Craniometry and Functional Craniology

Part I: Anthropometry, Craniometry and Cephalometry

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Lecture outline

- 1. Introduction: the scope and history
- 2. Definition and objectives
- 3. Identification of anatomical landmarks
- 4. Measurements: metric vs non-metric; direct vs indirect
- 5. Measuring devices
- 6. Sex/gender estimation
- 7. Age estimation
- 8. Racial/ethnic estimation
- 9. Other methodology, comparisons, and interpretations
- 10. Clinical applications

Anthropometry

- · Definition: measurement of human head and body
- Scope: somatometry, osteometry, craniometry, cephalometry, odontometry
- Origin: The methodology probably began because of the interest in the racial classifications (in search of the origin of the human races: monogenism vs polygenism) (Anders Retzius: Swedish; cephalic index)
- Objectives: 1) to examine the differences between species;
 - to investigate the variations within species, which include temporal changes, sexual dimorphism, geographical and ethnic differences;
 - to explore the trends and evolution as well as to interpret fossil records;
 - to apply in clinical diagnosis, treatment planning, forensics, and other commercial applications.

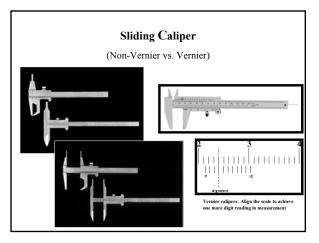
Anthropometric Measuring Devices

Direct method

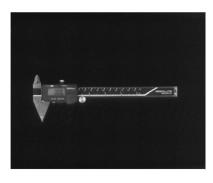
- · Sliding caliper
- Hinge (spreading) caliper
- Stadiometer/Osteometric board
- · Coordinate caliper
- Head spanner/Todd's craniostat
- · Soft metric tape
- Others

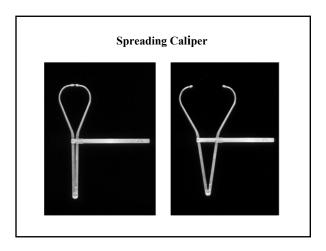
Indirect method

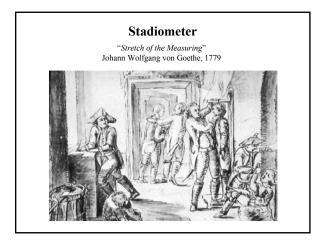
- Digitizer
- · Surface scanner
- Radiography
- Other computer assisted imaging and measuring devices (CT scan, MRI, Sonography, etc.)

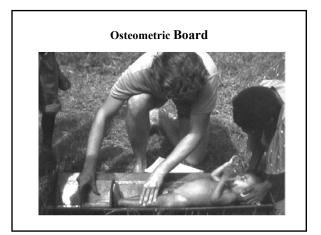


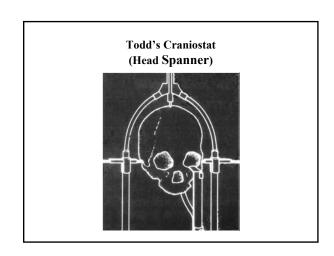
The Mitutoyo Digital Sliding Caliper

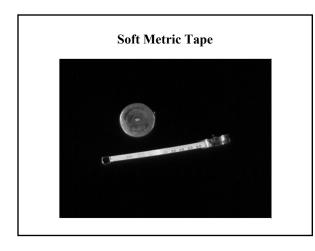


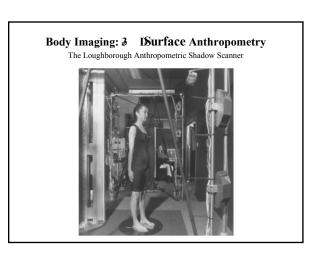












The computerized whole body image after scanning (Surface area and volume estimations; Shape capturing and reconstruction)

3 Ilmaging (morphometrics in size and shape)





Craniometry

• Definition: measurement of human dry skull

• Landmarks: 1) true vs relative landmarks

2) mid-sagittal vs bilateral landmarks

• Measurements: 1) qualitative (non-metric) vs

quantitative (metric)

