

**CAN ORTHOPANTOMOGRAM (OPG) BE A RELIABLE DIAGNOSTIC AID FOR MANDIBULAR MEASUREMENTS OVER LATERAL CEPHALOGRAM - A CROSS SECTIONAL STUDY**

**ABSTRACT**

**AIM:**

To find the reliability of OPG over Lateral Cephalogram for mandibular body length, mandibular ramal height and total mandibular length.

**MATERIALS AND METHOD**

Pre-treatment lateral cephalogram and orthopantomogram of 60 patient records within the age group of 12 to 25 years was selected from the department of orthodontics and dentofacial orthopaedics, Noorul Islam college of dental science. The linear measurements of mandible such as ramal height is measured from Condylion(Co) to Gonion(Go), total mandibular length from Condylion(Co) to Menton(Me) and body length from Gonion(Go) to Menton(Me). To improve the measurement accuracy, a digital vernier calliper will be used to measure and record the values.

**Statistical Analysis**

Study data obtained were entered to Microsoft Excel Software and exported to Statistical Package for Social Sciences (SPSS) Version 21, IBM Statistics, USA. Descriptive Statistics (Mean, Standard Deviation and Percentages) were obtained. Intergroup F quantitative analysis was done using Independent-t-Test and Mann-Whitney Test with the level of significance set at 5% ( $p < 0.05 =$  Statistically Significant)

**RESULTS**

The average age of the entire study group was 18.2 years. Average Mandibular body Length (ML), Ramal Height (RH), Total Mandibular Length (TML) was traced on OPG with the Mean and Standard Deviation calculated  $87.14 \pm 4.14$ ,  $52.97 \pm 5.92$  and  $121.26 \pm 5.31$

respectively. Whereas for the Lateral Cephalogram ML, RH, TML was  $70.16 \pm 4.70$ ,  $52.14 \pm 5.27$ ,  $107.31 \pm 5.80$  respectively.

## CONCLUSION

It can be concluded that Orthopantomogram (OPG) can be used as a reliable diagnostic aid for measuring Ramal Height compared to lateral cephalogram while OPG cannot be used as a reliable diagnostic aid for measuring mandibular body length and total mandibular length.

## INTRODUCTION

Precise Diagnosis is one of the core components while establishing and specifying a Robust Treatment Plan for a Patient undergoing Orthodontic evaluation. Defining the relation between skeletal, dental, facial, and functional constituents turn a vital factor to specify individual's characteristics and prioritising their felt and needs while designing the treatment modality.<sup>1</sup>

Mandibular dimensions which includes Ramal height (Condylion-Gonion), Mandibular Body length (Gonion-Menton) and Total Mandibular length (Condylion-menton) are one of the key parameters which outline the course of the Procedure planned by an Orthodontist.<sup>2</sup>

The most commonly used diagnostic assistances in orthodontics are lateral cephalograms and panoramic radiographs (OPG).<sup>3</sup>

For evaluation of skeletal relations, lateral cephalograms are usually used. However, credibility of lateral cephalogram while measuring the right and left sides of the cranial landmarks individually may be an area of concern, due to superimposition of both the sides. To add to it, utilisation of Lateral Cephalogram in cases like hemifacial microsomia, unilateral condylar hyperplasia which requires precise measurements of structures on each side, diagnosing and planning surgeries can pose a challenge.<sup>4</sup>

Panoramic radiography delivers a wide-ranging view of maxillofacial structures with comparatively lesser radiation exposure than other investigatory tools. It has been commonly used in orthodontic practice to offer significant evidence about Dental and maxillofacial structures. It evades superimposing structures unlike a lateral cephalogram image. However being technique sensitive, panoramic radiograph measurements have raised questions among the researchers and the clinicians. The technique is rather sensitive to positioning errors because of a relatively narrow image layer.<sup>5</sup>

Though substantial evidences document the precision and reliability of OPG and Lateral Cephalogram individually, there is a dearth of literature supporting reliability and accuracy of mandibular linear measurements such as Mandibular Body Length, Mandibular Ramal Height and Total Mandibular Length using OPG over the Lateral Cephalogram. The Current study aims to explore the likelihood of utilising the panoramic radiograph which has been an indispensable and readily available instrument for dental diagnosis, over Lateral Cephalogram while formulation of Orthodontic protocol for a patient in need.

To achieve a fore mentioned, aim the study extends to explore the following objectives:

1. To find the diagnostic reliability of OPG over Lateral Cephalogram for measuring mandibular body length, ramal height and total mandibular length.
2. To compare the mandibular ramal height, body length and total mandibular length in right and left side of OPG.
3. To compare the mean difference of mandibular linear measurements obtained from OPG and Lateral Cephalogram.

