

# **Assessment Of Soft Tissue Facial Profile Among Patients of Different Age Groups Among Patients Reporting to Orthodontic Treatment**

Shunmugam Kumar Mangal.C

Saveetha Dental College and Hospitals,  
Saveetha Institute Of Medical and Technological Sciences, Saveetha University  
Chennai, India  
E-mail ID -151601026.sdc@saveetha.com

A.SumathiFelicita

Reader

Department Of Orthodontics  
Saveetha Dental College and Hospitals,  
Saveetha Institute Of Medical and Technological Sciences, Saveetha University  
Chennai, India  
E-mail ID -sumathifelicita@saveetha.com

VigneshRavindran

Senior lecturer

Department of pedodontics ,  
Saveetha Dental college& Hospitals,  
Saveetha Institute of Medical and technical Science,  
Saveetha University,  
Chennai  
E-mail ID - vigneshr.sdc@saveetha.com

## **Corresponding Author:**

A.SumathiFelicita

Department Of Orthodontics  
Saveetha Dental College and Hospitals,  
Saveetha Institute Of Medical and Technological Sciences, Saveetha University  
Chennai, India  
E-mail ID [-sumathifelicita@saveetha.com](mailto:-sumathifelicita@saveetha.com)

**Abstract:**

**Introduction:**

*Evaluation of the soft tissue profile and esthetics is a key factor during orthodontic diagnosis and treatment planning. This study was undertaken to determine the facial profile characteristics of individuals at different age groups in patients reporting for orthodontic treatment.*

**Material & Methods:**

*Archived records of 89000 patients reporting to the dental clinic between June 2019 to march 2020 were screened. Patients with skeletal class I malocclusion without prior history of orthodontic treatment with balanced profile and pleasing profile were identified. 88 patients who meet the inclusion criteria were included in the study. They were divided into two groups. One group with patients less than 19 years of age and the other group with patients greater than 19 years. Their preoperative profile photos were examined and facial analysis done. Ricketts E plane of upper and lower lip, naso labial & facial convexity angle were measured by tracing the profile pictures of patients and marking the reference points and using protractor to measure the angle. Lateral cephalograms were not traced. This data obtained was tabulated. Statistical analysis was done using SPSS software version 25. An Independent T Test was done to compare the difference between the two groups.*

**Result:**

*The upper lip to E Plane in patients less than 19 years was  $-0.02\text{mm} \pm 2.06\text{mm}$  and those more than 19 years as  $-0.86\text{ mm} \pm 2.04\text{mm}$ . The lower lip to E plane in patients less than 19 years was  $2.25\text{mm} \pm 1.95\text{mm}$  and those more than 19 years was  $0.84\text{ mm} \pm 2.52\text{mm}$ . Nasolabial angle in patients less than 19 years was  $99.97^{\circ} \pm 14.09^{\circ}$  and those more than 19 years was  $100.59^{\circ} \pm$*

14.71°. Facial convexity angle in patients less than 19 years was  $165.47^{\circ} \pm 4.77^{\circ}$  and those more than 19 years was  $169.54^{\circ} \pm 6.48^{\circ}$ .

**Conclusion:**

*There was a statistically significant difference between the two groups with regard to lower lip to E plane and facial convexity with  $p= 0.004$  and  $p= 0.001$  respectively. There appears to be an increase in the angular and linear measurements indicating a progressive flattening of the face with increasing age.*

**Introduction:**

The facial features and components of the human face can be used as a biometric tool for identification [1]. Use of facial recognition software can also be used in the field of forensic for identifying suspects and victims using photographs or digital scans [2]. The common drawback arising from the use of facial recognition software is changes occurring in an individual's appearance due to aging. These are commonly seen in ID cards issued by the government usually remain valid only for a few years since photographs of the same person after several years will show changes [3]. These changes that arise due to the passage of time are called temporal changes and when they cause effects like aging it's called temporal performance degradation[4][5][6]. The challenge is to understand how progression of time affects the craniofacial region. This can be done by using facial analysis as it deals with soft tissue landmarks on skeletal points. The changes arise in the craniofacial region of the human body with age due to bone movement and loss of muscle strength[7].