2) metric: angular, arc, linear, volumetric

proportional

· Cranial and facial indices

· Cranial and facial forms

The Traditional Landmarks of the Skull

Mid-Sagittal

Acanthion Inion PNS (Anterior nasal spine) Alveolare Lambda Prosthion Rhinion Alveolon Menton Apex Nasion Staphylion Nasospinale ANS (Anterior nasal spine) Subnasale Basion Obelion Subspinale (A) Ophryon Bregma Supradentale Glabella Opisthion Supramentale (B) Opisthocranion Gnathion Symphysion Orale Incision Vertex Infradentale Pogonion

The Traditional Landmarks of the Skull

Bilateral

Alare Porion Euryon Asterion Frontotemporale Pterion Coronale Gonion Sphenion Crotaphion Jugale Stephanion Zygion Dacryon Lacrimale Ectoconchion Mastoidale Zygorbitale Maxillofrontale Ectomolare Endomolare Orbitale

Basion: the midpoint of the anterior margin of the foramen magnum

Bregma: the intersection of the coronal and sagittal sutures in the midline

Glabella: the most forward projecting point in the midline of the forehead at the level of the supra-orbital ridges and above the nasofrontal suture.

Euryon: the two points on the opposite sides of the skull that form termini of the lines of greatest breadth. The two points are determined instrumentally

Gnathion: the most anterior and lowest median point on the border of the mandible.

Gonion: the midpoint of the angel of the mandible between body and ramus

Lambda: the intersection of the sagittal and lambdoidal sutures in the midline.

Mastoidale: the lowest point of the mastoid process

Menton: the lowest median point of the chin.

Nasion: the intersection of the nasofrontal suture with the midsagittal plane. Nasion is the uppermost landmark for the measure of facial height.

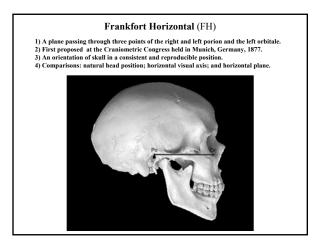
Opisthocranion: the most posterior point on the skull not on the external occipital protuberance. It is the posterior end point of maximum cranial length measured from glabella. It is determined instrumentally

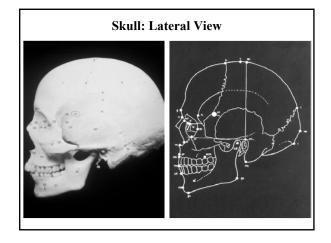
Orbitale: the lowest point in the margin of the orbit; one of the points used in defining Frankfort Horizontal.

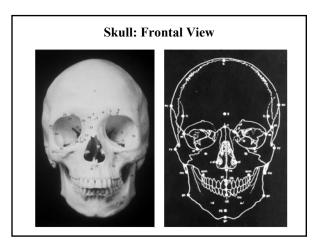
on: the most anterior point in the midline of the chin.

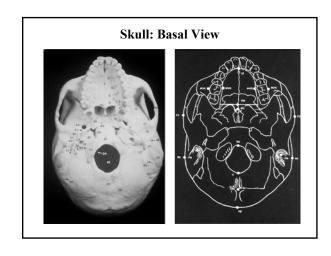
Porion: the uppermost lateral point in the margin of the external auditory meatus. The right and left porion with the left orbitale define the Frankfort Horizontal

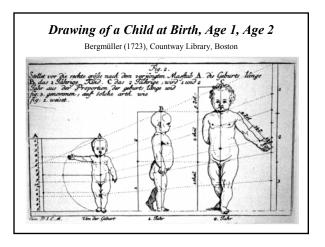
Zygion: the most lateral point of the zygomatic arch. It is determined instrumentally.











Craniometric Measurements (I)

Cranial circumference
Max. cranial breadth
Min. frontal breadth
Bigonial breadth
Upper facial height
Basion-Prosthion length
Nasal breadth (max.)
Lower nasal breadth
Orbital breadth
Biorbital breadth
Foramen magnum breadth

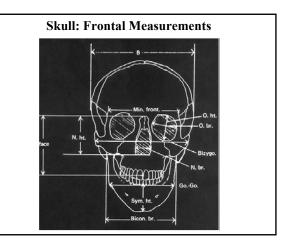
Cranial height
Max. cranial length
Bizygomatic breadth
Total facial height
Basion-Nasion length
Basal height
Upper nasal breadth
Orbital height
Interorbital breadth
Palate-external breadth & length
Palate-internal breadth & length

