



Teledentistry in Dental Practice: A Narrative Review

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Abstract

Teledentistry, a technological extension of telecommunication in healthcare, has gained increasing importance in dentistry for diagnosis, treatment planning, patient follow-up, and educational purposes. Especially during the coronavirus disease 2019 (COVID-19) pandemic, its use expanded significantly to reduce the risk of cross-infection. It has been effectively applied across various dental specialties, including pediatric dentistry, orthodontics, endodontics, oral surgery, and prosthodontics. Through video consultations, digital radiography, and mobile technologies, teledentistry enables remote service delivery, accelerates consultation processes, and improves accessibility. However, limitations such as the inability to perform physical examination, data security concerns, and diagnostic constraints persist. Additionally, teledentistry must be considered in terms of user acceptance, ethical and legal responsibilities, and its supportive role in dental education. This narrative review was based on a non-systematic search of PubMed, Scopus, and Google Scholar databases to ensure a broad overview of the current literature. This review comprehensively evaluates the current applications, benefits, and drawbacks of teledentistry, along with its ethical, legal, and educational dimensions.

Keywords: Dental telecommunication, Oral health, Teledentistry, Telehealth, Telemedicine

INTRODUCTION

With advances in modern technology, telemedicine has become a prominent method for the remote diagnosis, treatment, and monitoring of numerous health conditions. Teledentistry, a subfield of telemedicine, utilises telecommunications to promote oral health, provide consultations, and raise public awareness. It offers several advantages, including rapid remote data access, cost reduction, improved record-keeping, and expanded access to underserved populations. Limitations include the inability to perform physical examinations, potential compromises in data quality, and internet accessibility issues. Given the high risk of droplet and cross-infection

transmission, especially evident during the coronavirus disease 2019 (COVID-19) pandemic, teledentistry proved particularly valuable for both dental professionals and patients (1). In this narrative review, a non-systematic literature search was conducted using the PubMed, Scopus, and Google Scholar databases to identify relevant articles on teledentistry. Studies published between 2000 and 2025, primarily in English, were considered. The search was performed using keywords such as “teledentistry,” “telecommunication,” “telehealth,” and “telemedicine.” Various types of publications, including original research articles, reviews, clinical studies, and technology-based reports addressing the applications, benefits, limitations, and ethical aspects of teledentistry, were

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evaluated. Additional references were identified through manual searches of the bibliographies of the selected articles.

1. Telehealth

The rapid development of technology enables the collection and transmission of patient data within seconds, allowing healthcare services to be delivered even over long distances. Telehealth encompasses all medical activities such as diagnosis, treatment, disease monitoring and prevention, professional education, and research. Beyond real-time video conferencing, it includes the storage and transmission of medical data, images, and videos via various electronic communication technologies. Mobile health (mHealth) refers to the use of smartphones, tablets, and personal monitoring devices for diagnostic, monitoring, and educational purposes; in dentistry, this termed m-teledentistry (2).

Telehealth enables faster response to patient needs, reduces the burden on healthcare facilities, and supports clinical services, particularly personnel are limited. It also helps minimize infection risks by limiting the spread of contagious diseases. Nevertheless, restrictions in physical examinations, diagnostic challenges due to image quality, internet-access issues, and higher costs remain (3).

2. Telemedicine

Telemedicine encompasses remote health services provided via electronic communication tools. Initially limited to telephone communications, it now incorporates advanced audiovisual methods (4).

Two primary telemedicine methods include live audiovisual interactions and the store-and-forward approach, the latter being especially beneficial in dentistry (2). In Turkey, the Ministry of Health's telemedicine system allows patients to access radiological images, facilitates inter-physician consultations, and assists in reporting these images.

3. Teledentistry

Teledentistry delivers dental services such as diagnosis, treatment planning, and follow-up through electronic communication. It also supports oral health care, consultations, education, and public awareness initiatives. The technology enables rapid transmission of images, documents, and records, allowing specialists easy access to clinical data. One key advantage is improved equitable access to specialised oral health services, thereby helping reduce healthcare disparities (5).

Dentists can use teledentistry to conduct screenings in underserved areas, identify high-risk populations, guide communities

on preventive care, and help prevent oral disease progression. Its role in facilitating specialist consultations and expanding screening efforts is particularly promising (6). The American Academy of Pediatric Dentistry (AAPD) recognizes teledentistry as a valuable tool for improving access to dental care for children and individuals with special healthcare needs, offering cost-effective solutions and benefiting time-sensitive cases such as dental trauma or emergencies (7).