Due to the difference in races, esthetic preference such as colour, complexion and hair line tend to mask the actual age of an individual. Hence the idea to find a standard method using the facial features to assess age of an individual is a promising field of research.

With the progression of age, a person undergoes various changes especially in the craniofacial region. Notable soft tissue and skeletal changes arise due to aging and are more common in the dentoalveolar region. The aim of the study is to find the difference in various soft tissue parameters in patients less than and greater than 19 years of age.

### **Materials and methods :**

Archived records of 2100 patients reporting to the dental clinic between June 2019 to march 2020 were screened. Patients with skeletal class I malocclusion without prior history of orthodontic treatment with balanced profile and pleasing profile were identified. 88 patients who meet the inclusion criteria were included in the study. They were divided into two groups. One group with patients less than 19 years of age and the other group with patients greater than 19 years. These two groups were chosen to delineate between growing individuals and adult patients. Their preoperative profile photos were examined and facial analysis done. Ricketts E plane of upper and lower lip, naso labial & facial convexity angle were measured by tracing the profile pictures of patients and marking the reference points and using protractor to measure the angle. Lateral cephalograms were not traced. This data obtained was tabulated. Statistical analysis was done using SPSS software version 25. An Independent T Test was done to compare the difference between the two groups.

### **Results :**

55.8% of the patients were females and 44.2% were male (graph-1). The mean age of the patient was in  $15.55 \pm 2.25$  one group and  $25.48 \pm 5.87$  in the other. The upper lip to Ricketts E plane in individuals less than 19 years was found to be  $-0.02 \text{ mm} \pm 2.06 \text{ mm}$  and for individuals more than 19 years found to be  $-0.86 \text{ mm} \pm 2.04 \text{ mm}$ . The lower lip to Ricketts E plane for individuals less than 19 yrs was found to be  $2.25 \text{ mm} \pm 1.95 \text{ mm}$  and lower lip to Ricketts E plane for individuals more than 19 years was found to be  $0.84 \text{ mm} \pm 2.52 \text{ mm}$ . Nasolabial angle for individuals less than 19 years has a mean value of  $99.97^\circ \pm 14.09^\circ$  and for individuals more than 19 years was found to be mean of  $100.59^\circ \pm 14.71^\circ$ . Facial convexity angle for individuals less than 19 years has a mean value of  $165.47^\circ \pm 4.77^\circ$  and for individuals more than 19 years has a mean value of  $169.54^\circ \pm 6.48^\circ$  (Table-2). There was a statistically significant difference between the two groups with regard to lower lip to E plane and facial convexity.

### **Discussion:**

Several studies have been conducted in the field of orthodontics to understand the biomechanical principles, efficacy of orthodontic bonding, recycling method for orthodontic brackets etc.[8][9][8,10][11][12][13][14]. Extensive in-vitro and in-vivo study has been conducted[15][16][17][18][19]. Craniofacial studies using anatomical landmarks on the skull to determine age as well as soft tissue changes due to age progression have not been frequently studied[20][21][22].

From the results of this study one can infer that older patients have higher values of E- plane of upper and lower lip, facial convexity angle and nasolabial angle. There appears to be a flattening of the facial with increase in age. This is due to the fact that aging causes loss in muscle elasticity, depletion of subcutaneous tissue all of which causes drooping of eyebrows and

wrinkling of forehead especially in the upper third [23]. It results in giving the appearance of an old and tired facial appearance. In the middle third of the face fat deposits in the cheek fade. The ligaments holding the fat pad shifts causing the cheek region to appear hollowed out or sunken and exaggeration of the nasolabial folds. The nose of patients also moves forward and downward with age [24]. In the lower third of the face wrinkling occurs above the vermilion border due to thinning of the skin. Drooping of the cheek was also found to be a common finding in older individuals due to loss of fat and volume and gravity induced shift. The upper lip was found to increase in length and droop with the progression of age[25][26].

