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Reliability of assessing interproximal bone loss

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Introduction

Objective

The aim of this study was to assess the reliability of linear measurements of interproximal bone loss on digitized radiographic images after the use of different filters.



Fig. 1 a, b, c: Radiograph of intrabony defect mesial of a right second premolar: if the CEJ (cemento-enamel junction) was destroyed by restorations the restoration margin was chosen as landmark. AC (alveolar crest); BD (most apical extension of bony defect)

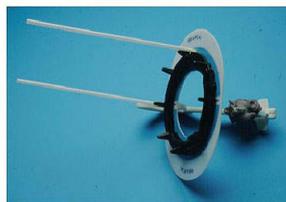


Fig. 2: Modified filmholder with aiming device

Material and Methods

Material and Methods I

Patients

- 50 patients (29 female) 22-65 years of age.
- untreated advanced periodontal disease.
- each exhibiting one interproximal intrabony defect.

Radiographic examinations

- standardized bitewing radio-graphs of teeth with intrabony defects using modified film holders (VIP 2 Film Positioning, UpRad Corp., Fort Lauderdale, FL, USA) (Fig. 1, 2). Two orthodontic wires were placed on the mandibular side of the filmholder at a specified position. Shadows of these wires were cast onto the radiographs (Fig. 1). From the distances between the images of these wires on a radiograph, the vertical and horizontal angulation difference between the central beam and the orthoradial projection could be calculated.
- intraoral dental films (Ultraspeed, Eastman Kodak Co., Rochester, NY, USA) size 2.
- x-ray source (Heliodent 70, 70 kV, 7 mA, Siemens, Bensheim, Germany).
- development unit (Periomat, Dürr Dental GmbH, Bietigheim-Bissingen, Germany).

Material and Methods II

Clinical examinations

At 6 sites per tooth:

- Gingival Index (GI) and Plaque Index (PII).
- PD and PAL-V to the nearest 0.5 mm (PCPUNC 15).

After reflection of a full thickness flap:

- distance cemento-enamel junction (CEJ) to the most apical extension of the bony defect (BD).
- the height of the 3-wall as well as the 2- and 3-wall component of each interproximal lesion.
- all clinical measurements were performed by one examiner (PE) to the nearest 0.5 mm (PCPUNC 15).

Radiographic evaluation

Measurements using a loupe of 10 fold magnification and a 0.1 mm grid (Scale loupe 10, Peak, Tohkai Sangyo, Tokyo, Japan):

- distances between the projections of the orthodontic wires that had been fixed to the filmholders vertically (dv) and horizontally (dh) on every radiograph (Fig. 1).
- capturing of each radiograph with a flat bed scanner (Linotype Saphir, Friadent, Mannheim, Germany) with 600x1200 dpi resolution.
- all radiographs were analysed (CEJ-AC/ -BD) by 2 examiners blinded to the clinical and intrasurgical measurements: EvB, BW (Fig. 1).
- enlargement: 7x, 14x

- the length of the cast shadow of the wire placed on the maxillary side of the filmholder was marked (Fig. 1) and the length of the wire was entered into the program (Friacom, Friadent). All further measurements were adjusted according to the enlargement of each individual radiograph automatically.

Statistical analysis

- Kolmogorov-Smirnov/Lilliefors-Test for normal distribution.
- comparison of intrasurgical / radiographic measurements by paired t test.
- stepwise multiple linear regression analysis:
- dependent variable: □ intrasurgical / radio-graphic measurements
- explanatory variables: patient, angulation differences, analysing method, intrasurgical parameters

Results

Results I

- For the distance CEJ-AC the dentist had a lower measurement variability than the final year dental student (Tab. 2).
- For the distance CEJ-BD filters had significant influence on reproducibility in correlation with vertical angulation difference (Tab. 3).
- For the distance CEJ-AC "structure" resulted in less valid measurements than the other imaging modes (Tab. 5).

Results II

	clinical parameters				angulation difference/°	
	GI	PII	PPD/mm	PAL/mm	vertical	horizontal
mean ± SD	1.88 ± 0.44	0.32 ± 0.68	7.96 ± 1.73	8.82 ± 1.78	1.79 ± 1.41	0.99 ± 1.25
range	0.0 - 2.0	0.0 - 2.0	4.0 - 12.0	5.0 - 13.0	0.0 - 6.3	0.0 - 6.6

Table 1: Clinical parameters of 50 interproximal lesions and vertical as well as horizontal angulation difference of the central beam from the orthoradial projection of 50 radiographs (mean ± standard deviation [SD]; range [minimum - maximum]; Gingiva Index: GI; Plaque Index: PII; probing depth: PPD; attachment level: PAL).

source	SSQ	DF	MSQ	F-ratio	P	G-G	H-F
between subjects							
examiner	6.85	1	6.85	6.83	0.010		
height of 2wall component	4.00	1	4.00	4.00	0.047		
error	197.57	197	1.00				
within subjects							
filter	4.03	2	2.02	2.67	0.071	0.090	0.089
filter x examiner	1.06	2	0.53	0.70	0.497	0.450	0.452
filter x height of 2wall comp.	8.68	2	4.24	5.74	0.003	0.009	0.009
error	297.95	394	0.76				

