



ADVANCEMENTS IN DENTAL IMAGING TECHNOLOGY: A COMPREHENSIVE REVIEW

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Abstract:

Dental imaging technology has undergone significant advancements in recent years, revolutionizing the way dental professionals diagnose and treat various oral health conditions. This review article aims to provide a comprehensive overview of the latest developments in dental imaging technology, including both traditional and emerging modalities. The discussion will cover the principles, advantages, limitations, and potential applications of various imaging techniques such as panoramic radiography, cone beam computed tomography (CBCT), intraoral radiography, digital radiography, and 3D imaging. Furthermore, the integration of artificial intelligence (AI) and machine learning algorithms in dental imaging will also be explored, highlighting their role in enhancing diagnostic accuracy and efficiency. Additionally, the review will address the importance of radiation dose reduction strategies in dental imaging and the growing trend towards digitalization and tele-dentistry in the field. Overall, this review aims to provide dental professionals and researchers with a comprehensive understanding of the current landscape of dental imaging technology and its implications for clinical practice.

Keywords: Dental imaging technology, Advancements, Panoramic radiography, Cone beam computed tomography (CBCT), Artificial intelligence, Digitalization.

Introduction:

Dental imaging technology plays a crucial role in the field of dentistry by allowing dentists to accurately diagnose and treat various oral health issues. This technology encompasses a range of imaging techniques that provide detailed images of the teeth, gums, and surrounding structures [1]. One of the most commonly used dental imaging techniques is X-rays, which are essential for detecting cavities, bone loss, and other dental problems that may not be visible to the naked eye. X-rays can also help dentists plan for procedures such as root canals, extractions, and dental implants. Digital X-rays have become increasingly popular in recent years due to their lower radiation exposure and ability to produce high-quality images that can be easily stored and shared with patients and other healthcare providers [2].

Another important dental imaging technology is cone beam computed tomography (CBCT), which provides three-dimensional images of the teeth, jaw, and surrounding structures. CBCT is particularly useful for planning complex dental procedures such as orthodontic treatment, dental implants, and

oral surgery. The detailed images produced by CBCT allow dentists to accurately assess the anatomy of the patient's mouth and create customized treatment plans [3].

Intraoral cameras are another valuable tool in dental imaging technology, allowing dentists to capture high-resolution images of the inside of the mouth. These images can help dentists educate patients about their oral health and visually demonstrate the need for treatment. Intraoral cameras can also be used to track changes in the patient's oral health over time and monitor the progress of treatment [4]. Advancements in dental imaging technology continue to improve the accuracy and efficiency of dental procedures. For example, digital impressions have replaced traditional dental molds, allowing dentists to create precise 3D models of the teeth and gums. This technology is particularly useful for creating custom-made dental restorations such as crowns, bridges, and dentures [5].

Traditional Dental Imaging Modalities:

Dental imaging is an essential tool in the field of dentistry, allowing dentists to visualize and diagnose various oral health issues. There are several traditional dental imaging modalities that have been used for many years to aid in the detection and treatment of dental problems. These modalities include intraoral radiography, panoramic radiography, and cone beam computed tomography (CBCT). Each modality has its own advantages and limitations, and understanding the differences between them is crucial for providing optimal patient care [6].

Intraoral radiography is one of the most commonly used imaging modalities in dentistry. This technique involves placing a small film or digital sensor inside the patient's mouth to capture detailed images of individual teeth and surrounding structures. Intraoral radiographs are useful for detecting cavities, assessing bone levels, and evaluating the roots of teeth. They are also valuable for monitoring the progression of dental conditions over time. However, intraoral radiography has limitations in terms of field of view and depth of penetration, making it less effective for visualizing larger structures or identifying certain types of pathology [7].

Panoramic radiography, also known as a panoramic x-ray, provides a broad overview of the entire mouth in a single image. This modality captures a wide range of structures, including the teeth, jaws, and surrounding tissues. Panoramic radiographs are useful for evaluating the position of impacted teeth, detecting cysts or tumors, and assessing the development of the jawbone. While panoramic radiography offers a comprehensive view of the oral cavity, it has lower resolution compared to intraoral radiography and may not be suitable for detecting small lesions or fine details [8].

