# **Results**

Table 2. Clinical Outcomes

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| **Study** | **Intervention type** | **Diagnostic Accuracy** | **Patient Outcomes** | **Satisfaction Rates** |
| Agarwal et al, 2023 | Videoconferencing for pediatric dentistry | Not reported in source | Not reported in source | 83.3% of childrennot scared and preferred intraoral camera |
| Alavi et al, 2024 | Variousteledentistry interventions | High diagnostic accuracy reported | Improved access to care, timely diagnosis | Not reported in source |
| Avinash et al, 2023 | AI for periodontal disease diagnosis | 88% for gingivitis,95% for alveolar bone loss | Not reported in source | Not reported in source |
| Beltrán et al, 2024 | Web platform/appfor elderly | Not reported in source | Improved access tocare | Above 75% satisfaction across all dimensions |
| Beltrán et al, 2024 | TEGO platformfor rural older adults | Not reported in source | Improved access tocare | High levels reported |
| Chatterjee et al, 2024 | Teledentistry consultations | Not reported in source | Comparablechanges in dental conditions | Lower satisfaction with diagnoses compared toin-person (p < 0.001) |
| Dewel, 1971 | Teledentistry for orthodontics | Not reported in source | 35.6%improvement in PAR scores | Not reported in source |
| Fernández et al, 2021 | Various teledentistry interventions | Not reported in source | Reductions inplaque index, gingival index, and white spot lesions | Not reported in source |
| Flores-Hidalgo et al, 2023 | Teledentistry for oral pathology | Not reported in source | Faster diagnosis,reduced travel | Not reported in source |
| Fung et al, 2023 | Real-timeteledentistry in aged care | Comparable to face-to-face examinations | Not reported in source | Reported asuser-friendly |
| Haron et al, 2017 | Mobile phoneimaging for oral cancer screening | Kappa values 0.64-1.00,sensitivity >70%,specificity 100% | Not reported in source | Not reported in source |
| Mariño et al. | Teledentistry in aged care | Reported as reliable | Not reported in source | High levelsreported |
| Talwar et al, 2023 | AI for oral cancer screening | F1-scores of 0.84and 0.83 for different AI models | Not reported in source | Not reported in source |
| Mola et al, 2024 | Teledentistry forpediatric diagnosis | Comparable toin-person diagnosis | Not reported in source | Not reported in source |
| Nguyen et al, 2023 | Telehealthplatform for oral lesion diagnosis | Similar toin-person visits (sensitivity 95%,specificity 84%) | Increased compliance with referrals | Not reported in source |
| R PK, Tiwari N et al, 2024 | AI-based oral screening | 85% for caries,97% for stains,83% for calculus | Not reported in source | Not reported in source |
| Salzmann, 1967 | Teledentistry fororthodontics | Not reported in source | 35.6%improvement in PAR scores | Not reported in source |
| Tynan et al, 2018 | Teledentistry inaged care | Not reported in source | Improvedimplementation of oral health care plans | Not reported in source |
| Uhrin et al, 2023 | Teledentistry fororal lesion diagnosis | High specificity (0.92) andsensitivity (0.93) | Not reported in sourceNo mention found | Not reported in sourceNo mention found |
| Ward et al, 2022 | School-basedteledentistry | Not reported in source | Increased access toservices, 50% prevalence of dental caries identified | Not reported in source |
| Xiao et al., 2023 | mDentistry, eHygiene model | Not reported in source | Not reported in source | Patients: meanSystem Usability Scale (SUS) score 70.0; Dentists: mean SUS score 51.3; Hygienists: mean SUS score 57.1 |