Notably, internet use is widespread among dentists. More than half of dental professionals maintain social media accounts for professional purposes, and a significant proportion of patients show interest in using social media platforms to learn about their dentists' qualifications and the services they offer (8).

3.1. Terms Used in Teledentistry

Common terms include teleconsultation, telediagnosis, tele-treatment, tele-education, teleapplication, telemonitoring, telesupport, telemanagement, patient medical data access, and mobile teledentistry (9, 10).

- Teleconsultation, remote expert consultations, typically via smartphones.
- Teleeducation, continuous remote professional education.
- Teleapplication, remote practical training for healthcare providers.
- Telemonitoring, remote monitoring of patients' vital signs and biochemical parameters.
- Telesupport, support for remote healthcare facilities affected by isolation, disasters, or conflicts.
- Telemanagement, remote management of administrative tasks (e.g, appointment scheduling).
- Patient medical data access, online access to clinical resources.
- Mobile teledentistry, use of mobile technologies, such as smartphones, electronic health records, and portable radiography devices, for oral health care, consultation, education, and public awareness.

3.2. Technologies and Equipment Used in Teledentistry

Teledentistry relies on two main technologies: store-and-forward and real-time consultation (11). In the store-and-forward, patient data, including radiographs, intraoral images of soft and hard tissues, and laboratory results, are collected, formatted, and stored for later specialist review. E-mail is a common medium for this interaction. By contrast, real-time consultation involves live communication via videoconferencing and video calls (12).

Primary equipment includes high-resolution digital cameras, intra-oral cameras, digital radiography devices, and secure computer systems for data transmission. Intraoral cameras provide detailed images of oral structures that can be shared instantaneously

through cloud-based platforms (3). Smartphone cameras, with zoom and flash, allow clinically acceptable images to be captured easily by patients or caregivers with minimal training (13).

Teleconferencing software and purpose built dental platforms further support diagnosis and patient management by enabling real-time interaction, thus improving access to dental care and accelerating treatment in underserved regions (14).

3.3. Teledentistry in Dental Specialties

3.3.1. Oral Diagnosis and Oral Pathology

Teledentistry supports the evaluation and management of diagnostic and treatment processes in oral diagnosis and pathology. Digital transfer of clinical images enables systematic, rapid assessment of oral lesions, differential diagnoses, and detection of potentially malignant disorders. Detailed visualisation of intra-oral structures, assessed alongside medical history, enhances diagnostic accuracy. When specialist input is required, securely shared digital records facilitate expert consultation and interdisciplinary decision-making. Beyond oral-cancer detection, teledentistry aids early diagnosis of temporomandibular disorders, oral-mucosal diseases, salivary-gland dysfunctions, and orofacial pain; rapid data transmission regarding infectious or potentially malignant lesions enables timely intervention (15).

Caries detection is another major application of teledentistry. Recent studies have demonstrated that artificial intelligence (AI)-based mobile applications and deep learning-based image processing techniques can enhance the diagnostic accuracy of carious lesion identification. For instance, convolutional neural networks (CNNs) have been successfully used to analyze intraoral photographs and radiographs for early caries detection, achieving high sensitivity and specificity rates (16). High-resolution digital and smartphone cameras enable of carious lesions for remote evaluation, particularly in underserved populations.

Separately, in the context of oral cancer screening, platforms like the Mobile Mouth Screening Anywhere (MeMoSA®) allow early detection of potentially malignant lesions in areas with limited specialist access and have shown promising outcomes (17). However, further studies are needed to confirm their reliability in malignant-lesion screening.

3.3.2. Oral and Maxillofacial Surgery

Teledentistry is important for initial evaluation and follow-up of surgery cases such as trauma, cysts, tumours, jaw fractures, temporomandibular-joint (TMJ) disorders, and impacted teeth. Digital imaging tools, panoramic radiographs, computed tomography (CT), and cone-beam CT (CBCT), permit remote assessment and referral planning without an initial in-person visit. Teledentistry is also effective for surgical planning and postoperative monitoring (18).

TMJ disorders can be assessed remotely through history-taking and video consultations, particularly for myofascial pain, arthralgia, joint dysfunctions, and cranial nerve anomalies. Fundamental TMJ management strategies, such as stress reduction, avoidance of parafunctional habits, and use of analgesics or compresses, can likewise be delivered remotely (19).

