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ORIGINAL ARTICLE

Relationship of Different Radiograph: Maturity Indicator

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ABSTRACT

The purpose of this study was to investigate the relationship between the stage of calcification of various teeth and skeletal maturity stage among Indians individuals. The study subjects consisted of 43 male subjects and 42 female subjects ranging in age from 8 to 20 years. A total of 85 hand-wrist, panoramic radiographs and cephalograms were obtained and analyzed. Skeletal age and skeletal maturity stages were determined from hand-wrist radiographs by using the method outlined in the atlas of Fishman's system and cephalogram by using the method Hasal and Farmen. The tooth development of mandibular canines, first and second premolars and second molars were assessed according to the Demirjian system. The second molar was the tooth showing the highest correlation. This suggested that tooth calcification stages from panoramic radiographs might be clinically useful as a maturity indicator after pubertal growth period.

Keywords: Tooth calcification, panoramic, radiograph, cephalogram, maturity indicator, Demirjian method, Fishman method, Hassel and Farmen method.

Introduction

Hand wrist radiographs have used for calculation as skeletal age for many years. The ossification and development of the carpal bones of the wrist, the metacarpals of the hands, and the phalanges of the fingers form a chronology of skeletal development. A satisfactory hand wrist radiograph can be made utilizing a standard cephalometric cassette and a dental x-ray or the cephalometric x-ray source. In use, the overall pattern observed in the hand-wrist film is compared with age standards in a reference atlas[1] to obtain a skeletal age for the patient. In addition, the status of certain specific landmarks such as the ulnar sesamoid or hamate bones can be used to obtain as estimate of the timing of the adolescent growth spurt.[2] Various areas of the skeleton have been used : the foot, the ankle, the hip, the elbow, the hand wrist, and the cervical vertebrae.[3]

Materials and methods

Materials

The study sample consisted of 85 patients (M:F :: 43:42) selected from Department of Orthodontics, Government Dental College and Hospital associated with Pt. B.D. Sharma Postgraduate Institute of Medical Science, Rohtak (Haryana). Hand wrist panoramic radiographs and cephalogram of 85 patients were taken.

Selection criteria included:

- The subject had no previous history of trauma or injury to the face and hand and wrist region.
- The subjects had normal dental conditions.
- The subjects had undergone neither previous orthodontic treatment nor extraction of any permanent teeth.

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Assessment of parameters

A. To evaluate the stage of skeletal maturation of each Hand-wrist radiograph according to the method described by Fishman.[5]

The following selected ossification events were determined:

- MP₃: The middle phalanx of the third finger, the epiphysis equals its diaphysis.
- S Stage : The first mineralization of the ulner sesamoid bone.
- MP_{3cap}: The middle phalanx of the third finger, the epiphysis caps its diaphysis.
- MP_{5cap}: Capping of epiphysis seen in middle phalanx of fifth finger. DP_{3u} : The distal phalanx of third finger, complete epiphyseal union.
- MP_{3u}: The middle phalanx of third finger, complete epiphyseal union.

B. Tooth calcification from panoramic radiographs was rated according to the method described by Demirjian et al.[6] In which 8 stages of calcification.

Left mandibular teeth in panoramic radiographs were examined. In case of any missing left mandibular teeth, the right teeth corresponding to the missing teeth were substituted. Mandibular incisor and first molars were not rated because apical closure had already take place.

C. To evaluate the stage of skeletal maturation of each cephalogram according to the method described by Hassel and Farman[3].

The following six stages in vertebrae developments:

Stage 1

This stage called initiation corresponds to beginning of adolescent growth expected with 80 to 100 % of adolescent growth expected. Inferior borders of C₂, C₃ and C₄ were flat at this stage. The vertebrae were wedge shaped, and the superior vertebral borders were tapered from posterior to anterior.

State 2

The second stage is called acceleration. Growth acceleration begins at this stage, with 65% to 85% of adolescent growth expected. Concavities were

developing in the inferior borders of C₂ and C₃. The inferior border of C₄ was flat. The bodies of C₃ and C₄ were nearly rectangular in shape.

State 3

The third stage called transition, corresponded to acceleration of growth towards peak height velocity with 25% to 65% of adolescent growth expected. Distinct concavities were seen in the inferior borders of C₂ and C₃. A concavity was beginning to develop in the inferior border of C₄. The bodies of C₃ and C₄ were rectangular in shape.