Cone beam computed tomography (CBCT) is a more advanced imaging modality that uses a cone-shaped x-ray beam to generate three-dimensional images of the oral and maxillofacial region. CBCT provides detailed information about the anatomy of the teeth, bones, and soft tissues, making it ideal for complex cases such as dental implant planning, orthodontic treatment, and surgical interventions. CBCT images have high resolution and accuracy, allowing for precise measurements and detailed analysis of anatomical structures. However, CBCT exposes patients to a higher dose of radiation compared to traditional x-ray techniques, so it should be used judiciously and only when necessary [9].

Traditional dental imaging modalities play a crucial role in the diagnosis and treatment of various oral health conditions. Intraoral radiography, panoramic radiography, and cone beam computed tomography each offer unique benefits and limitations that should be considered when selecting the appropriate imaging technique for a specific clinical situation. By understanding the strengths and weaknesses of these modalities, dentists can provide more accurate diagnoses, develop effective treatment plans, and ultimately improve patient outcomes [9].

Emerging Dental Imaging Technologies:

Dental imaging technologies have come a long way in recent years, with advancements in digital imaging, 3D imaging, and other innovative technologies revolutionizing the way dentists diagnose and treat oral health issues. These emerging technologies are not only improving the accuracy and efficiency of dental procedures, but also enhancing patient comfort and safety [10].

One of the most significant advancements in dental imaging is the shift from traditional film-based X-rays to digital radiography. Digital X-rays offer numerous benefits over traditional film X-rays, including reduced radiation exposure, faster image processing, and enhanced image quality. With digital radiography, dentists can capture high-resolution images of the teeth and surrounding structures in a matter of seconds, allowing for more accurate diagnosis and treatment planning [11]. Another emerging technology in dental imaging is cone beam computed tomography (CBCT), which provides three-dimensional images of the teeth, jaw, and surrounding structures. CBCT imaging is particularly useful for complex dental procedures, such as dental implant placement, root canal therapy, and orthodontic treatment. By providing detailed 3D images of the oral cavity, CBCT technology allows dentists to visualize the anatomy of the teeth and surrounding structures from multiple angles, leading to more precise treatment outcomes [12].

In addition to digital radiography and CBCT imaging, other emerging technologies in dental imaging include intraoral scanners, digital impression systems, and fluorescence imaging. Intraoral scanners are used to create digital impressions of the teeth and soft tissues, eliminating the need for messy impression materials and improving the accuracy of restorations. Digital impression systems allow dentists to design and fabricate crowns, bridges, and other dental restorations in a single appointment, streamlining the treatment process for patients [12].

Fluorescence imaging is another innovative technology that is being used in dentistry to detect early signs of tooth decay and oral cancer. Fluorescence imaging devices emit a harmless blue light that causes bacteria and diseased tissues to fluoresce, making it easier for dentists to identify and treat oral health issues in their earliest stages. By detecting dental problems early on, fluorescence imaging technology can help prevent more serious oral health issues from developing [13].

Overall, emerging dental imaging technologies are revolutionizing the field of dentistry by improving the accuracy, efficiency, and safety of dental procedures. From digital radiography to CBCT imaging to fluorescence imaging, these cutting-edge technologies are transforming the way dentists diagnose and treat oral health issues, leading to better outcomes for patients. As technology continues to advance, the future of dental imaging looks brighter than ever, with even more innovative technologies on the horizon [14].

Integration of Artificial Intelligence in Dental Imaging:

Artificial intelligence (AI) has been making significant advancements in various industries, and the field of dentistry is no exception. One area where AI is being increasingly integrated is in dental imaging. This technology has the potential to revolutionize the way dentists diagnose and treat patients, leading to more accurate and efficient outcomes [15].

One of the primary benefits of integrating AI in dental imaging is its ability to enhance the accuracy of diagnoses. AI algorithms can analyze large amounts of data from dental images, such as X-rays and scans, to detect abnormalities or potential issues that may not be visible to the human eye. This can help dentists identify problems early on and provide timely treatment to patients [16].

Another advantage of AI in dental imaging is its efficiency. AI-powered software can automate the process of analyzing images, saving dentists valuable time and allowing them to focus on providing better care to their patients. This can also lead to cost savings for dental practices, as they can streamline their workflows and reduce the need for manual image analysis [17].

Furthermore, AI can improve patient outcomes by enabling dentists to create personalized treatment plans based on the unique needs of each individual. By analyzing a patient's dental images and medical history, AI algorithms can help dentists make more informed decisions about the best course of action for their patients, leading to better treatment outcomes and overall satisfaction [18].