Duka et al. found teledentistry assessments of impacted third molars comparable to clinical evaluations (20). Similarly, Torul et al. reported that remote follow-ups for implants, minor surgeries, medication-related osteonecrosis of the jaw (MRONJ), and TMJ disorders were as reliable as in-person examinations (21).

3.3.3. Endodontics

In endodontics, teledentistry is used for caries detection, interpretation periapical lesions on radiographs, and prescribing medication for abscesses. Zivkovic et al. showed it could diagnose anterior periapical lesions effectively while reducing costs (22). Similarly, Baker et al. found no significant difference between clinicians' ability to diagnose periapical lesions via conventional radiographs and those transmitted through video teleconferencing (23).

3.3.4. Orthodontics

Teledentistry helps manage minor emergencies, such as displaced elastic ligatures or appliance-related irritation, at home, reducing clinic visits and reassuring patients and caregivers. It also supports remote orthodontic treatment planning using digital patient models, and improves access to specialist guidance while reducing unnecessary referrals. (24).

Berndt et al. demonstrated that preventive treatments by general dentists, remotely supervised by orthodontists, effectively reduced malocclusion severity in children where specialist referral was infeasible (25).

3.3.5. Prosthodontics

Teledentistry facilitates efficient communication between dentists and dental technicians. Aesthetic parameters (e.g., tooth shade, size, and shape) can be shared digitally for customised prostheses. CAD/CAM systems now predominate in fabricating crowns, inlays, and onlays, with digital impressions increasingly replacing conventional techniques. Post-delivery care instructions can also be communicated via video consultations (26).

3.3.6. Periodontology

Teledentistry is pivotal in educating and motivating patients about oral hygiene practices. Instructions on brushing, flossing, and interdental brush use can be delivered online platforms. Digital radiographs enable remote evaluation of im-

plants and peri-implant tissues. Moreover, teledentistry can raise public awareness of links between periodontal diseases and systemic conditions such as diabetes, cardiovascular disease, and respiratory disorders (27).

3.3.7. Pediatric and Preventive Dentistry

Teledentistry offers various applications in pediatric and preventive dentistry, including the provision of oral health advice, monitoring dental development, managing TMJ symptoms, and guiding first-aid responses in dental trauma. Remote guidance on dietary habits and the use of remineralizing agents such as fluoride toothpaste can be provided to help manage early-stage carious lesions. Additionally, benign soft tissue lesions such as mucocoeles or natal teeth can be assessed via photos or video calls, enabling timely parental guidance and specialist referral when needed. In conditions like recurrent aphthous stomatitis or xerostomia, prescriptions may also be issued remotely (28).

In cases of traumatic dental injuries, teledentistry has been shown to reduce waiting times for specialist consultation, alleviate patient symptoms, and improve tooth prognosis through timely first-aid recommendations (29).

AlShaya et al. evaluated the effectiveness of smartphone photographs in diagnosing dental caries in children aged 6–9, with the images shared with dentists via WhatsApp. The study demonstrated that teledentistry was reliable for detecting caries in primary teeth, but insufficient for identifying the need for fissure sealants in posterior teeth (10).

Similarly, Kopycka et al. reported that teledentistry-based screening was as effective as visual-tactile methods for detecting caries in young children and could serve as a cost-effective tool for early childhood caries surveillance in preschool populations (30).

3.4. Advantages of Teledentistry

- Remote access to patient data that can be reviewed and securely stored
- Increased convenience and time efficiency for patients
- Reduced costs in dental healthcare delivery
- Faster access to dental specialists, minimizing delays in diagnosis and treatment
- Timely assessment of traumatic dental injuries (14)
- Reduction of inequalities in access to oral healthcare services (9, 31)
- Enhanced opportunities for professional education and training (2)

3.5. Disadvantages of Teledentistry

- Inability to perform physical examinations
- Issues related to the quality of images (photographs, videos, etc.)

- Problems with internet connectivity
- Limitations in conducting all necessary consultations
- Risk of increased morbidity and mortality due to delayed diagnosis of early-stage oral lesions (32)
- Lack of standardized protocols due to varying user knowledge and skills
- Risk of unauthorized access to patient information (2)

3.6. Challenges in Teledentistry Implementation

Despite its benefits, teledentistry faces several limitations and legal considerations, including technological costs, the lack of physical examination, and concerns over data quality and security. Legal compliance with national regulations and patient privacy is essential (33). Informed consent must be obtained before collecting patient images, and secure platforms should be used to prevent unauthorized access. Furthermore, telehealth systems should verify provider identities through licensed platforms requiring personal credentials or digital signatures to prevent unauthorized users from misguiding patients (1).