Table 2: Repeated measures analysis of variance: reproducibility of radiographic measurements; dependent variable: amount of the difference first minus second radiographic measurement (CEJ-AC)

source	SSQ	DF	MSQ	F-ratio	P	G-G	H-F
between subjects							
vertical angulation	0.21	1	0.28	0.19	0.664		
error	218.57	198	1.10				
within subjects							
filter	0.19	2	0.10	0.16	0.853	0.832	0.835
filter x vertical angulation	10.27	2	5.13	8.42	0.000	0.000	0.000
error	241.46	396	0.61				

Table 3: Repeated measures analysis of variance: reproducibility of radiographic measurements; dependent variable: amount of the difference first minus second radiographic measurement (CEJ-DB)

	CEJ-AC/mm		CEJ-BD/mm	
magnification	7fold		14fold	
measurements	mean± SD		mean±SD	
intrasurgical	3.81 ± 1.72		9.05 ± 1.68	

radiographic					
examiner BW					
without filter	4.55 ± 1.91	4.70 ± 1.93	9.12 ± 2.26	9.31 ± 2.25	
D intra-without filter	-0.74 ± 1.67	-0.89 ± 1.65	-0.05 ± 1.65	-0.26 ± 1.71	
spreading	4.81 ± 1.91	4.91 ± 1.96	9.24 ± 2.13	9.39 ± 2.21	
D intra-spreading	-1.00 ± 1.76	-1.10 ± 1.71	-0.19 ± 1.59	-0.34 ± 1.64	
structure	5.13 ± 1.99	5.28 ± 1.80	9.04 ± 2.28	9.26 ± 2.25	
D intra-structure	-1.32 ± 1.78	-1.47 ± 1.58	0.00 ± 1.78	-0.21 ± 1.73	
examiner EvB					
without filter	4.73 ± 1.89	4.75 ± 1.87	9.01 ± 2.19	9.21 ± 1.96	
D intra-without filter	-0.92 ± 1.74	-0.94 ± 1.69	0.04 ± 1.84	-0.16 ± 1.68	
spreading	4.93 ± 1.84	4.83 ± 1.81	9.44 ± 2.27	9.53 ± 1.95	
D intra-spreading	-1.12 ± 1.72	-1.02 ± 1.68	-0.39 ± 1.88	-0.48 ± 1.59	
structure	5.23 ± 1.91	5.21 ± 1.81	9.82 ± 2.12	9.43 ± 1.91	
D intra-structure	-1.91 ± 1.83	-1.40 ± 1.76	-0.77 ± 1.85	-0.38 ± 1.61	

Table 4: Intrasurgical measurements and radiographic parameters (mean± standard deviation [SD]) and differences between intrasurgical and radiographic related to magnification and examiner.

source	SSQ	DF	MSQ	F-ratio	P	G-G	H-F
between subjects							
intrasurgical CEJ-AC	178.61	1	178.61	15.30	0.000		
error	1397.84	198	7.06				
within subjects							
filter	6.64	2	3.32	8.38	0.000	0.001	0.001
filter x intrasurgical CEJ-AC	0.39	2	0.19	0.49	0.613	0.575	0.577
error	156.95	396	0.40				

Table 5: Repeated measures analysis of variance: validity of radiographic measurements (CEJ-AC); dependent variable: Difference between intrasurgical and radiographic measurement (CEJ-AC)

source	SSQ	DF	MSQ	F-ratio	P	G-G	H-F
between subjects							
examiner	5.09	1	5.09	0.67	0.415		
magnification	0.89	1	0.89	0.12	0.733		
examiner x magnification	1.90	1	1.90	0.25	0.619		
intrasurgical CEJ-BD	73.13	1	73.13	9.57	0.002		
horizontal angulation	51.31	1	51.31	6.72	0.010		
error	1482.09	194	7.64				
within subjects							
Filter	1.13	2	0.56	1.55	0.213	0.214	0.214
filter x magnification	2.33	2	1.17	3.21	0.041	0.044	0.043
filter x examiner	8.05	2	4.02	11.09	0.000	0.000	0.000
filter x examiner x magnification	2.52	2	1.26	3.47	0.032	0.035	0.033
filter x intrasurgical CEJ-BD	1.40	2	0.70	1.93	0.147	0.150	0.148
filter x horizontal angulation	0.22	2	0.11	0.30	0.738	0.725	0.732
Error	140.82	388	0.36				

Table 6: Repeated measures analysis of variance: validity of radiographic measurements (CEJ-BD); dependent variable: Difference between intrasurgical and radiographic measurement (CEJ-BD)

Discussion and Conclusions

Conclusions

- The chosen digital manipulations (filters: spreading, structure) of radiographic images failed to result in statistically significant more reproducible or valid measurements of interproximal bone loss within intrabony defects when compared to the digitized but unchanged images.

- Radiographic assessments, except for the use of enhancement of grey level differences (structure) came close to the intrasurgical gold standard.