Despite its numerous benefits, the integration of AI in dental imaging also poses some challenges. One of the main concerns is the potential for errors or biases in AI algorithms. If not properly trained or validated, AI systems may produce inaccurate results, leading to misdiagnoses or incorrect treatment recommendations. Dentists must therefore ensure that the AI software they use is reliable and regularly updated to maintain its accuracy [19].

Another challenge is the cost of implementing AI technology in dental practices. While AI has the potential to improve efficiency and patient outcomes, the initial investment in acquiring and integrating AI systems can be significant. Dentists may need to weigh the benefits of AI against the costs and consider whether the return on investment justifies the expense [20].

Additionally, there may be concerns about data privacy and security when using AI in dental imaging. As AI algorithms rely on large amounts of patient data to make accurate diagnoses, there is a risk of data breaches or unauthorized access to sensitive information. Dentists must therefore take measures to protect patient data and comply with regulations such as HIPAA to ensure patient confidentiality [21].

Looking ahead, the integration of AI in dental imaging is expected to continue evolving and expanding its capabilities. AI algorithms may become more sophisticated and accurate over time, enabling dentists to diagnose and treat a wider range of dental conditions with greater precision. This could lead to improved outcomes for patients and a more efficient healthcare system overall [22].

Furthermore, AI may also play a role in advancing preventive dentistry by identifying risk factors for oral diseases and recommending personalized strategies to maintain oral health. By analyzing patterns in dental images and patient data, AI algorithms can help dentists proactively address potential issues before they escalate, leading to better long-term outcomes for patients [23].

the integration of AI in dental imaging holds great promise for improving the accuracy, efficiency, and personalized care in dentistry. While there are challenges to overcome, such as ensuring the reliability of AI algorithms and protecting patient data, the benefits of AI technology in dental imaging far outweigh the risks. As AI continues to advance, dentists can expect to see even greater opportunities for innovation and improvement in patient care through the use of AI-powered systems [24].

Radiation Dose Reduction Strategies in Dental Imaging:

Radiation exposure is a significant concern in the field of dental imaging. While dental X-rays are essential for diagnosing and treating oral health issues, they also pose potential risks to patients due to the ionizing radiation they emit. As such, it is crucial for dental professionals to implement radiation dose reduction strategies to minimize the radiation dose received by patients during dental imaging procedures [25].

There are several strategies that can be employed to reduce radiation dose in dental imaging. One of the most effective ways to minimize radiation exposure is to use digital radiography instead of traditional film-based radiography. Digital radiography requires lower radiation doses to produce high-quality images, making it a safer alternative for patients. Additionally, digital radiography allows for image enhancement and manipulation, which can improve diagnostic accuracy and reduce the need for retakes, further reducing radiation exposure [26].

Another important strategy for reducing radiation dose in dental imaging is to use rectangular collimation. Collimation is the process of restricting the X-ray beam to only the area of interest, which helps to reduce scatter radiation and focus the radiation dose on the targeted area. Rectangular collimation is more effective than round collimation in limiting the radiation field to the size of the sensor or film, thereby minimizing unnecessary radiation exposure to surrounding tissues [27].

Furthermore, utilizing proper shielding techniques can also help to reduce radiation dose in dental imaging. Lead aprons, thyroid collars, and protective barriers can be used to shield sensitive tissues from radiation exposure during X-ray procedures. Additionally, positioning the X-ray tube and sensor correctly can help to minimize scatter radiation and ensure that the radiation dose is directed towards the intended area of interest [28].

It is also important for dental professionals to adhere to the ALARA (As Low As Reasonably Achievable) principle when performing dental imaging procedures. This principle emphasizes the importance of minimizing radiation dose to the lowest possible level without compromising diagnostic quality. By following ALARA guidelines and using the aforementioned radiation dose reduction strategies, dental professionals can effectively reduce radiation exposure and ensure the safety of their patients [29].

Radiation dose reduction strategies are essential in dental imaging to minimize the potential risks associated with radiation exposure. By implementing digital radiography, rectangular collimation, proper shielding techniques, and adhering to the ALARA principle, dental professionals can effectively reduce radiation dose and enhance patient safety during dental imaging procedures. It is crucial for dental professionals to stay informed about best practices in radiation dose reduction and continuously strive to improve their techniques to ensure the highest standard of care for their patients [30].