## **2.METHODOLOGY**

An Observational, Cross Sectional Study Design was formulated including Pre-treatment lateral cephalogram and orthopantomogram of 60 patient records satisfying the inclusion criteria of age group of 12 to 25 years were selected from department of orthodontics and dentofacial orthopaedics, Noorul Islam college of dental science. Ethical Clearance was obtained prior to the study. Patients with facial and mandibular asymmetry, condylar hyperplasia or aplasia, craniofacial malformations and syndromes were excluded from the study.

### **Sample Size Calculation**

#### **SAMPLE SIZE CALCULATION:**

Based on Hypothesis Testing Two Mean using nMaster 2.0 Sample Size Calculator Software

## Formula

$$n = \frac{2s_p^2 [Z_{1-\alpha/2} + Z_{1-\beta}]^2}{\mu_d^2}$$

$$s_p^2 = \frac{s_1^2 + s_2^2}{2}$$

Where,

$s_1^2$  : Standard deviation in the first group

$s_2^2$  : Standard deviation in the second group

$\mu_d^2$  : Mean difference between the samples

$\alpha$  : Significance level

$1-\beta$  : Power

UNDER PEER REVIEW

$S_1^2$	= 6.54
$S_2^2$	= 6.47
$\mu$	= 3.36
$\alpha$	= 5 %
$1 - \beta$	= 80 %
Sample Size	= 60 per Group

## **Materials and Methods**

OPG device was used (VATECH, PAX-i version 2.5.0,75 Kvp,10 mA,10.1 seconds) under standard configuration defined by the manufacturer. The lateral cephalogram device (VATECH, PAX-i version 2.5.0,12.9 seconds) was used with the standard settings.

Orthopantomogram and lateral cephalogram of patients were taken at natural head position. Patients were positioned at upright with shoulders relaxed, having straight back, feet closed, head straight over chin rest, biting on a bite block, tongue against hard palate and head with Frankfort plane parallel to the floor and median sagittal plane perpendicular to the ground while radiographic exposure. For cephalometric radiographs, patients were placed in natural head position with the eyes straight ahead, the teeth in centric occlusion and the lips in relaxed contact. The patients were positioned with ear rods of cephalostat exerting moderate pressure on the external auditory meatus and Frankfort horizontal plane parallel to the floor. Quality and sharpness of the radiographic images were evaluated.

Armamentarium used for the study were: Acetate tracing paper, Lead pencil, Adhesive taper, X ray viewer, Vernier calliper, Ruler. Selected lateral cephalograms and orthopantomograms were manually traced using 0.5mm lead pencil and tracing sheets. The selected landmarks such as Gonion (Go), Condylion (Co), Menton (Me) were marked in lateral cephalogram and orthopantomogram. The linear measurements of mandible which included ramal height was measured by drawing lines from Condylion (Co) to Gonion (Go), total mandibular length from Condylion (Co) to Menton (Me) and mandibular body length from Gonion (Go) to Menton (Me). To improve the measurement accuracy, a digital vernier calliper was used to measure and record the readings.

## **Intra Observer Reliability**

All Measurement were carried out by a single Researcher who was calibrated to assure accurate measurements using the devices included in the study. Each series of panoramic and lateral cephalograms were evaluated on separate occasions by drawing reference lines and points and measuring mandibular variables directly on contact copies of the film.

The repeatability coefficient is a accuracy measure which represents the value below which the absolute difference between two repeated test results may be expected to fall with a probability of 95%.<sup>7</sup>

To assess the reproducibility of measurements, 20 OPGs and lateral cephalograms were randomly selected and re-traced at a gap of 15 days of the initial tracings. There was no significant measurement difference observed. The intraclass correlation coefficient was found to be high  $>0.8$  as per Cronbach's alpha-internal consistency-table<sup>6</sup> showing good test-retest reliability.

### **Statistical Analysis**

Study data obtained were entered to Microsoft Excel Software and exported to Statistical Package for Social Sciences (SPSS) Version 21, IBM Statistics, USA. Descriptive Statistics (Mean, Standard Deviation and Percentages) were obtained. Intergroup F quantitative analysis was done using Independent-t-Test and Mann-Whitney Test with the level of significance set at 5% ( $p < 0.05 =$  Statistically Significant)

## **RESULTS**

The average age of the entire study group was 18.2 years. Average Mandibular body Length (ML), Ramal Height (RH), Total Mandibular Length (TML) was traced on OPG with the Mean and Standard Deviation calculated  $87.14 \pm 4.14$ ,  $52.97 \pm 5.92$  and  $121.26 \pm 5.31$  respectively. Whereas for the Lateral Cephalogram ML, RH, TML was  $70.16 \pm 4.70$ ,  $52.14 \pm 5.27$ ,  $107.31 \pm 5.80$  respectively.

