

Advancements in AI applications for orthodontic diagnosis, treatment planning, and monitoring

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Abstract

Aim: This paper explores the transformative role of artificial intelligence (AI) and deep learning (DL) in orthodontics, focusing on diagnostic precision, treatment planning, and monitoring, as well as its impact on cephalometry, aligner design, and airway assessment. **Materials and Methods:** A systematic review of English-language studies published from January 2013 to December 2023 was conducted across four significant databases—PubMed, Scopus, and Web of Science. The studies were selected based on their relevance to AI's role in orthodontic diagnosis, treatment planning, and monitoring. Inclusion criteria focused on human subjects, AI integration in orthodontics, and comparisons between AI-based and manual approaches while excluding non-original studies, animal research, and articles not in English. **Results:** AI, mainly through DL, has significantly enhanced orthodontic practices. AI-driven tools now automate complex tasks such as cephalometric tracing, 3D skeletal analysis, and airway volume assessment, achieving accuracy rates comparable to manual methods. AI also plays a critical role in transparent aligner design and orthodontic treatment monitoring, ensuring more personalized

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and efficient care. However, the integration of AI remains supportive rather than replacing clinical expertise. **Conclusions:** AI and DL are revolutionizing orthodontics by improving diagnostic accuracy, treatment planning, and patient monitoring. Despite its capabilities, AI is not a replacement for human expertise, and its effectiveness is maximized when paired with clinician judgment. Continued advancements in AI will likely yield even greater precision and patient satisfaction in orthodontic care.

Keywords: Cone beam computed tomography (CBCT), Artificial intelligence (AI), Cephalometry, Orthodontics, technology

Introduction

Digital systems have revolutionized orthodontics, introducing technologies like cone beam computed tomography (CBCT), intraoral scanners, and software powered by artificial intelligence (AI) (1–18). These tools, enhanced by deep learning (DL), have transformed how orthodontic professionals diagnose, plan treatments, and monitor progress, enabling unprecedented precision and efficiency (19–44). DL, a subset of AI, enables computers to mimic the brain's ability to process data, recognizing patterns in images, text, and other inputs to make predictions and deliver accurate information (45–47,47–59). In orthodontics, AI is integrated into various workflows to improve diagnosis, treatment planning, growth assessment, treatment progress monitoring, and long-term follow-up. Importantly, AI is a tool to enhance, not replace, human decision-making. Clinicians must remain the ultimate decision-makers, blending AI's capabilities with their expertise. Cephalometry, the analysis of craniofacial structures using radiographs, has benefited significantly from AI. Traditionally performed manually on 2D lateral telerradiographs, AI has enhanced cephalometric tracing, which allows for automatic identification of cephalometric points (CPs). Recent advancements include the application of AI to 3D cephalometric analyses, using CBCT scans to provide a more comprehensive understanding of skeletal relationships. AI-driven software can automatically position CPs, measure angles and distances, and segment skeletal structures and teeth. Studies show that AI achieves an accuracy of 88–92% in CP positioning, comparable to manual efforts (60–69,69–72,72–76). The application of AI in this domain simplifies complex processes, enhances diagnostic accuracy, and accelerates treatment planning, particularly in cases involving maxillofacial surgery. Three-dimensional cephalometry involves analyzing skeletal relationships on 3D renderings of the skull derived from CBCT scans (77–95). AI plays a crucial role in automating the placement of CPs and providing real-time skeletal diagnoses. While 3D analysis offers more detailed insights into craniofacial structures than traditional methods, the lack of standardized comparative values remains a limitation (96–107). AI and machine learning (ML) actively address this gap, enabling the automated interpretation of skeletal

malocclusions and other anomalies. AI-driven software is also pivotal in orthognathic case design. It assists in segmenting skeletal tissues, adjusting cephalometric values in real-time, and planning surgical osteotomy cuts (108–122). In airway assessment, AI facilitates automated segmentation of airway structures, significantly reducing the time and variability associated with manual segmentation (50,123–133). This capability is vital for evaluating airway volume changes during orthodontic or surgical treatments, ensuring functional stability. AI has also enhanced the development and design of transparent aligners (134–149). Using DL and big data; aligner software can plan orthodontic movements step-by-step for malocclusion correction. Some systems even offer clinical simulations, allowing patients to visualize potential treatment outcomes through smartphone apps. This previsualization fosters patient engagement and confidence in treatment plans. Moreover, AI classifies teeth (permanent versus primary) and predicts eruption patterns, enabling more precise aligner designs (150–156,156,157,157). It automates tooth segmentation using digital scans in dicom or .stl file formats, improving treatment accuracy. Airway assessment is another area where AI has had a profound impact. Orthodontic treatments and surgeries often alter oral and pharyngeal structures, necessitating careful evaluation of airway volume before and after interventions. AI-based software can quickly and accurately calculate airway changes, accommodating the impact of soft tissue flexibility on structural stability. Automated segmentation streamlines this process, making it less time-consuming and more consistent across clinicians (123,127,158–166,166–186,186–189,189–192,192–195).