**Conclusion:**

There was a statistically significant difference between the two groups with regard to lower lip to E plane and facial convexity. There appears to be an increase in the angular and linear measurements indicating a progressive flattening of the face with increasing age.

**Author contributions:**

- Design - Shunmugam Kumar Mangal, A.SumathiFelicita
- Intellectual content - A.SumathiFelicita
- Data collection - Shunmugam Kumar Mangal
- Data analysis - A.SumathiFelicita
- Manuscript writing - Shunmugam Kumar Mangal

- Manuscript editing - A.SumathiFelicita, VigneshRavindran

**Acknowledgement:**

The authors of this study acknowledge the institute, for their help towards collecting all the patient case records and other datas in relevance to the current study.

**Conflict of interest:**

The authors declare that there are no conflicts of interest.

**Reference:**

- [1] Albert AM, Midori Albert A, Ricanek K, Patterson E. A review of the literature on the aging adult skull and face: Implications for forensic science research and applications. *Forensic Science International* 2007;172:1–9. <https://doi.org/10.1016/j.forsciint.2007.03.015>.
- [2] Coleman S, Grover R. The anatomy of the aging face: Volume loss and changes in 3-dimensional topography. *Aesthetic Surgery Journal* 2006;26:S4–9. <https://doi.org/10.1016/j.asj.2005.09.012>.
- [3] Rhodes MG. Age estimation of faces: a review. *Applied Cognitive Psychology* 2009;23:1–12. <https://doi.org/10.1002/acp.1442>.
- [4] Pentland A, Choudhury T. Face recognition for smart environments. *Computer* 2000;33:50–5. <https://doi.org/10.1109/2.820039>.
- [5] Phillips PJ, Martin A, Wilson CL, Przybocki M. An introduction evaluating biometric systems. *Computer* 2000;33:56–63. <https://doi.org/10.1109/2.820040>.
- [6] Pessa JE, Rohrich RJ. *Facial Topography: Clinical Anatomy of the Face*. CRC Press; 2014.
- [7] Wilkinson C, Rynn C, Peters H, Taister M, Kau CH, Richmond S. A blind accuracy assessment of computer-modeled forensic facial reconstruction using computed tomography data from live subjects. *Forensic Science, Medicine, and Pathology* 2006;2:179–87. <https://doi.org/10.1007/s12024-006-0007-9>.
- [8] Sivamurthy G, Sundari S. Stress distribution patterns at mini-implant site during retraction and intrusion—a three-dimensional finite element study. *Progress in Orthodontics* 2016;17. <https://doi.org/10.1186/s40510-016-0117-1>.
- [9] Samantha C. Comparative Evaluation of Two Bis-GMA Based Orthodontic Bonding Adhesives - A Randomized Clinical Trial. *JOURNAL OF CLINICAL AND DIAGNOSTIC RESEARCH* 2017. <https://doi.org/10.7860/jcdr/2017/16716.9665>.
- [10] Krishnan S, Pandian S, Kumar S A. Effect of bisphosphonates on orthodontic tooth movement-an update. *J ClinDiagn Res* 2015;9:ZE01–5.