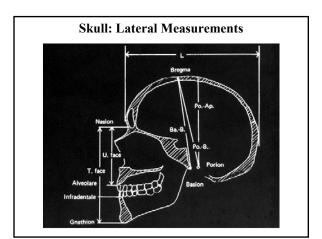
Craniometric Measurements (II)

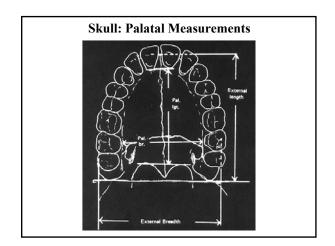
Condylo-symphyseal length Bicondylar width Min. ramus breadth Mandibular body height Symphyseal height

Mastoid length Ascending ramus height Mandibular body breadth Mandibular body length Total facial angle Mid-facial angle Alveolar angle

Nasion-Opisthion arc Transverse arc Sagittal cord Coronal cord







Cranial and Facial Indices

Cranial index

Cranial length bight index

Cranial breadth- hight index

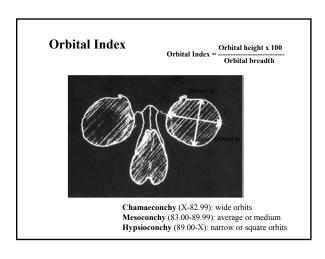
Total facial index

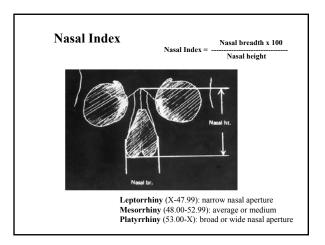
Upper facial index

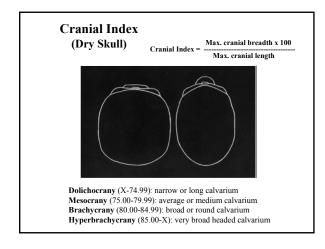
Nasal index

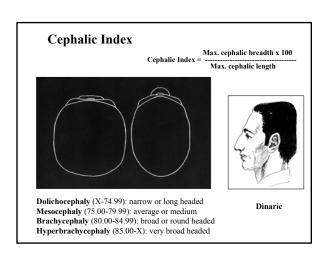
Orbital index

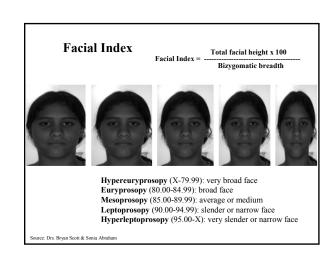
External palatal index

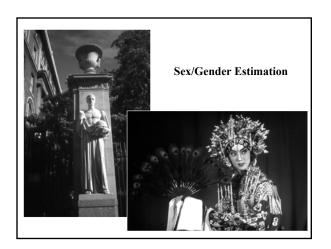












Trait	Male	Female	Trait	Male	Female
General size	Large	Small	Forehead	Steeper, less rounded	Rounded and full, sometimes infantile
Architecture	Rugged	Smooth and gracile			
Supraorbital	Medium to large	Small to medium	Cheek bones	heavier, more laterally arched	Lighter, more compressed
Mastoid processes	Medium to large	Small to medium	Mandible	Larger, higher symphysis, gonial angle <125°, gonial angle flares	Smaller, gonial angle >125°, gonial angle does not flare as much outward
Occipital bone	Muscle lines and protuberance	Muscle lines not marked			
Frontal eminences	marked Small	Large	Palate	Larger, broader, tends to be U-shaped	Small, tends to be a parabola
Parietal eminences	Small	Large	Occipital condyles	Large	Small
Orbits	Squared, lower, relatively smaller with rounded su- perior margins	Rounded, higher, larger with very sharp superior margins	Posterior part	Has a noticeable crest that may continue posteri- orly to meet with the most inferior curve of the tem- poral lines	Crest usually not as pronounced, does not con- tinue across to temporal lines

Sexing the Skull

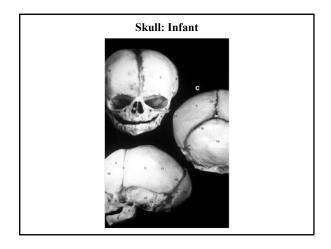
(Multiple Regression Analysis)