While AI has transformed orthodontics, challenges remain. The technology depends heavily on the quality and quantity of data fed into algorithms. A lack of standardized values for specific analyses, particularly in 3D cephalometry, hinders widespread adoption. Additionally, while AI significantly reduces manual workload, clinicians must use these tools effectively, maintaining their critical decision-making role (129,196–218,218–222,222–227,227–233,233,233–245,245–252,252–258,258–260,260,261). Integrating AI and DL into orthodontics has revolutionized the field, enhancing diagnostic precision, treatment planning, and patient monitoring. From automated cephalometric tracing to transparent aligner design and airway analysis, AI empowers clinicians to deliver more effective and personalized care (262–271). However, balancing technological advancements with human expertise is crucial, ensuring that AI remains a supportive tool rather than a replacement for clinical judgment (73,109,161,193,272). As AI technologies evolve, orthodontics is poised to achieve even greater efficiency, accuracy, and patient satisfaction (128,273,274,274–287,287–297,297–300).

Materials and methods

Four significant databases were consulted to identify relevant studies: PubMed, Scopus, and Web of Science. The search focused on English-language articles

published between January 2013 and December 2023, using “artificial intelligence” and “orthodontics.” These terms were selected to narrow the analysis to the impact of artificial intelligence on orthodontic diagnosis, treatment planning, and monitoring. The inclusion criteria required studies to meet specific standards: they had to involve human subjects, be available in full-text format, and evaluate the positive effects of AI on orthodontic diagnosis, treatment planning, and monitoring. The research adhered to a straightforward framework involving a population of human subjects, interventions related to orthodontic practices, comparisons between manual and AI-based approaches, and outcomes focused on effectiveness before and after treatment. Exclusion criteria included articles not written in English, ineligible research designs, irrelevant outcome measures, studies involving unsuitable populations, animal studies, case reports, and non-original reviews. Manual searches were also performed alongside digital database searches to ensure a more comprehensive selection. The selection process was conducted independently by two reviewers. Any discrepancies between them were resolved through discussion and, if needed, with the involvement of a third reviewer. Duplicates and articles not meeting the criteria were documented with the reasons for exclusion. For each included study, data were organized using a structured electronic form that recorded information such as the authors, publication year, the type of artificial intelligence applied, the materials and methods used, and the results obtained. This rigorous and systematic approach enabled the identification and thorough evaluation of the most relevant studies on the use of AI in orthodontics, highlighting the strengths and limitations of the available research and providing a robust foundation for reliable interpretations and conclusions.

Discussion

Accurate diagnosis is fundamental in orthodontics, shaping treatment planning and outcomes. AI-powered diagnostic tools have gained increasing recognition. A deep convolutional neural network (DCNN)--based model was developed to analyze sagittal skeletal relationships using cephalometric images. When compared to automated tracing AI programs, it demonstrated superior classification performance (34,124,126,301–307,307–317).

Similarly, convolutional neural networks (CNNs) have been employed to evaluate the impact of orthognathic therapy on facial attractiveness and age perception, with results showing significant improvements in appearance and reductions in perceived age post-treatment. Additional CNN models, such as ResNet, have achieved high accuracy in orthognathic surgery planning, highlighting AI's potential to enhance clinical decision-making. Skeletal maturity assessment plays a critical role in optimizing treatment timing (265,267). AI-based systems have been developed for skeletal maturity indicators, integrating automated region detection, evaluation, and stage mapping, and have been found to perform reliably and efficiently in clinical