- [11] Vikram NR, Prabhakar R, Kumar SA, Karthikeyan MK, Saravanan R. Ball Headed Mini Implant. *J ClinDiagn Res* 2017;11:ZL02–3.
- [12] Kamisetty SK, Verma JK, Arun, Sundari S, Chandrasekhar S, Kumar A. SBS vs Inhouse Recycling Methods-An In Vitro Evaluation. *J ClinDiagn Res* 2015;9:ZC04–8.
- [13] Felicita AS. Quantification of intrusive/retraction force and moment generated during en-masse retraction of maxillary anterior teeth using mini-implants: A conceptual approach. *Dental Press J Orthod* 2017;22:47–55.
- [14] Ramesh Kumar KR, Shanta Sundari KK, Venkatesan A, Chandrasekar S. Depth of resin penetration into enamel with 3 types of enamel conditioning methods: a confocal microscopic study. *Am J Orthod Dentofacial Orthop* 2011;140:479–85.
- [15] Viswanath A, Ramamurthy J, Dinesh SPS, Srinivas A. Obstructive sleep apnea: awakening the hidden truth. *Niger J Clin Pract* 2015;18:1–7.
- [16] Jain RK, Kumar SP, Manjula WS. Comparison of intrusion effects on maxillary incisors among mini implant anchorage, j-hook headgear and utility arch. *J ClinDiagn Res* 2014;8:ZC21–4.
- [17] Felicita AS. Orthodontic management of a dilacerated central incisor and partially impacted canine with unilateral extraction - A case report. *Saudi Dent J* 2017;29:185–93.
- [18] Dinesh SPS, Arun AV, Sundari KKS, Samantha C, Ambika K. An indigenously designed apparatus for measuring orthodontic force. *J ClinDiagn Res* 2013;7:2623–6.
- [19] Felicita AS, Sumathi Felicita A. Orthodontic extrusion of Ellis Class VIII fracture of maxillary lateral incisor – The sling shot method. *The Saudi Dental Journal* 2018;30:265–9. <https://doi.org/10.1016/j.sdentj.2018.05.001>.
- [20] Rubika J, Sumathi Felicita A, Sivambiga V. Gonial Angle as an Indicator for the Prediction of Growth Pattern. *World Journal of Dentistry* 2015;6:161–3. <https://doi.org/10.5005/jp-journals-10015-1334>.
- [21] Felicita AS, Chandrasekar S, Shanthasundari KK. Determination of craniofacial relation among the subethnic Indian population: a modified approach - (Sagittal relation). *Indian J Dent Res* 2012;23:305–12.
- [22] Pandian KS, Krishnan S, Kumar SA. Angular photogrammetric analysis of the soft-tissue facial profile of Indian adults. *Indian J Dent Res* 2018;29:137–43.
- [23] Bishara SE, Jakobsen JR, Hession TJ, Treder JE. Soft tissue profile changes from 5 to 45 years of age. *American Journal of Orthodontics and Dentofacial Orthopedics* 1998;114:698–706. [https://doi.org/10.1016/s0889-5406\(98\)70203-3](https://doi.org/10.1016/s0889-5406(98)70203-3).
- [24] Sforza C, Grandi G, De Menezes M, Tartaglia GM, Ferrario VF. Age- and sex-related changes in the normal human external nose. *Forensic Science International* 2011;204:205.e1–205.e9. <https://doi.org/10.1016/j.forsciint.2010.07.027>.
- [25] Sforza C, Grandi G, Binelli M, Dolci C, De Menezes M, Ferrario VF. Age- and sex-related changes in three-dimensional lip morphology. *Forensic Science International* 2010;200:182.e1–182.e7. <https://doi.org/10.1016/j.forsciint.2010.04.050>.
- [26] Iblher N, Kloepper J, Penna V, Bartholomae J-P, Bjoern Stark G. Changes in the aging upper lip – a photomorphometric and MRI-based study (on a quest to find the right rejuvenation approach). *Journal of Plastic, Reconstructive & Aesthetic Surgery* 2008;61:1170–6. <https://doi.org/10.1016/j.bjps.2008.06.001>.