Stage 4

This stage called deceleration, corresponds to deceleration of adolescent growth spurt with 10 to 25% of adolescent growth expected. Distinct concavities were seen in the inferior borders of C₂, C₃ and C₄. The vertebral bodies of C₃ and C₄ were becoming more square in shape.

Stage 5

The fifth stage is called maturation. Final maturation of the vertebrae took place during this stage, with 5 to 10% of adolescent growth expected. More accentuated concavities were seen in the inferior borders of C₂, C₃ and C₄. The bodies of C₃ and C₄ were nearly square to square in shape.

Stage 6

This stage is called completion corresponds to completion of growth. Little or no adolescent growth could be expected. Deep concavities were seen in inferior border of C₂, C₃ and C₄. The bodies of C₃ and C₄ were square or were greater in vertical dimension than in horizontal dimension.

All of the assessments were made simultaneously on an illuminated viewing box in dark room. The interpretations of hand wrist, panorgamic and cephalometric radiographs were discussed until agreement was reached. Exact chronological ages were verified by reference to the patient's birth date. The entire data collected was subjected to statistical an analysis by using SPSS (SPSS Inc., Chicago, Illinois).

Results and discussions

Results

The sample consisted of 85 patients (M:F :: 43:42) subjects ranging in age from 8 years to 20 years.

Table 1: Mean and standard deviation of chronological and skeletal age by Fishman method (Hand wrist radiographs) and by Hassel and Farman method (Cephalogram).

Skeletal maturity stages		Chronological age (in years) Mean + S.D.		According to Fishman method (in years) Mean + S.D.		According to Hassel and Farman method (in years) Mean + S.D.	
Fishman	Hassel	Male	Female	Male	Female	Male	Female
MP ₃	Stage 1	11.4+1.2	10.1+1.3	11.68+1.06	10.58+0.88	11.01+1.22	9.94+0.96
S	Stage 2	11.7+1.4	10.9+1.2	12.33+1.09	11.22+1.11	11.95+1.05	10.68+0.89
MP _{5Cap}	Stage 3	13.5+1.5	11.8+1.5	13.75+1.06	12.06+0.96	12.38+1.09	11.23+1.13
MP _{3Cap}	Stage 4	14.2+1.4	12.1+1.4	14.38+1.08	12.34+0.90	15.50+1.07	13.90+0.99
DP _{3u}	Stage 5	14.9+1.3	13.6+1.2	15.11+1.03	13.10+0.87	16.40+1.02	14.77+0.96
MP _{3u}	Stage 6	15.8+1.2	14.5+1.2	16.40+1.02	14.77+0.96	17.37+1.26	16.07+1.25

Table 2: Percentage distribution of calcification stages of canine at MP₃, S, MP_{5Cap}, MP_{3Cap}, DP_{3u}, and MP_{3u} stage

Stages	MP ₃		S		MP _{5Cap}		MP _{3Cap}		DP _{3u}		MP _{3u}	
	F	M	F	M	F	M	F	M	F	M	F	M
D	2.2	-	-	-	-	-	-	-	-	-	-	-
E	14.6	5.2	5.1	4.3	2.3	1.3	-	-	-	-	-	-
F	65.2	51.1	47.7	32.4	25.6	4.2	5.6	1.2	4.8	0	1.8	0
G	12.5	20.9	30.4	27.3	24.4	14.9	12.8	10.5	18.8	11.8	4.8	6.8
H	7.5	17.9	17.1	28.0	47.3	75.8	70.0	86.5	76.4	88.2	94.5	93.5
I	1.0	4.7	1.0	8.0	1.4	2.8	10.6	1.8	0	0	2.5	0

The canine stage H in male and female at MP_{3u} showed highest percent distribution.

Table 3: Percentage distribution of calcification stages of second molar at MP₃, S, MP_{5Cap}, MP_{3Cap}, DP_{3u}, and MP_{3u} stage

Stages	MP ₃		S		MP _{5Cap}		MP _{3Cap}		DP _{3u}		MP _{3u}	
	F	M	F	M	F	M	F	M	F	M	F	M
D	25.3	21.2	10.3	8.3	3.4	2.1	1.4	0	0	0	0	0
E	53.5	49.5	52.5	49.2	27.1	26.9	29.1	30.1	7.6	6.3	2.8	0
F	11.7	11.8	23.8	21.3	38.5	37.9	48.5	58.2	21.5	39.5	52.5	51.7
G	9.5	10.8	15.4	14.9	21.5	20.9	12.5	11.3	55.8	59.3	44.7	48.3
H	0	0	0	5.9	10.2	9.8	9.2	0	13.8	0	0	0
I	0	0	0	-	0	0	0	0	2.3	0	0	0

Second molar stage G in males and females at DP_{3u} showed highest percent distribution of calcification.