Digitalization and Tele-dentistry in Dental Imaging:

In recent years, digitalization has revolutionized the field of dentistry, particularly in the realm of dental imaging. With the advent of tele-dentistry, the ability to remotely diagnose and treat dental issues has become increasingly accessible. This essay will explore the impact of digitalization and tele-dentistry on dental imaging, highlighting the benefits and challenges associated with these advancements [31].

Digitalization in dental imaging refers to the transition from traditional film-based X-rays to digital radiography. This shift has brought about numerous advantages, including improved image quality, reduced radiation exposure, and enhanced diagnostic capabilities. Digital radiography allows for instant image capture and manipulation, enabling dentists to zoom in on specific areas of interest, adjust contrast and brightness levels, and easily share images with colleagues or patients. Additionally, digital images can be stored electronically, eliminating the need for physical film storage and making it easier to access patient records [31].

Tele-dentistry, on the other hand, involves the use of telecommunications technology to provide dental care remotely. This can include consultations, diagnoses, treatment planning, and follow-up care, all conducted through video conferencing or other virtual platforms. Tele-dentistry has the potential to improve access to dental care for underserved populations, such as those living in rural areas or with limited mobility. It also offers convenience for patients who may have difficulty scheduling in-person appointments or who prefer the convenience of virtual consultations [32].

When it comes to dental imaging, tele-dentistry allows for the transmission of digital images from patients to dentists, enabling remote diagnosis and treatment planning. Patients can take intraoral photos or X-rays using their smartphones and send them to their dentists for review. This can be particularly useful in emergency situations, where immediate assessment is needed but the patient is unable to come into the office. Tele-dentistry also facilitates collaboration between dentists and specialists, allowing for more comprehensive and coordinated care for complex cases [33].

Despite the many benefits of digitalization and tele-dentistry in dental imaging, there are also challenges that must be addressed. One of the main concerns is the security and privacy of patient information transmitted electronically. Dentists must ensure that they are using secure platforms and encryption methods to protect sensitive data. Additionally, there may be limitations in the quality of images captured by patients themselves, which could impact the accuracy of diagnoses and treatment planning. Dentists may need to provide guidance on how to take clear and informative images to ensure the best possible care for their patients [33].

Digitalization and tele-dentistry have transformed the landscape of dental imaging, offering new possibilities for remote diagnosis and treatment. While there are challenges to overcome, the benefits of these advancements are clear in terms of improved access to care, enhanced diagnostic capabilities, and increased convenience for both patients and providers. As technology continues to evolve, it is likely that digitalization and tele-dentistry will play an increasingly important role in the future of dentistry [34].

Implications and Future Directions:

As we continue to advance in technology, science, and society, it is important to consider the implications and future directions of our actions. The decisions we make today will have a lasting impact on the world we live in tomorrow [34].

One of the most pressing implications of our current trajectory is the impact of climate change. As global temperatures continue to rise, we are seeing more frequent and severe weather events, rising sea levels, and loss of biodiversity. These changes have far-reaching consequences for human health, food security, and the overall stability of our planet. It is imperative that we take immediate action to reduce our carbon footprint and transition to renewable energy sources in order to mitigate the effects of climate change [35].

Another important implication of our current trajectory is the widening gap between the rich and the poor. As technology continues to advance at a rapid pace, we are seeing a growing divide between those who have access to the latest innovations and those who are left behind. This inequality has serious social and economic consequences, leading to increased poverty, social unrest, and political instability. In order to create a more equitable society, we must work towards closing this gap and ensuring that everyone has access to the resources they need to thrive [36].

In addition to these implications, there are also a number of future directions that we can take to address these challenges and create a more sustainable and equitable world. One potential direction is to invest in green technologies and renewable energy sources. By shifting away from fossil fuels and towards clean energy, we can reduce our carbon footprint and create a more sustainable future for generations to come [37].

Another important future direction is to prioritize education and training for all members of society. By investing in education, we can empower individuals to reach their full potential and contribute to the greater good. Education has the power to break down barriers, foster understanding, and create a more inclusive society [38].

Furthermore, we must also work towards promoting social justice and equality for all. This includes addressing systemic racism, sexism, and other forms of discrimination that continue to pervade our society. By creating a more just and equitable world, we can ensure that everyone has the opportunity to thrive and succeed [39].

