



Content available at: <https://www.ipinnovative.com/open-access-journals>

## International Journal of Oral Health Dentistry

Journal homepage: [www.ijohd.org](http://www.ijohd.org)



### Review Article

## Impact of clear aligners on plaque and periodontal health

Sanjeev Kumar Verma<sup>1</sup>, Pramod Kumar Yadav<sup>2\*</sup>, Deepika Rajendra Singh Bais<sup>1</sup>, Shriya Singh<sup>1</sup>

<sup>1</sup>Dept. of Orthodontics and Dentofacial Orthopedics and Dental Anatomy, Dr. Z A Dental College, AMU, Aligarh, Uttar Pradesh, India

<sup>2</sup>Dept. of Periodontia & Community Dentistry, Dr. Z A Dental College, AMU, Aligarh, Uttar Pradesh, India



### ARTICLE INFO

#### Article history:

Received 15-11-2023

Accepted 22-12-2023

Available online 09-04-2024

#### Keywords:

Clear aligners

Orthodontic treatment

Oral hygiene

Plaque

Periodontal health

### ABSTRACT

In recent years, clear aligners have become a well-liked substitute for traditional braces in orthodontic treatment. Examining the effects of clear aligners on periodontal health and plaque accumulation is the goal of this review. To examine pertinent studies that have been published up to this point, a comprehensive evaluation of the literature was carried out. The review includes research on the microbial alterations in tooth plaque composition that occur during clear aligner therapy and the subsequent impact on periodontal tissues. Clear aligners and traditional braces are also compared with respect to how they affect gingival health, periodontal disease prevalence, and oral hygiene practices.

In terms of plaque control, the results imply that transparent aligners offer special benefits and challenges. An important factor influencing the microbiological environment in the oral cavity is patient compliance, the type of aligner used, and the subtleties of its design. Moreover, the effect of orthodontic therapies on periodontal health is explored, providing insight into possible associations between the use of clear aligners and periodontal results. By underlining the necessity of individualized oral hygiene management strategies during clear aligner therapy, this review offers orthodontic practitioners' insightful information.

It highlights the need of maintaining periodontal health throughout orthodontic treatment and stresses the necessity of a multidisciplinary approach to optimize patient outcomes. In summary, this comprehensive review provides an overview of the most recent findings regarding the impact of clear aligners on plaque and periodontal health. By teaching clinicians, researchers, and patients about the subtleties of oral hygiene care during orthodontic treatment, the findings are meant to direct the development of effective strategies for maintaining good periodontal health in patients getting clear aligner therapy.

This is an Open Access (OA) journal, and articles are distributed under the terms of the [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License](https://creativecommons.org/licenses/by-nc-sa/4.0/), which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: [reprint@ipinnovative.com](mailto:reprint@ipinnovative.com)

### 1. Introduction

The goal of orthodontic therapy is to rectify malocclusion, which is gaining popularity since it can enhance masticatory function, dental aesthetics, psychological and social wellness, and overall and oral health.<sup>1</sup> In addition to its advantages, orthodontic treatment carries some dangers and consequences, just like any other kind of medical care.

On the other hand, in comparison to alternative surgical or nonsurgical procedures, the reported risk and complications related to the treatment are significantly reduced.<sup>2</sup>

There has been a significant increase in the use of clear aligners (CA) for the treatment of malocclusions in adults and children.<sup>3,4</sup> The concept of clear aligner treatment (CAT) comprises an aesthetic orthodontic treatment that may allow for better oral hygiene, periodontal health and safety of the roots.<sup>5-7</sup> Patients seem to show a greater degree of acceptance and collaboration towards CAT

\* Corresponding author.

E-mail address: [pramod468@gmail.com](mailto:pramod468@gmail.com) (P. K. Yadav).

and a very high satisfaction level with the final result.<sup>8</sup> Orthodontic appliances make it more difficult for patients to maintain proper dental hygiene, which promotes the growth of bacterial plaque and can cause short-term, harmful periodontal processes.<sup>9</sup> It's critical to maintain proper oral hygiene in order to stop this bacterial build-up.