Table 4: Percentage distribution of calcification stages of first pre-molar at MP₃, S, MP_{5Cap}, MP_{3Cap}, DP_{3u}, and MP_{3u} stage

Stages	MP ₃		S		MP _{5Cap}		MP _{3Cap}		DP _{3u}		MP _{3u}	
	F	M	F	M	F	M	F	M	F	M	F	M
D	4.1	0	2.7	0	1.3	0	0	0	0	0	0	0
E	44.4	17.3	26.5	6.5	30.5	9.1	12.6	9.3	1.2	0	0	0
F	33.5	43.7	38.3	17.5	42.4	9.1	27.1	9.3	3.9	0	1.3	0
G	12.4	21.6	11.4	49.7	15.4	81.8	29.4	81.5	5.3	2.4	8.1	0
H	5.1	17.4	9.1	26.3	4.1	0	32.7	0	84.6	97.6	85.6	100
I	0	0	0	0	0	0	0	0	0	0	0	0

The first molar stage H in males and females at MP_{3u} showed highest percentage distribution of calcification.

Table 5: Percentage distribution of calcification stages of second pre-molars at MP₃, S, MP_{5Cap}, MP_{3Cap}, DP_{3u}, and MP_{3u} stage

Stages	MP ₃		S		MP _{5Cap}		MP _{3Cap}		DP _{3u}		MP _{3u}	
	F	M	F	M	F	M	F	M	F	M	F	M
D	0	0	3.7	0	0	0	0	0	0	0	0	0
E	53.3	26.5	23.9	5.3	17.5	0	18.1	0	0	0	1.2	0
F	31.2	47.6	55.2	38.0	35.1	12.0	34.3	11.2	21.5	0	2.1	21.3
G	15.5	16.7	11.5	44.7	27.8	44.3	29.1	45.1	44.2	11.3	15.5	75.4
H	0	9.1	5.7	11.0	19.6	43.7	17.4	43.7	33.3	88.7	81.3	3.3
I	0	0	0	0	0	0	0	0	0	0	0	0

Second premolar stage H in males at DP_{3u} and females at MP_{3u} showed highest percent distribution of calcification.

Table 6: Correlation coefficient between skeletal and dental development stages in male and female subjects.

Tooth	Correlation coefficient (r value)	
	Males	Females
Canine	0.58	0.52
First premolar	0.69	0.58
Second premolar	0.42	0.43
Second molar	0.73	0.69p<0.01.

Highest correlation coefficient showed by second premolar in male and female.

Discussion

From the current study, maturation patterns of tooth development have shown that males tend to be more advanced as compared with females in relation to skeletal maturity stages as previous study.[7] The correlation coefficient between skeletal maturity and calcification stages of the teeth, were quite high, ranging from 0.42 to 0.73 and were statistically significantly significant ($p < 0.01$). Chartkow *et al.*[8] and Coutinho *et al.*[9] have suggested a high relationship between calcification of mandibular canine and skeletal maturity indicators while in this study mandibular second molar in male as well as female. By the time the skeletal age assessment was performed, hand wrist radiographs and cephalograms from male subjects clearly differed from the standard plates more frequently than those of the female subjects, particularly in carpal bone area, which always showed less maturity compared with the other bones as by Acheson *et al.*[10] and Carpenter and Lester.[11]

The skeletal correlation with orthopedic appliances such as frankel appliance, Herbst appliance and cervical pull head could be initiated during the accelerating growth period and continued through the peak velocity period, depending on the severity of skeletal malrelationship.

From the present study, the relationship between the tooth calcification stages and the skeletal maturity indicators probably allows the clinician to more easily identify the stages the pubertal growth period from the panoramic radiographs. The second molar was the tooth showing the highest correlation.

Conclusion

Second molar was the tooth showing the highest correlation. If a strong association exist between skeletal maturity and dental calcification stages, the stages of dental calcification might be used as a first level diagnostic tool to estimate the timing of the pubertal growth spurt. The ease of recognizing dental developmental stage, together with availability of intraoral or panoramic radiographs in most orthodontic or pediatric dental practice, are practical reasons for attempting to assess physiologic maturity without resorting to hand-wrist radiographs. Hence further study recommended in large sample size and further study should be address development of second molars.

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