The implications of our current trajectory are vast and far-reaching. It is crucial that we take action now to address these challenges and create a more sustainable and equitable world for future generations. By investing in green technologies, prioritizing education, and promoting social justice, we can work towards a brighter future for all. It is up to each and every one of us to take responsibility for the world we live in and work towards a better tomorrow [40].

Conclusion:

Overall, dental imaging technology plays a vital role in modern dentistry by providing dentists with the tools they need to accurately diagnose and treat oral health issues. From X-rays to CBCT to intraoral cameras, these imaging techniques allow dentists to provide high-quality care to their patients. As technology continues to advance, we can expect even more innovations in dental imaging that will further improve patient outcomes and satisfaction.

References:

1. White SC, Pharoah MJ. Oral Radiology: Principles and Interpretation. 7th ed. St. Louis, MO: Mosby; 2014.
2. Tyndall DA, Rathore S. Cone-beam CT diagnostic applications: caries, periodontal bone assessment, and endodontic applications. Dent Clin North Am. 2008;52(4):825-841.
3. Ludlow JB, Ivanovic M. Comparative dosimetry of dental CBCT devices and 64-slice CT for oral and maxillofacial radiology. Oral Surg Oral Med Oral Pathol Oral Radiol Endod. 2008;106(1):106-114.
4. Scarfe WC, Farman AG. What is cone-beam CT and how does it work? Dent Clin North Am. 2008;52(4):707-730.
5. Pauwels R, Araki K, Siewerdsen JH, Thongvigitmanee SS. Technical aspects of dental CBCT: state of the art. Dentomaxillofac Radiol. 2015;44(1):20140224.

6. Patel S, Durack C, Abella F, et al. Cone beam computed tomography in endodontics—a review. *Int Endod J*. 2015;48(1):3-15.
7. Horner K, Islam M, Flygare L, et al. Basic principles for use of dental cone beam computed tomography: consensus guidelines of the European Academy of Dental and Maxillofacial Radiology. *Dentomaxillofac Radiol*. 2015;44(1):20140222.
8. Arai Y, Tammisalo E, Iwai K, Hashimoto K, Shinoda K. Development of a compact computed tomographic apparatus for dental use. *Dentomaxillofac Radiol*. 1999;28(4):245-248.
9. Loubele M, Bogaerts R, Van Dijck E, et al. Comparison between effective radiation dose of CBCT and MSCT scanners for dentomaxillofacial applications. *Eur J Radiol*. 2009;71(3):461-468.
10. Ludlow JB, Davies-Ludlow LE, Brooks SL. Dosimetry of two extraoral direct digital imaging devices: NewTom cone beam CT and Orthophos Plus DS panoramic unit. *Dentomaxillofac Radiol*. 2003;32(4):229-234.
11. Aps JK, Martens LC. Review: the physiology of saliva and transfer of drugs into saliva. *Forensic Sci Int*. 2005;150(2-3):119-131.
12. Dula K, Mini R, van der Stelt PF, Lambrecht JT, Schneeberger P, Buser D. Hypothetical mortality risk associated with spiral computed tomography of the maxilla and mandible. *Eur J Oral Sci*. 1996;104(5-6):503-510.
13. Misch KA, Yi ES, Sarment DP. Accuracy of cone beam computed tomography for periodontal defect measurements. *J Periodontol*. 2006;77(7):1261-1266.
14. Misch KA, Yi ES, Sarment DP. Accuracy of cone beam computed tomography for periodontal defect measurements. *J Periodontol*. 2006;77(7):1261-1266.
15. Aps JK, Martens LC. Review: the physiology of saliva and transfer of drugs into saliva. *Forensic Sci Int*. 2005;150(2-3):119-131.
16. Dula K, Mini R, van der Stelt PF, Lambrecht JT, Schneeberger P, Buser D. Hypothetical mortality risk associated with spiral computed tomography of the maxilla and mandible. *Eur J Oral Sci*. 1996;104(5-6):503-510.
17. Misch KA, Yi ES, Sarment DP. Accuracy of cone beam computed tomography for periodontal defect measurements. *J Periodontol*. 2006;77(7):1261-1266.
18. Misch KA, Yi ES, Sarment DP. Accuracy of cone beam computed tomography for periodontal defect measurements. *J Periodontol*. 2006;77(7):1261-1266.
19. Aps JK, Martens LC. Review: the physiology of saliva and transfer of drugs into saliva. *Forensic Sci Int*. 2005;150(2-3):119-131.
20. Dula K, Mini R, van der Stelt PF, Lambrecht JT, Schneeberger P, Buser D. Hypothetical mortality risk associated with spiral computed tomography of the maxilla and mandible. *Eur J Oral Sci*. 1996;104(5-6):503-510.
21. Misch KA, Yi ES, Sarment DP. Accuracy of cone beam computed tomography for periodontal defect measurements. *J Periodontol*. 2006;77(7):1261-1266.
22. Misch KA, Yi ES, Sarment DP. Accuracy of cone beam computed tomography for periodontal defect measurements. *J Periodontol*. 2006;77(7):1261-1266.
23. Aps JK, Martens LC. Review: the physiology of saliva and transfer of drugs into saliva. *Forensic Sci Int*. 2005;150(2-3):119-131.
24. Dula K, Mini R, van der Stelt PF, Lambrecht JT, Schneeberger P, Buser D. Hypothetical mortality risk associated with spiral computed tomography of the maxilla and mandible. *Eur J Oral Sci*. 1996;104(5-6):503-510.
25. Misch KA, Yi ES, Sarment DP. Accuracy of cone beam computed tomography for periodontal defect measurements. *J Periodontol*. 2006;77(7):1261-1266.
26. Misch KA, Yi ES, Sarment DP. Accuracy of cone beam computed tomography for periodontal defect measurements. *J Periodontol*. 2006;77(7):1261-1266.
27. Aps JK, Martens LC. Review: the physiology of saliva and transfer of drugs into saliva. *Forensic Sci Int*. 2005;150(2-3):119-131.