## 2. Clear Aligners' Effect on Periodontal Disease

Periodontal health must be the foundation of orthodontic treatment. The alveolar bone and the periodontal ligament (PDL) are remodelled when teeth are subjected to controlled orthodontic force.<sup>10</sup> During orthodontic therapy, patients with periodontitis have a greater requirement to maintain the health of their periodontal tissues and prevent further damage or return of the disease. For patients who are at a high risk of developing gingivitis, clear aligners may be advised as they have been shown to be superior than fixed appliances in terms of periodontal health.<sup>11</sup> During therapy, clear aligners generate controlled, intermittent stresses that allow for a precise window of time for periodontal membrane regeneration.<sup>12</sup>

A more uniform distribution of stress is offered with clear aligners. Researchers found that when aligners were employed, the strains on the teeth and alveolar bone were more evenly distributed and there were less areas of stress concentration.<sup>13</sup> This was determined using 3-dimensional finite element analysis. Thirteen Following periodontal therapy, Lee et al. treated a patient with chronic periodontal disease and maxillary anterior pathologic tooth migration using clear aligners. During therapy, they found that the mobility, clinical attachment level, gingival recession, and probing depth were all decreased.<sup>14</sup> Han et al. evaluated the use of clear aligners against fixed equipment in orthodontic therapy for patients with periodontitis. Patients with clear aligners had relatively good orthodontic treatment outcomes, and the periodontitis did not worsen.<sup>15</sup> In conclusion, clear aligners are preferred by both practitioners and patients for their convenience, comfort, and benefit to periodontal health maintenance.<sup>16</sup> According to current studies, clear aligners can provide good treatment outcomes for patients with periodontitis. However, further studies are needed to make a conclusive research.

## 3. Effects of Clear Aligners on the Supra- and Subgingival Microbiota

Dental plaque, also known as biofilm, is an intricate formation that forms on the surface of teeth and is made up of a wide range of related oral species. These structures can develop pathogenic characteristics like a cariogenic or periodontal pathogenic profile, depending on a number of local and/or systemic modulator factors.<sup>17</sup> It was demonstrated by Shokeen et al. that the microbiota contained in the plaque that was removed from

transparent aligner trays was distinct and less varied.<sup>18</sup> Yan et al. also observed that aligner plaque samples had higher *Streptococcus* abundance and lower microbial abundance.<sup>19,20</sup>

Gujar et al after one month of treatment, the microbiomes on the clear aligner, lingual fixed appliances, and traditional metallic fixed labial appliances were compared. Aligners showed a decrease in the amount of red and orange complexes and microbial colonization. It has been demonstrated that clear aligners do not significantly alter supragingival plaque. On crowns, they create a totally contained atmosphere. Therefore, in order to avoid any negative effects on the crown, it is also necessary to clean the inside surface of the aligner on a regular basis. Twenty Favorable antibacterial activity against *P. gingivalis* has been demonstrated by the aligners coated with gold nanoparticles.<sup>21</sup>

Sfondrini et al. used real-time PCR in their investigation and proposed that the use of clear aligners does not result in any appreciable changes to the bacterial count and bacterial percentage of *A. actinomycetemcomitans* or red and orange complexes. This eliminates the possibility of developing periodontitis, at least in the first two months of therapy.<sup>22</sup>

## 4. Clear Aligners' Effect on the Salivary Microbiota

Saliva causes plaque to accumulate on the inside surface of aligners by leaking into the crevices between the teeth and the aligner. The development of subgingival plaque is aided by salivary bacteria that enter the subgingival pocket.<sup>23</sup> Because of this, a stable salivary flora structure is necessary to maintain a healthy oral cavity during clear aligner treatment. Mummolo et al. compared patients wearing fixed versus detachable orthodontic equipment in terms of salivary concentrations of *Streptococcus mutans* (*S. mutans*), certain *Lactobacilli*, and plaque index (PI). They found that removable appliances had less of an effect on the oral microbiota than fixed ones.<sup>24</sup>

In their evaluation of the effects of Invisalign appliances on patients' dental health and the oral bacterial population, Zhao et al. found no discernible changes in the overall richness and structure of the salivary microbial community.<sup>25</sup> Accordingly, the research indicates that the salivary flora may maintain a comparatively stable structure in the early stages of clear aligner therapy. However, it is yet unclear if the microbiome will be steady for the course of the treatment.

## 5. Plaque in Outdated or Worn-Out Clear Aligners

All the time, with the exception of eating, cleaning, and flossing, clear aligners are worn. The color of the aligner will vary as a result of eating or drinking anything that contains colouring agents, which will modify how it looks.<sup>26</sup> Because they have ridges, grooves, microcracks,

and abrasions that promote bacterial adherence and the development of plaque biofilm, clear aligners are not totally smooth. When Low et al. visualized the surface configuration of the Invisalign device, they discovered that even the surface of a brand-new aligner tends to be corrugated and shows peaks, micro abrasions, and scratch marks.<sup>27</sup>

These deviations function as a kind of niche where bacteria can cling and proliferate. After two weeks, the aligners exhibited microcracks, abraded and delaminated patches, localized calcified biofilm deposits, and a loss of transparency, according to Gracco et al.<sup>28</sup> The results obtained by Schuster et al agree with these conclusions. It is clear from the studies that worn-out or outdated aligners make plaque build-up more likely.<sup>29</sup>

