

Influence of different 3D printing technologies on the accuracy of working casts fabrication: an in vitro study



Authors: García Gil, Ignacio; López Suárez, Carlos; Rodríguez Alonso, Verónica; Peláez Rico, Jesús; Suárez García María J. University: Research Group 911573. Department of Conservative Dentistry and Prosthodontics. Complutense University of Madrid.

Introduction & Objectives:

In recent years the development of new technologies has invaded all areas of dentistry, in particular, in prosthodontics with the development of CAD/CAM, new materials and subtractive technologies. This subtractive technology has multiple applications: temporary fixed prostheses, splints, diagnostic or treatment casts. For this reason, the aim of this in *vitro* study was to measure the influence of the type of 3D printer, the different printing orientations and the internal thickness of the cast on the accuracy (trueness and precision) of treatment casts.

Methodology: Starting from an upper jaw cast with preparation for a posterior crown and an anterior fixed prosthesis, a STL 0 (standard tessellation language) 0 is obtained, using a laboratory scanner (T710; Medit, Seoul, South Korea). 144 casts are



printed, with a SLA (stereolithography) printer (n=72) and with a DLP (direct light processing) printer (n=72). Six groups were created per printer, depending on the printing orientation $(0^{\circ},$ 10° , 20°) and the internal thickness of the cast (2 and 4 mm). Once the casts were printed, they were scanned using the same laboratory scanner to obtain an STL. Each of these STLs is overlaid with STL 0 to analyze discrepancies between them by RMS (root mean square) using Geomagic X v.2017 software. Data were statistically analyzed using the Kruskal Wallis test to evaluate trueness, and precision was evaluated using Levene's test ($\alpha = 0.05$).

Results: Trueness of both printers was (0.0739 mm - 0.1947 mm). In DLP, group 3 had the highest mean trueness value (0.131 ± 0.0276) , while group 1 had the lowest value $(0.145 \pm$ 0.0497mm). In SLA, G8 (0.116 \pm 0.0421) had the highest, while G12 (0.151 \pm 0.0424) had the lowest. No statistically Trueness significant differences (p<0.05) were found when analyzing trueness and precision.

Conclusions: Impression orientation in the range of 0 to 20 degrees and cast thickness from 2 to 4mm did not influence the overall accuracy of the DLP and SLA master casts.



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	0°	10°	20°	0°	10°	20°
mess	2mm	0° (n=12) 10° (n=12) 20° (n=12)	(G1)) (G2)) (G3)	2mm	0° (n=12) (10° (n=12) 20° (n=12)	G7) (G8) (G9)
	4mm	0° (n=12) 10° (n=12) 20° (n=12)	(G4) 2) (G5) 2) (G6)	4mm	0° (n=12) 10° (n=12) 20° (n=12)	(G10)) (G11)) (G12)

Extraoral scan of printed cast, with laboratory scanner and overlay of the STL of each printed STL with STL 0

3D analysis of accuracy (trueness and precision) software Geomagic X

1st measurement - discrepancy global of the cast (RMS)

Thickness				
DLP printer	SLA printer			
Discrepancy G1 - G4	Discrepancy G7 - G10			
Discrepancy G2 - G5	Discrepancy G8 - G11			
Discrepancy G3 - G6	Discrepancy G9 - G12			

Print orientation					
DLP printer	SLA printer				
Discrepancy G1, G2, G3 Discrepancy G4, G5, G6	Discrepancy G7, G8, G9 Discrepancy G10, G11, G12				





2nd measurement - points marked in cast (RMS, the X, Y and Z axis)

Precision: is the standard deviation (SD) of the RMS



Conclusion 7

Results

1. Dental casts to manufacture fixed prostheses on teeth, with these DLP and SLA printers offer clinically acceptable accuracy results. Furthermore, there are no statistically significant differences in accuracy of the models printed with DLP vs SLA.