3.6.1. Patient Acceptance Challenges

Teledentistry requires reliable internet infrastructure to support data, image, and audio transmission—access to which may be limited in rural or low-income populations. Elderly or disabled individuals may also face difficulties using such technologies, and patients with hearing impairments may find the system less accessible. Additionally, the lack of face-to-face interaction can make some patients feel unable to communicate their concerns effectively. Nonetheless, as digital literacy improves, patient acceptance of teledentistry continues to grow (34).

3.6.2. Challenges in Dentist Acceptance

Dentists may hesitate to adopt teledentistry due to concerns about limited clinical evaluation and diagnostic accuracy, particularly in the absence of direct examination methods such as palpation, percussion, and sensitivity testing, as well as the fact that lesions can only be assessed in two dimensions, which may further reduce diagnostic reliability. Additionally, concerns about patient privacy, informed consent, and potential legal implications in cases of misdiagnosis or inappropriate treatment present further challenges for practitioners (5, 35).

3.7. Tele-Education in Dentistry

Teledentistry has significant potential in dental education. Sharing clinical cases by experienced specialists with general practitioners facilitates knowledge transfer and contributes to professional development. For dental students, tele-education also promotes standardization of curricula and allows more systematic access to educational resources through online platforms (36).

During the COVID-19 pandemic, tele-education was rapidly adopted as an alternative to disrupted in-person instruction. Clinical case discussions, theoretical lectures, and the demonstration of certain practical skills through video-based content have played a key role in maintaining the continuity of dental education (37). However, limitations remain—particularly in hands-on training, where direct interaction and manual skill development are essential. The pandemic demonstrated that tele-education can serve as a complementary tool, but face-to-face education remains crucial for clinical proficiency (38).

4. Ethical and Legal Considerations

The primary clinical concern in teledentistry is the risk of misdiagnosis or inappropriate guidance, which may harm the patient or lead to legal consequences (39). Since diagnostic accuracy depends heavily on the quality of patient-provided images, dentists should only proceed when the available data is sufficient, and prescriptions should be issued only when clinically necessary and in the absence of in-person alternatives (28).

Practitioners must take all necessary precautions to protect patient privacy from unauthorized access. Patients should be informed that, despite efforts to ensure data security, there remains a risk of information breaches. Informed consent in teledentistry should cover all elements of a standard consent form, including the potential risks of misdiagnosis or mistreatment due to technical failures (39, 40).

5. COVID-19 Pandemic and Teledentistry

The COVID-19 pandemic disrupted healthcare services globally and accelerated the adoption of telehealth applications. In dentistry where procedures often involve aerosol generation reducing the risk of cross-infection became critical. During this period, teledentistry supported patient and provider safety by minimizing in-person contact. It enabled triage, remote prescriptions, and access to specialist opinions, thereby streamlining diagnostic and follow-up processes while reducing the need for face-to-face visits (41).

In a study by Wallace et al., 640 pediatric patients were assessed via telephone consultations during the pandemic (28). The most common complaints were caries in primary teeth, MIH, and permanent tooth decay. Of the patients, 3% required urgent care, 15% needed in-person evaluation, 59% requested routine appointments, and 21% required no clinical visit. The study reported that teledentistry reduced in-person appointments by one-third.

Another study investigating the attitudes of dentists and patients found that both groups generally viewed teledentistry positively, suggesting its potential value in future dental services (42).

A separate study on pediatric dentistry residents revealed that awareness of teledentistry increased from 8.2% before the pandemic to 45% afterward. The participants considered teledentistry useful for medication management, follow-up consultations, and diagnosing soft tissue conditions (43).

Conclusion

Teledentistry has emerged as an increasingly important and innovative approach in dentistry, contributing to diagnosis, treatment planning, patient follow-up, emergency care, and education. The COVID-19 pandemic highlighted the value of digital health services, with teledentistry ensuring continuity in clinical care and improving accessibility by enabling remote dentist–patient interaction. In the near future, family dentists are expected to benefit significantly from specialist consultations through the effective use of teledentistry. Nevertheless, issues such as data security, patient privacy, diagnostic limitations, and ethical responsibilities must be carefully addressed.

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