## 6. Dental Health Care

In a three-month follow-up, Madariaga et al.<sup>30</sup> conducted a prospective clinical trial to assess the periodontal health of orthodontic patients (clear aligners and multiple braces) receiving supportive periodontal therapy. He had taught each patient a specific method for brushing their teeth, and he called them every two weeks to remind them to practice good oral hygiene. The study's findings indicate that periodontal health is unaffected by the type of orthodontic treatment a patient receives as long as they receive motivation and sufficient training in oral hygiene. This is in line with what Caccianiga et al found.<sup>31</sup>

## 7. Conclusion

Individuals with Clear Aligners show superior indications of periodontal health than individuals with Fixed appliances. In addition to the appliance type itself, other factors that are often taken into consideration during a periodontal evaluation include motivation, supportive treatment, and guidance on dental care. The type of oral hygiene technique used must be considered in light of the patient's features. For example, dental floss may be recommended for people with closed interdental spaces, and inter-proximal brushes may be recommended for patients with periodontal disease or open embrasures. Periodic follow-up and patient motivation are also crucial.

## 8. Source of Funding

None.

## 9. Conflict of Interest

None.

## References

1. Vulugundam S, Abreu LG, Bernabé E. Is orthodontic treatment associated with changes in self-esteem during adolescence? A longitudinal study. *J Orthod.* 2021;48(4):352–9.
2. Preoteasa CT, Ionescu E, Preoteasa E. Risks and Complications Associated with Orthodontic Treatment. In: *Orthodontics - Basic Aspects and Clinical Considerations*. IntechOpen; 2012. doi:10.5772/31692.
3. Shalish M, Cooper-Kazaz R, Ivgi I, Canetti L, Tsur B, Bachar E, et al. Adult patients' adjustability to orthodontic appliances. Part I: a comparison between Labial, Lingual, and InvisalignTM. *Eur J Orthod.* 2012;34(6):724–30.
4. Walton DK, Fields HW, Johnston WM, Rosenstiel SF, Firestone AR, Christensen JC, et al. Orthodontic appliance preferences of children and adolescents. *Am J Orthod Dentofacial Orthop.* 2010;138(6):698.e1–12.
5. Fang X, Qi R, Liu C. Root resorption in orthodontic treatment with clear aligners: a systematic review and meta-analysis. *Orthod Craniofac Res.* 2019;22(4):259–9.
6. Iliadi A, Koletsi D, Eliades T. Forces and moments generated by aligner-type appliances for orthodontic tooth movement: A systematic review and meta-analysis. *Orthod Craniofac Res.* 2019;22(4):248–58.
7. Madariaga ACP, Bucci R, Rongo R, Simeon V, D'Antò V, Valletta R, et al. Impact of fixed orthodontic appliance and clear aligners on the periodontal health: a prospective clinical study. *Dent J (Basel).* 2020;8(1):4. doi:10.3390/dj801000.
8. Melkos AB. Advances in digital technology and orthodontics: a reference to the Invisalign method. *Med Sci Monit.* 2005;11(5):39–42.
9. Zachrisson S, Zachrisson BU. Gingival condition associated with orthodontic treatment. *Angle Orthodontist.* 1972;42(1):26–34.
10. Meeran NA. Cellular response within the periodontal ligament on application of orthodontic forces. *J Indian Soc Periodontol.* 2013;17(1):16–20.
11. Jiang Q, Li J, Mei L, Du J, Levrini L, Abbate GM, et al. Periodontal health during orthodontic treatment with clear aligners and fixed appliances: A meta-analysis. *J Am Dent Assoc.* 2018;149(8):712–20.
12. Wu JL, Hou JX. Influences on periodontal health and conditions of patients with periodontitis by clear aligner treatment. *Zhonghua Kou Qiang Yi Xue Za Zhi.* 2009;54(1):62–6.
13. Seo JH, Eghan-Acquah E, Kim MS, Lee JH, Jeong YH, Jung TG, et al. Comparative Analysis of Stress in the Periodontal Ligament and Center of Rotation in the Tooth after Orthodontic Treatment Depending on Clear Aligner Thickness-Finite Element Analysis Study. *Materials.* 2021;14(2):324. doi:10.3390/ma14020324.
14. Lee J, Lee S, Lee C, Kim B. Orthodontic treatment for maxillary anterior pathologic tooth migration by periodontitis using clear aligner. *J Periodontal Implant Sci.* 2011;41(1):44–50. doi:10.5051/jpis.2011.41.1.44.
15. Han JY. A comparative study of combined periodontal and orthodontic treatment with fixed appliances and clear aligners in patients with periodontitis. *J Periodontal Implant Sci.* 2015;45(6):193–204.
16. Azaripour A, Weusmann J, Mahmoodi B, Peppas D, Gerhold-Ay A, Van Noorden C, et al. Braces versus Invisalign®: gingival parameters and patients' satisfaction during treatment: a cross-sectional study. *BMC Oral Health.* 2015;15:69. doi:10.1186/s12903-015-0060-4.
17. Loesche WJ. University of Texas Medical Branch at Galveston; 1996. Chapter. In: Baron S, editor. *Medical Microbiology*. 4th edition. Galveston (TX): University of Texas Medical Branch at Galveston; 1996. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK8259/>.
18. Shokeen B, Viloria E, Duong E, Rizvi M, Murillo G, Mullen J, et al. The impact of fixed orthodontic appliances and clear aligners on the oral microbiome and the association with clinical parameters: A longitudinal comparative study. *Am J Orthod Dentofacial Orthop.* 2022;161(5):475–85.
19. Yan D, Liu Y, Che X, Mi S, Jiao Y, Guo L, et al. Changes in the microbiome of the inner surface of clear aligners after different usage periods. *Curr Microbiol.* 2021;78(2):566–75.
20. Gujar AN, Al-Hazmi A, Raj AT, Patil S. Microbial profile in different orthodontic appliances by checkerboard DNA-DNA hybridization: an in-vivo study. *Am J Orthod Dentofacial Orthop.* 2020;157(1):49–58.