### **Comparative Analysis between right and left sides of OPG among the study subjects (Table 1)**

Mean values and standard deviation of OPG Right vs OPG left were tabulated for all the Three parametres. ML mean and SD for the right and Left half was  $87.08 \pm 4.49$  and  $87.21 \pm 4.13$  respectively where the mean difference amongst the subject using quantitative

inferential statistical analysis with Unpaired T Test was found to be non-significant (p value-0.86). Similar results were obtained for Ramal Height and Total Mandibular Length for right and left halves with non-significant Mean Difference. (p value 0.71 and 0.31 respectively)

**Comparative Analysis of Linear Mandibular Measurements between Lateral Cephalogram and Average OPG Measurements. (Table 2)**

Comparative analysis of the mean and SD for Ramal Height amongst the two Investigation modalities were found to have non significant mean difference with the p value of 0.41.

However, OPG average and lateral cephalogram when compared for mandibular body length and total mandibular length, The mean difference was found to be highly statistically significant for both the parameters. (p=<0.01\*\*).

**Comparative Analysis of Linear Mandibular Measurements between Lateral Cephalogram and Right and Left OPG Measurements separately. (Table 3)**

Similar to the inferential statistics obtained in Table2 Right and Left OPG when compared with Lateral cephalogram for Mandibular body Length and Total Mandibular Length, the mean difference was found to be highly significant (p=<0.01\*\*). Whereas Comparative analysis of the mean and SD for Ramal Height amongst right and left OPG and Lateral Cephalogram were found to have non-significant mean difference with the p value of 0.48 and 0.37 respectively.

**Table 1: Comparative Analysis between right and left sides of OPG among the study subjects**

	OPG RIGHT	OPGLEFT	P value
Mandibular Body Length(ML)	<b>87.08±4.49</b>	<b>87.21±4.13</b>	<b>0.86</b>
Ramal Height(RH)	<b>53.17±6.06</b>	<b>52.77±5.85</b>	<b>0.71</b>
Total Mandibular length(TML)	<b>121.72±6.60</b>	<b>120.80±4.70</b>	<b>0.37</b>

**Table 2: Comparative Analysis of Linear Mandibular Measurements between Lateral Cephalogram and Average OPG Measurements.**

	<b>OPG AVG</b>	<b>LATERAL CEPH</b>	<b>P value</b>
<b>Mandibular Body Length(ML)</b>	<b>87.14±4.14</b>	<b>70.16±4.70</b>	<b>&lt;0.01**</b>
<b>Ramal Height(RH)</b>	<b>52.97±5.92</b>	<b>52.14±5.27</b>	<b>0.41</b>
<b>Total Mandibular length(TML)</b>	<b>121.26±5.31</b>	<b>107.31±5.80</b>	<b>&lt;0.01**</b>

**Table 3: Comparative Analysis of Linear Mandibular Measurements between Lateral Cephalogram and Right and Left OPG Measurements separately.(Table 3)**

	<b>OPG Right</b>	<b>OPG Left</b>	<b>LATERAL CEPH</b>	<b>P value</b>
<b>Mandibular Body Length(ML)</b>	<b>87.08±4.49</b>	<b>87.21±4.13</b>	<b>70.16±4.70</b>	<b>&lt;0.01**</b>
<b>Ramal Height(RH)</b>	<b>53.17±6.06</b>	<b>52.77±5.85</b>	<b>52.14±5.27</b>	<b>0.48, 0.37 respectively</b>
<b>Total Mandibular length(TML)</b>	<b>121.72±6.60</b>	<b>120.80±4.70</b>	<b>107.31±5.80</b>	<b>&lt;0.01**</b>

## **DISCUSSION**

The results of current study depicts that there is no statistically significant difference in ramus height between OPG and lateral cephalogram. Whereas, statistically significant difference exists for Mandibular Body Length and Total Mandibular Length between OPG and lateral cephalogram. A possible explanation for the difference may be because of overlap between the right and left condyle in the lateral cephalogram which affects measurements involving Condyle.<sup>4</sup>

It has been well documented that an OPG can provide comprehensive information on vertical dimensions of craniofacial unit whereas lateral cephalogram marks for a holistic view.<sup>8</sup>

Measurements with accuracy and reproducibility on Lateral Cephalogram have been reported to be more reliable<sup>9</sup> than the OPG.<sup>10</sup>