applications (5,9,11,15,15,77,84,87,192,202,234,318–333). Machine learning has also been applied to predict mandibular growth from cephalometric data, achieving accurate predictions across various algorithms. These advancements underscore AI's expanding role in diagnosing and predicting craniofacial development, streamlining processes previously dependent on manual methods. The identification of anatomical landmarks in lateral cephalograms is vital for computerized analysis. AI has facilitated accurate and automated evaluations, achieving diagnostic accuracy comparable to that of orthodontists (334–342). Comparisons between manual tracing and AI software revealed no significant differences, with DL models producing similar results and low radial errors. AI-powered tools have demonstrated precision across multiple datasets, proving their value in diagnosis and workflow optimization. However, manual oversight is often necessary to achieve optimal results despite significant progress. Studies comparing AI-driven software solutions found that combining automated analysis with expert adjustments produces clinically acceptable outcomes. These findings highlight the importance of human expertise in conjunction with AI to achieve consistent, high-quality results. Cervical vertebral maturation assessment is essential in orthodontic treatment planning, and custom CNN models have achieved high accuracy in classifying CVM stages. Enhanced models that incorporate feature extraction and age inputs further improve classification performance. Studies comparing various algorithms have identified consistent results with neural network-based approaches, with specific CNN architectures achieving over 90% accuracy. DL techniques have also enhanced bone age assessment, reducing subjectivity and improving diagnostic consistency. While challenges such as image quality variability and dataset diversity remain, AI has shown significant promise in automating CVM evaluations and improving diagnostic objectivity. AI is also transforming orthodontic treatment planning. Predictive ML models with high accuracy have been developed to determine treatment needs, including jaw-base classification and extraction decisions. These models reduce variability in treatment planning, allowing for more standardized and evidence-based decisions. Studies employing neural networks and other ML algorithms have demonstrated their effectiveness in predicting extraction decisions, highlighting AI's role in improving consistency and reducing practitioner bias. In orthognathic surgery planning, ML models have achieved high classification accuracy for skeletal discrepancies, further validating AI's ability to support individualized treatment strategies. Treatment monitoring is another area where AI is making significant strides. AI-driven systems automate the tracking of orthodontic progress, offering greater precision and efficiency. Integrating AI with intraoral scans and CBCT imaging makes continuous monitoring more effective, improving treatment outcomes and patient satisfaction. AI has also enhanced remote monitoring, particularly for precise aligner therapy, allowing deviations from planned treatments to be detected and addressed promptly. Additionally, AI applications extend to evaluating treatment impact on facial aesthetics,

providing objective measures of attractiveness and age perception. These innovations illustrate AI's dual focus on functionality and aesthetics in orthodontics, emphasizing its role in advancing patient care.

Conclusions

Integrating AI and DL into orthodontics has revolutionized the field, enhancing diagnostic accuracy, treatment planning, and monitoring. AI automates tasks traditionally performed manually, such as cephalometric analysis and skeletal maturity assessments, offering precision comparable to experienced orthodontists while saving time and effort. In cephalometric analysis, AI systems simplify the identification of anatomical landmarks, analyze craniofacial structures, and provide insights for surgical planning, especially in 3D imaging with CBCT scans. However, challenges like the lack of standardized values in 3D analyses highlight areas for improvement. AI's role in skeletal maturity assessment is equally transformative, providing reliable tools for predicting mandibular growth and optimizing treatment timing. Automated systems reduce variability and improve decision-making but depend heavily on high-quality datasets, requiring further refinement to address image quality and data diversity challenges. AI also enhances treatment planning, offering predictive models to standardize decisions like extractions or surgical interventions. These tools reduce variability and practitioner bias, supporting evidence-based strategies. In orthognathic surgery planning, AI's ability to classify skeletal discrepancies and personalized treatment demonstrates its potential to improve outcomes. Clinicians remain essential in interpreting and adapting AI outputs to individual cases. AI automates progress tracking in treatment monitoring, especially in precise aligner therapy, by detecting deviations and ensuring better compliance. Remote monitoring tools and aesthetic evaluations integrate functionality with patient-centered care, improving outcomes and satisfaction. Despite its transformative potential, AI in orthodontics faces challenges, including reliance on high-quality data, variability in imaging standards, and the ongoing need for clinician oversight. AI is best viewed as a supportive tool that augments, rather than replaces, human expertise. As these technologies evolve, they promise to deliver even greater precision, efficiency, and personalization, advancing orthodontics while maintaining the critical role of the clinician.

Abbreviations

AI: artificial intelligence
CBCT: cone beam computed tomography
CNN: convolutional neural networks
CPs: cephalometric points
CVM: Cervical vertebral maturation
3D: three dimensional
DCNN: deep convolutional neural network
2D: two dimensional

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Data is contained within the article.

Conflicts of Interest

The Authors declare no conflict of interest.

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