillary teeth visible and resting on lower lip.

4. An intra occlusal view of maxillary arch from second premolar to second premolar.

Videography Protocol-

According to Coachman [9], during videography, optimal framing and zoom should be set with appropriate exposure, and the focus should be centered on the mouth. To achieve the ideal development of a facially guided smile frame, four videos should be recorded from specific angles.

1. A facial frontal video with retractor and without retractor smiling,
2. A facial profile video with lips at rest and wide-E smile,
3. A 12 O'clock video above the head at the most coronal angle that still allows visualization of the incisal edge,
4. An anterior occlusal video to record maxillary teeth from second premolar to second premolar with the palatine raphe as a straight line.

Four complimentary videos should also be taken for facial, phonetic, functional and structural analysis.

Types of DSD Softwares-

A user's decision may be impacted by factors such as dentofacial aesthetics, ease of use, case documentation capabilities, cost-effectiveness, time efficiency, a well-organized digital workflow, and compatibility with CAD/CAM or other digital systems. [10]

Some of the softwares that can be used for digital smile design include-

- Photoshop (Adobe)
- Smile Designer Pro (SDP) (Tasty Tech Ltd)
- Aesthetic Digital Smile Design (ADSD - Dr. Valerio Bini)
- DSD App by Coachman (DSDApp LLC)
- Keynote (iWork, Apple, Cupertino, California, USA)
- NemoDSD (3D)
- Exocad DentalCAD

Advantages-

The focus on recent advancements in Digital Smile Design (DSD) is motivated by the integration of cutting-edge technology, enhanced precision, personalized patient experiences, interdisciplinary collaboration, increased efficiency, and continuous innovation.

A recent systematic review by Jain et al. [11] focused on DSD, underscoring the psychological, social, functional, and economic importance of dental aesthetics, emphasizing its impact on self-esteem, first impressions, chewing efficiency, and overall health.

Digital imaging and design allow patients to visualize the anticipated final results before treatment begins, enhancing the accuracy and predictability of the procedure. This approach not only helps in managing patient expectations but also increases their confidence and satisfaction with the treatment process. [12,13]

Extensive research has demonstrated that 3D digital planning enhances patient communication, increases workflow efficiency, and minimizes errors in prosthodontic procedures. Additionally, digital smile planning has been linked to reduced pain during and after surgery compared to traditional methods, leading to a more comfortable patient experience and superior treatment outcomes. [11]

The digital workflow-

Advanced digital tools have revolutionized key clinical and laboratory processes by streamlining data acquisition, enhancing team communication, improving computer-assisted diagnostics, and optimizing treatment planning.

Digital smile analysis and design was first described in the early 2000s, [14-16] leading to the development of several computer programs for esthetic analysis. [17]

The six steps of the new complete digital workflow- [18]

Step 1- Patient digitalisation-

With the patient digitization tools available today:

- Intraoral scanners eliminate the need for intraoral photographs and impressions.
- Face scans eliminate the need for extra-oral photographs and provide a 3D image.
- Virtual articulators, overlapped with face photographs or scans, eliminate the need for analogue facebows and articulators.

The required digital files are 2D digital files which include images, 3D digital files which include scans, facial and mandibular movement records and texts/graphics.

The integration of a 3D face scan with CBCT, STL files, virtual articulators, and face and jaw movements offers a comprehensive view of functional, structural, and aesthetic factors, including the temporomandibular joint (TMJ), airway, and other key anatomical structures. [19]

Step 2- Cloud dentistry-

The advantages of consolidating patient data in the cloud include:

- Overcoming time and location barriers in interdisciplinary treatment planning.
- Enhancing evaluation, diagnosis, and treatment plans through global collaboration.
- Eliminating the need for in-person meetings.
- Accelerating information flow and improving collaboration with specialists and labs.
- Allowing patients to stay informed and involved in the process.

Step 3- Virtual treatment simulation-

Facially driven and interdisciplinarily integrated software platforms are the keys for modern digital dentistry.

As the team of specialists suggests treatment options, a 3D software expert team (Planning Center) translates these ideas into simulations to visualize prospective outcomes and their impact.

Step 4- Digital patient presentation and case acceptance-

The sequence includes-

1. The Emotional Journey- It is implemented through virtual smile simulations, a real motivational mock-up experience as well as visual presentation skills and technologies such as 'before' and 'after' images, scans, personal device apps, technologies, and others.
2. The Problems Journey- The clinician must explain the issues, if any to the patient.
3. The Solutions Journey - In this step, all treatment simulations are used to engage the patient with the solutions toward a full understanding of the reason and benefit of each treatment procedure.
4. The Financial Journey
5. and 6.- Guided dentistry and digital quality control- These steps help the team to deliver the treatment in the best possible manner.

Limitations-

1. Inadequacy in photographic and video documentation may distort the reference image and may result in an

incorrect diagnosis and planning. [8]

2. For complete 3D digital work flow, 3D softwares with updates, intraoral scanner, 3D printer and CAD/CAM are required which makes it economically expensive.
3. Training and handling for certain software are necessary which further increases time and cost. [20]

Future outlook-

Advancements in digital imaging and software tools used in DSD are expected as technology continues to evolve. These advancements may include high- resolution imaging, enhanced software capabilities and integration of augmented and virtual reality. [21]

There also is a possibility of incorporating 4D concept in which motion can be added to the smile design concept. [4]

CONCLUSION

Digital Smile Designing (DSD) enhances precision, customisation, and patient satisfaction in modern dentistry. As the technology evolves, by leveraging advanced imaging and 3-D simulations, DSD will continue to redefine aesthetic and restorative dentistry, making personalised smiles more achievable.