Comparing the mandibular linear measurements on right and left half of an OPG, it was noted that mandibular body length had obtained a mean value of  $87.08 \pm 4.49$  on right side and  $87.21 \pm 4.13$  on left side of an OPG with a P value of 0.86 is statistically significant. Ramal Height Measurements obtained were mean value of  $53.17 \pm 6.06$  on right side and  $52.77 \pm 5.85$  on left side of the OPG with a P value of 0.71 showing statistically non-significant value. Total mandibular Length on Right and left halves in an OPG showed mean value of  $121.72 \pm 6.60$  and  $120.80 \pm 4.70$  respectively with a P value of 0.37 which shows statistically non significant value. These results were in agreement with the study conducted by Kumar et al.<sup>16</sup> Comparing the mean and Standard Deviation for linear measurements of ramal height in lateral cephalogram and OPG, the values obtained were  $52.14 \pm 5.27$  and  $52.97 \pm 5.92$  respectively, with a P value of 0.41 which was statistically insignificant. These Findings were in Agreement with study conducted by Akcam et al<sup>15</sup>, Kumar et al<sup>16</sup>, Ongkosuwito et al.<sup>4</sup> Comparing the Mandibular Body Length and Total mandibular length on lateral cephalogram with Right and left halves of OPG separately, mean value for mandibular body length was  $70.16 \pm 4.70$ ,  $87.08 \pm 4.49$ ,  $87.21 \pm 4.13$  respectively and  $107.31 \pm 5.80$ ,  $121.72 \pm 6.60$ ,  $120.80 \pm 4.70$  for total mandibular length. P value obtained for Mandibular Body length and total mandibular length were 0.01 shows highly statistically significant value. This results were in agreement with Kumar et al<sup>16</sup> where mandibular body length cannot be reliable on OPG over a lateral cephalogram.

As per the researchers, an OPG is affected by both magnification errors and displacement causing image distortion. The technique remains sensitive to subject positioning due to comparatively narrow image layer.<sup>11</sup> While skeletal landmarks within the sharply described plane are free of distortion, structures outside plane appears distorted due to the difference between film velocity and the projection velocity of the entity on the film.<sup>12</sup>

Horizontal measurements have been documented undependable because of the non-linear variation in the magnification at different object depths; while vertical measurements have been presented relatively reliable.<sup>11</sup> Laster et al, 2005 have documented a concern while performing Absolute measurements or relative comparisons on an OPG as shifted skull positions may affect the panoramic precision.<sup>13</sup>

According to Larheim and Svanaes as well Vertical and angular measurements were reproducible whereas horizontal scales were undependable.<sup>14</sup>

Similar results have been quoted by Ongkosuwito et al with the vertical measurements (Co-Go and Co-Me) having a better correlation than the horizontal measurement (Go-Me)<sup>4</sup>.

Ramstad et al.<sup>17</sup> suggest that quantitative measurements on panoramic radiographs should not be supported. However, some authors<sup>14</sup> find that the duplicability of vertical and angular measurements is acceptable provided the patient's head has been correctly positioned while taking an OPG.

Hence OPG can be used as an adjuvant source to measure the vertical measurements individually on the right and left sides while it may not be a precision source for horizontal measurements. However, the current study opens the scope for further studies with larger sample size to strengthen the proposed hypothesis. To add to it a study design with robust standardisation of OPG recording process with use of computer assisted landmark measurements and stringent calibration can provide substantial strength to the present evidence.

## **CONCLUSION**

It can be concluded that Orthopantomogram (OPG) can be used as a reliable diagnostic aid for measuring Ramal Height compared to lateral cephalogram while OPG cannot be used as a reliable diagnostic aid for measuring mandibular body length and total mandibular length. Further studies with larger sample size are required to strengthen the findings of the present study. OPG may not accurately measure Horizontal measurements, but they do have the lead of giving advanced diagnostic yield when compared to lateral cephalogram. With Less exposure for panoramic coverage of the dental arches and ease to measure the right and left side with less superimposition, importance of OPG as a diagnostic aid must not be neglected by the clinicians especially in cases with skeletal asymmetry.

**ETHICAL APPROVAL:** This study was approved by the Institutional Review Board of NIMS Ethics Committee Registration number: ECR EC/NEW/INST/2022/KL/0068.

**COMPETING INTERESTS DISCLAIMER:**

Authors have declared that no competing interests exist. The products used for this research are commonly and predominantly use products in our area of research and country. There is absolutely no conflict of interest between the authors and producers of the products because we do not intend to use these products as an avenue for any litigation but for the advancement of knowledge. Also, the research was not funded by the producing company rather it was funded by personal efforts of the authors.

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