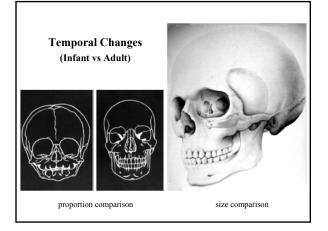
Caucasian samples

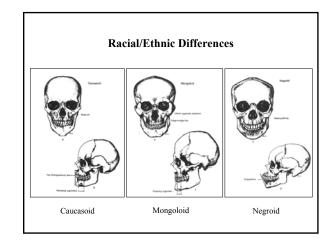
1.236 (Glabella.Opisthocranion) – 1.0 (Euryon.Euryon) +3.291 (Zygion.Zygion) + 1.528 (Porion.Mastoidale) = [563.93] (mm)

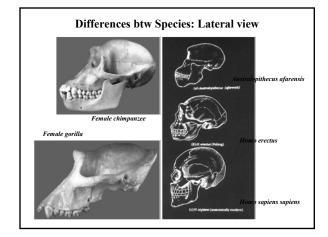
> Score > 563.97: Male Score < 563.97: Female 85.5% confidence of accuracy

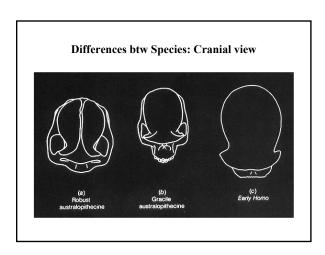
Source: modified from Giles (1970)

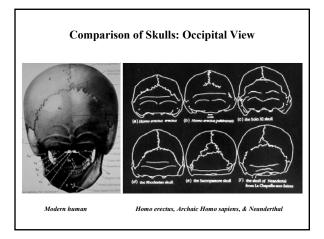


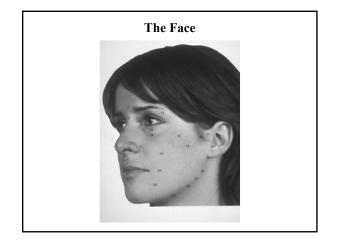










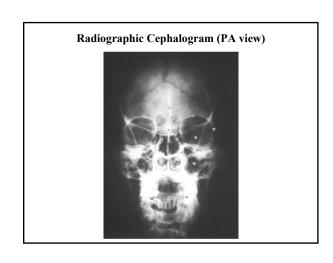


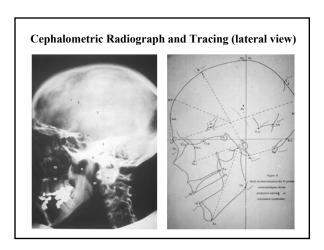
Cephalometry

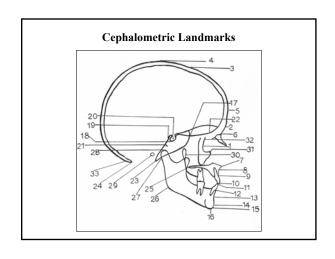
Radiographic Cephalometry
3 Umaging

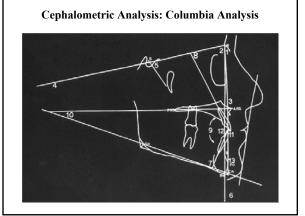
Growth norms Growth comparisons Growth estimation Growth prediction (?)

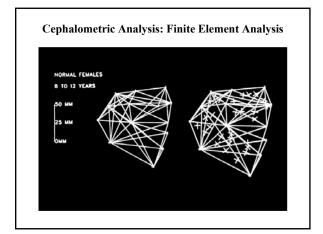
> Clinical applications in orthodontics, dento facial orthopedics, craniofacial surgery











References

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Krogman, W.M. & Iscan, M.Y. (1986). *The Human Skeleton in Forensic Medicine*. Springfield, Illinois: Charles C. Thomas Publisher.

Steele, D.G. & Bramblett, C.A. (1998). The Anatomy and Biology of the Human Skeleton. College Station, Texas: Texas A & M University Press

White, T.D. (2000). Human Osteology (2^{nd} edition). San Diego, California: Acadmic Press.

Acknowledgments

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