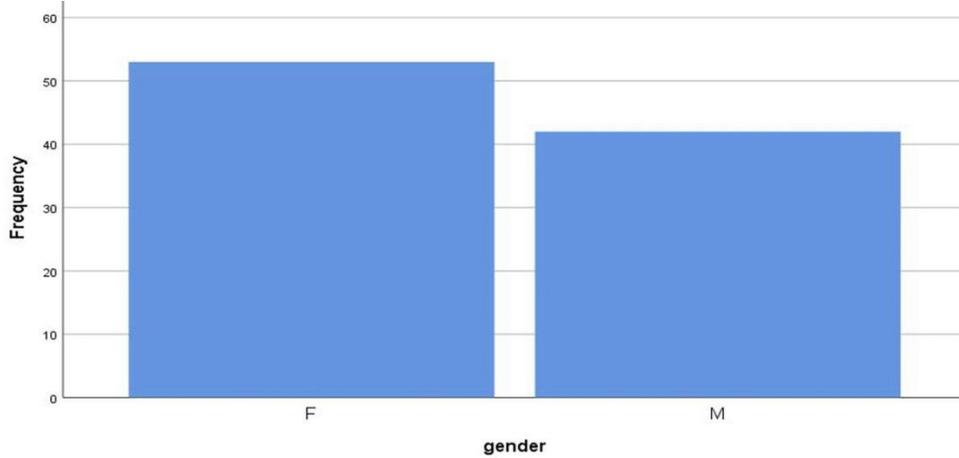
## **LIST OF GRAPHS AND TABLES**

Graph-1: Bar chart showing frequency distribution of study participants based on gender (X-axis shows gender, Y-axis shows number of respondents). Higher number of respondents were females total number of 53 while males were 42

Graph 2: shows the mean and standard deviation on the various soft tissue parameters namely upper lip to Rickett's E plane, Lower lip to Rickett's E plane, nasolabial angle and facial convexity between the two age groups one less than 19 years of age and the other greater than 19 years. There was a statistically significant difference between the groups with respect to lower lip to Rickett's E plane and facial convexity  $p= 0.004$  and  $p= 0.001$  respectively

Table 1- Mean and standard deviation of age of the patients in both the groups one less than 19 years of age and the other greater than 19 years of age

Table 2 - shows the results of the Student T test with comparison of the different soft tissue parameters between the two groups one less than 19 years of age and the other greater than 19 years of age with mean, standard deviation and P value



Graph-1: Bar chart showing frequency distribution of study participants based on gender (X-axis shows gender, Y-axis shows number of respondents). Higher number of respondents were females with a total number of 53 while males were 42