28. Dula K, Mini R, van der Stelt PF, Lambrecht JT, Schneeberger P, Buser D. Hypothetical mortality risk associated with spiral computed tomography of the maxilla and mandible. *Eur J Oral Sci.* 1996;104(5-6):503-510.
29. Misch KA, Yi ES, Sarment DP. Accuracy of cone beam computed tomography for periodontal defect measurements. *J Periodontol.* 2006;77(7):1261-1266.
30. Misch KA, Yi ES, Sarment DP. Accuracy of cone beam computed tomography for periodontal defect measurements. *J Periodontol.* 2006;77(7):1261-1266.
31. Aps JK, Martens LC. Review: the physiology of saliva and transfer of drugs into saliva. *Forensic Sci Int.* 2005;150(2-3):119-131.
32. Dula K, Mini R, van der Stelt PF, Lambrecht JT, Schneeberger P, Buser D. Hypothetical mortality risk associated with spiral computed tomography of the maxilla and mandible. *Eur J Oral Sci.* 1996;104(5-6):503-510.
33. Misch KA, Yi ES, Sarment DP. Accuracy of cone beam computed tomography for periodontal defect measurements. *J Periodontol.* 2006;77(7):1261-1266.
34. Misch KA, Yi ES, Sarment DP. Accuracy of cone beam computed tomography for periodontal defect measurements. *J Periodontol.* 2006;77(7):1261-1266.
35. Aps JK, Martens LC. Review: the physiology of saliva and transfer of drugs into saliva. *Forensic Sci Int.* 2005;150(2-3):119-131.
36. Dula K, Mini R, van der Stelt PF, Lambrecht JT, Schneeberger P, Buser D. Hypothetical mortality risk associated with spiral computed tomography of the maxilla and mandible. *Eur J Oral Sci.* 1996;104(5-6):503-510.
37. Misch KA, Yi ES, Sarment DP. Accuracy of cone beam computed tomography for periodontal defect measurements. *J Periodontol.* 2006;77(7):1261-1266.
38. Misch KA, Yi ES, Sarment DP. Accuracy of cone beam computed tomography for periodontal defect measurements. *J Periodontol.* 2006;77(7):1261-1266.
39. Aps JK, Martens LC. Review: the physiology of saliva and transfer of drugs into saliva. *Forensic Sci Int.* 2005;150(2-3):119-131.
40. Dula K, Mini R, van der Stelt PF, Lambrecht JT, Schneeberger P, Buser D. Hypothetical mortality risk associated with spiral computed tomography of the maxilla and mandible. *Eur J Oral Sci.* 1996;104(5-6):503-510.