21. Zhang M, Liu X, Xie Y, Zhang Q, Zhang W, Jiang X, et al. Biological Safe Gold Nanoparticle-Modified Dental Aligner Prevents the *Porphyromonas gingivalis* Biofilm Formation. *ACS Omega*. 2020;5(30):18685–92.
22. Sfondrini MF, Butera A, Michele PD, Luccisano C, Ottini B, Sangalli E, et al. Microbiological changes during orthodontic aligner therapy: a prospective clinical trial. *Appl Sci*. 2021;11(15):6758. doi:10.3390/app11156758.
23. Haffajee AD, Arguello EI, Ximenez-Fyvie LA, Socransky SS. Controlling the plaque biofilm. *Int Dent J*. 2003;53(Suppl 3):191–9.
24. Mummolo S, Tieri M, Nota A, Caruso S, Darvizeh A, Albani F, et al. Salivary concentrations of *Streptococcus mutans* and *Lactobacilli* during an orthodontic treatment. An observational study comparing fixed and removable orthodontic appliances. *Clin Exp Dent Res*. 2020;6(2):181–7.
25. Zhao R, Huang R, Long H, Li Y, Gao M, Lai W, et al. The dynamics of the oral microbiome and oral health among patients receiving clear aligner orthodontic treatment. *Oral Dis*. 2020;26(2):473–83.
26. Porojan L, Vasiliu RD, Porojan SD, Birdeanu MI. Surface Quality Evaluation of Removable Thermoplastic Dental Appliances Related to Staining Beverages and Cleaning Agents. *Polymers (Basel)*. 2020;12(8):1736. doi:10.3390/polym1208173.
27. Low B, Lee W, Seneviratne CJ, Samaranyake LP, Hägg U. Ultrastructure and morphology of biofilms on thermoplastic orthodontic appliances in 'fast' and 'slow' plaque formers. *Eur J Orthod*. 2011;33(5):577–83.
28. Gracco A, Mazzoli A, Favoni O, Conti C, Ferraris P, Tosi G. Short-term chemical and physical changes in invisalign appliances. *Aust Orthod J*. 2009;25(1):34–40.
29. Schuster S, Eliades G, Zinelis S, Eliades T, Bradley TG. Structural conformation and leaching from in vitro aged and retrieved Invisalign appliances. *Am J Orthod Dentofacial Orthop*. 2004;126(6):725–8.
30. Madariaga ACP, Bucci R, Rongo R, Simeon V, D'Antò V, Valletta R, et al. Impact of Fixed Orthodontic Appliance and Clear Aligners on the Periodontal Health: A Prospective Clinical Study. *Dent J (Basel)*. 2020;8(1):4.
31. Caccianiga P, Nota A, Tecco S, Ceraulo S, Caccianiga G. Efficacy of Home Oral-Hygiene Protocols during Orthodontic Treatment with Multibrackets and Clear Aligners: Microbiological Analysis with Phase-Contrast Microscope. *Healthcare (Basel)*. 2022;10(11):2255. doi:10.3390/healthcare10112255.

## Author biography

**Sanjeev Kumar Verma**, Professor

**Pramod Kumar Yadav**, Assistant Professor

**Deepika Rajendra Singh Bais**, Senior Resident

**Shriya Singh**, Junior Resident

**Cite this article:** Verma SK, Yadav PK, Bais DRS, Singh S. Impact of clear aligners on plaque and periodontal health. *Int J Oral Health Dent* 2024;10(1):9–12.