REFERENCES

1. Coachman, C., & Calamita, M. (2012). Digital smile design: A tool for treatment planning and communication in aesthetic dentistry. *Quintessence Dental Technology*, 35, 103-111.
2. Jafri, Z., Ahmad, N., Sawai, M., Sultan, N., & Bhardwaj, A. (2020). Digital smile design—An innovative tool in aesthetic dentistry. *Journal of Oral Biology and Craniofacial Research*, 10, Article 10.1016/j.jobcr.2020.04.010.
3. Coachman, C., Yoshinaga, L., Calamita, M., & Sesma, N. (2014). Digital smile design concepts. *The Technologist*. Apostila DSD. Retrieved from <https://www.digitalsmiledesign.com>
4. Evolution of Smile Design. (n.d.). Digital Smile Design. Retrieved February 15, 2020, from <https://media.digitalsmiledesign.com/christian-coachman-thoughts/smile-design-evolution>
5. Daher, R., Ardu, S., Vjero, O., & Krejci, I. (2018). 3D digital smile design with a mobile phone and intraoral optical scanner. *Compendium of Continuing Education in Dentistry*, 39(6), e5-e8.
6. Aragón, M. L., Pontes, L., Bichara, L., Flores-Mir, C., & Normando, D. (2016). Validity and reliability of intraoral scanners compared to conventional gypsum models measurements: A systematic review. *European Journal of Orthodontics*, 38, 429-434.
7. Goodlin, R. (2011). Photographic-assisted diagnosis and treatment planning. *Dental Clinics of North America*, 55(2), 211-227. <https://doi.org/10.1016/j.cden.2011.02.001>
8. Zanardi, P. R., Zanardi, R. L., Stegun, R. C., Sesma, N., Costa, B. N., & Laganá, D. C. (2016). The use of the digital smile design concept as an auxiliary tool in aesthetic rehabilitation: A case report. *Open Dentistry Journal*, 10, 28.
9. Coachman, C., Calamita, M. A., & Sesma, N. (2017). Dynamic documentation of the smile and the 2D/3D digital smile design process. *International Journal of Periodontics and Restorative Dentistry*, 37(2), 183-193.
10. Omar, D., & Duarte, C. (2018). The application of parameters for comprehensive smile aesthetics by digital smile design programs: A review of literature. *Saudi Dental Journal*, 30(1), 7-11.
11. Jain, A., Bhushan, P., Mahato, M., et al. (2024). The recent use, patient satisfaction, and advancement in digital smile designing: A systematic review. *Cureus*, 16(6), e62459. <https://doi.org/10.7759/cureus.62459>
12. Fan, F., Li, N., Huang, S., & Ma, J. (2019). A multidisciplinary approach to the functional and aesthetic rehabilitation of dentinogenesis imperfecta type II: A clinical report. *The Journal of Prosthetic Dentistry*, 122(2), 95-103.
13. Ahlberg, D., Lauer, H. C., Ahlberg, M., & Weigl, P. (2016). Evaluation of fit and efficiency of CAD/CAM fabricated all-ceramic restorations based on direct and indirect digitalization: A double-blinded, randomized clinical trial. *Clinical Oral Investigations*, 20(2), 291-300.
14. Ackerman, M. B., & Ackerman, J. L. (2002). Smile analysis and design in the digital era. *Journal of Clinical Orthodontics*, 36(4), 221-236.
15. Sulikowski, V., & Yoshida, T. (2001). Clinical and laboratory protocol for porcelain laminate restorations on anterior teeth. *Quintessence Dental Technology*, 24, 8-22.
16. McLaren, E. A., Garber, D. A., & Figueira, J. (2013). The Photoshop smile design technique (Part 1): Digital dental photography. *Compendium of Continuing Education in Dentistry*, 34, 772-776.
17. Zimmermann, M., & Mehl, A. (2015). Virtual smile design systems: A current review. *International Journal of Computerized Dentistry*, 18, 303-317.
18. Coachman, C., et al. (2021). The complete digital workflow in interdisciplinary dentistry. *The International Journal of Esthetic Dentistry*, 16(1), 34-49.
19. Joda, T., & Gallucci, G. O. (2015). The virtual patient in dental medicine. *Clinical Oral Implants Research*, 26, 725-726.
20. Meeres, C. T., De Souza, G. B., Albino, L. G., Ogliari, F. A., Piva, E., & Lima, G. S. (2016). Digital smile design for computer-assisted aesthetic rehabilitation: Two-year follow-up. *Operative Dentistry*, 41(1), E13-E22.
30. Alharkan, H. M. (2024). Integrating digital smile design into restorative dentistry: A narrative review of the applications and benefits. *The Saudi Dental Journal*, 36(4), 561-567. <https://doi.org/10.1016/j.sdentj.2023.12.014>