Abbreviations

Definition of landmarks

BD was defined as most coronal point where the periodontal ligament space showed a continuous width. If no periodontal ligament space could be identified the point where the projection of the AC crossed the root surface was taken as landmark. If both structures could be identified at one defect, the point defined by the periodontal ligament was used as BD. If several bony contours could be identified the most apical that crossed the root was defined as the BD.

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Poster Faksimile:

Reliability of assessing interproximal bone loss by digital radiography in intrabony defects

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Fig. 1 a, b, c: Radiograph of intrabony defects on a right second premolar. If the CEJ (cemento-enamel junction) was destroyed by restorations the restoration margin was chosen as landmark. AC (axial or crest); BD (most apical extension of bony defect)

Fig. 2: Modified filmholder with aiming device.

Definition of landmarks

BD was defined as most coronal point where the periodontal ligament space showed a continuous width. If no periodontal ligament space could be identified the point where the projection of the AC crossed the root surface was taken as landmark. If both structures could be identified at one defect, the point defined by the periodontal ligament was used as BD. If several bony contours could be identified the most apical that crossed the root was defined as the BD.

Objective

The aim of the study was to assess the reliability of linear measurements of interproximal bone loss on digital radiographic images after the use of different filters.

Materials and Methods I

Patients

- 50 patients (20 female) 22-66 years of age.
- untreated advanced periodontal disease.
- each exhibiting one interproximal intrabony defect.

Radiographic examinations

- standardized bisecting radiographs of teeth with intrabony defects using modified film holders (Vib 2 Film Positioning, UnRad Corp., Fort Lauderdale, FL, USA) (Fig. 1, 2). Two orthodontic wires were placed on the mesial side of the filmholder at a specified position. Shadows of these wires were cast onto the radiographs (Fig. 3). From the distances between the images of these wires on a radiograph, the vertical and horizontal angulation difference between the central beam and the orthogonal projection could be calculated.
- horizontal dental film (Ultraspeed, Eastman Kodak Co., Rochester, NY, USA) size 2.
- x-ray source (Heliodont 70, 70 kV, 7 mA, Siemens, Bensheim, Germany).
- development unit (Phoromat Dür Dental GmbH, Bielefeld-Bersen, Germany).

Radiographic evaluation

- Kolmogorov-Smirnov U-Test for normal distribution.
- comparison of intra-surgical / radiographic measurements by paired t-test.
- stepwise multivariate regression analysis; dependent variable: A (intra-surgical / radiographic measurements) explanatory variables: patient, angulation differences, analyzing method, intra-surgical parameters

Materials and Methods II

CEJ measurement

- Gingival Index (GI) and Plaque Index (PI).
- PD and PAL-V to the nearest 0.5 mm (PCPLINC 02).

After reduction of a full thickness flap:

- distance cemento-enamel junction (CEJ) to the most apical extension of the bony defect (BD), the height of the 3-wells as well as the 2- and 3-well component of each interproximal lesion.
- all clinical measurements were performed by one examiner (PC) to the nearest 0.5 mm (PCPLINC 02).

Radiographic evaluation

Measurements using a loupe of 10 fold magnification and a 0.5 mm grid (Scale Loupe 10, Phak, Tachibana Sangyo, Tokyo, Japan):

- a distance between the projections of the orthodontic wires that had been fixed to the filmholders vertically (d_v) and horizontally (d_h) on every radiograph (Fig. 3).
- capturing of each radiograph with a flat bed scanner (Epson type Scantr, Pridmore, Mannheim, Germany) with 400x 3000 dpi resolution.
- all radiographs were analyzed (CEJ, AC, BD) by 2 examiners blinded to the clinical and intra-surgical measurements: BV, BW (Fig. 1), enlargement: 7x, 14x.
- the length of the cast shadow of the wire placed on the mesial side of the filmholder was marked (Fig. 4) and the length of the wire was entered into the program (Prism, Heidelberg). All further measurements were adjusted according to the enlargement or a each individual radiograph automatically.

Statistical analysis

- Kolmogorov-Smirnov U-Test for normal distribution.
- comparison of intra-surgical / radiographic measurements by paired t-test.
- stepwise multivariate regression analysis; dependent variable: A (intra-surgical / radiographic measurements) explanatory variables: patient, angulation differences, analyzing method, intra-surgical parameters

Results I

- For the distance CEJ-AC the dentists had a lower measurement variability than the final year dental student (Tab. 2).
- For the distance CEJ-BD there had significant influence on reproducibility in correlation with vertical angulation difference (Tab. 3).
- For the distance CEJ-AC "structure" revealed a less valid measurements than the other imaging media (Tab. 5).

Parameter	Student	Final Year	Final Year
CEJ-AC	0.20	0.15	0.15
CEJ-BD	0.25	0.20	0.20
CEJ-AC	0.20	0.15	0.15
CEJ-BD	0.25	0.20	0.20

Conclusions

- The chosen digital manipulations (filter, spreading, structure) of radiographic images failed to result in statistically significant more reproducible or valid measurements of interproximal bone loss within intrabony defects when compared to the digitized but unchanged images.
- Radiographic assessments, except for the use of enhancement of grey level differences (structure) came close to the intra-surgical gold standard.

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