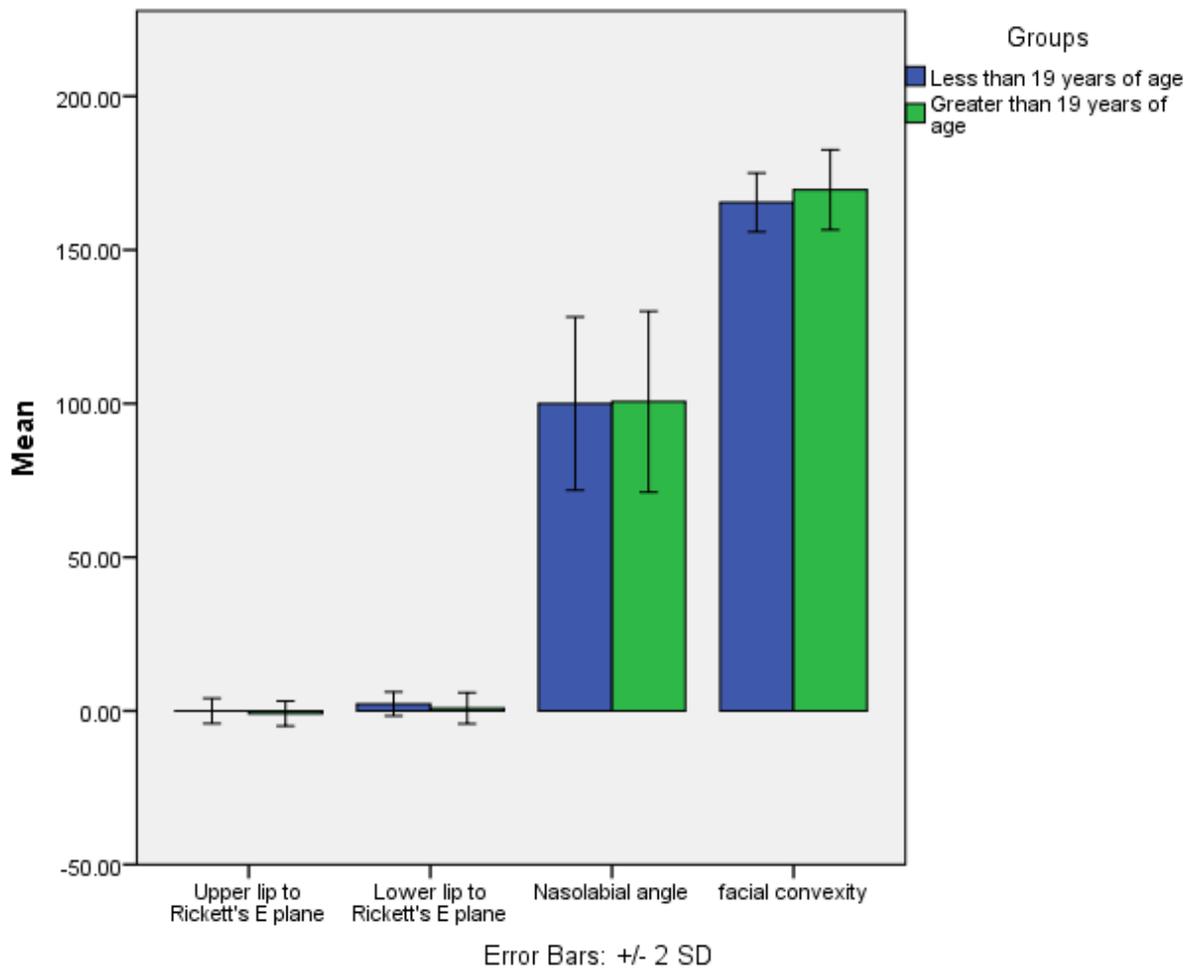
Table 1- Mean and standard deviation of age of the patients in both the groups one less than 19 years of age and the other greater than 19 years of age

| Age                   | N  | Mean    | SD      |
|-----------------------|----|---------|---------|
| less than 19 years    | 44 | 15.5455 | 2.24597 |
| greater than 19 years | 44 | 25.4773 | 5.87264 |

Table 2 - shows the resultsof the Student t-test with comparison of the different soft tissue parameters between the two groups one less than 19 years of age and the other greater than 19 years of age with mean, standard deviation and p value

| Groups                         |                       | N  | Mean     | Std. Deviation | p-value |
|--------------------------------|-----------------------|----|----------|----------------|---------|
| Upper lip to Rickett's E plane | less than 19 years    | 44 | -.0227   | 2.06283        | .058    |
|                                | greater than 19 years | 44 | -.8636   | 2.04133        |         |
| Lower lip to Rickett's E plane | less than 19 years    | 44 | 2.2500   | 1.95442        | .004    |
|                                | greater than 19 years | 44 | .8409    | 2.52378        |         |
| Nasolabial angle               | less than 19 years    | 44 | 99.9773  | 14.09022       | .842    |
|                                | greater than 19 years | 44 | 100.5909 | 14.71642       |         |
| facial convexity               | less than 19          | 44 | 165.477  | 4.77634        | .001    |

|                 |    |         |         |
|-----------------|----|---------|---------|
| years           |    | 3       |         |
| greater than 19 | 44 | 169.545 | 6.48954 |
| years           |    | 5       |         |



Graph 2 shows the mean and standard deviation on the various soft tissue parameters namely upper lip to Rickett's E plane, Lower lip to Rickett's E plane, nasolabial angle and facial convexity between the two age groups one less than 19 years of age and the other greater than

19years. There was a statistically significant difference between the groups with respect to the lower lip to Ricketts E plane and facial convexity with  $p= 0.004$  and  $p= 0.001$  respectively with an increase in the measurements of all four soft tissue parameters with age indicating a flattening of the face.