

Original Article

Upper Facial Height of Adult Human Skulls in Thailand

Kimaporn Khamanarrong MD1, Tarinee Sawatpanich PhD1, Bowornsilp Chowchuen MD, MBA2

¹ Department of Anatomy, Faculty of Medicine, Khon Kaen University, Khon Kaen, Thailand ² Division of Plastic Surgery, Department of Surgery, Faculty of Medicine, Khon Kaen University, Khon Kaen, Thailand

Objective: Understanding the similarities and differences in the anatomy of the male and female face is important for the surgeon doing facial reconstructive procedures. The current study aims to evaluate the average normal value of upper facial height from the skull of donated cadavers of males and females for maxillary osteotomy in conjunction with orthodontics.

Materials and Methods: A total of 196 adult dry human skulls (100 males and 96 females) were obtained from donated cadavers in the Department of Anatomy, Faculty of Medicine, Khon Kaen University, Thailand. The length of upper facial height, nasion (n) to prosthion (pr) or n-pr, was measured and the mean length vis-a-vis males and females was assessed using SPSS version 17.

Results: The respective mean upper facial height (n-pr) in males in females was 68.6 and 65.84 mm. The mean length of upper facial height in males was 2.76 mm higher than in females.

Conclusion: Upper facial height measurement in the current study was clinically significant. The data can be used in orthognathic surgery in conjunction with orthodontics for males and females in Thailand.

Keywords: Upper facial height, Human skulls, Thailand

J Med Assoc Thai 2018; 101 (Suppl. 5): S15-S17 Full text. e-Journal: http://www.jmatonline.com

Understanding the male versus the female face is important for the surgeon who will conduct facial reconstructive procedures like maxillary osteotomy in conjunction with orthodontics⁽¹⁾. The current study aimed to evaluate the average value of upper facial height of Thai males and females from the skulls of donated cadavers.

Materials and Methods

A total of 196 adult dry human skulls (100 males and 96 females), ranging between 33 and 104 years of age at decease, were obtained from the Human Skeleton Research Center, Faculty of Medicine, Khon Kaen University, Thailand. The length of upper facial height (Figure 1, n-pr) was measured using a digital Vernier caliper. The nasion (n) was the point of intersection between the fronto-nasal suture and

Correspondence to:

Chowchuen B, Division of Plastic Surgery, Department of Surgery, Faculty of Medicine, Khon Kaen University, Khon Kaen 40002, Thailand. Phone: +66-43-363123 E-mail: bowcho@kku.ac.th

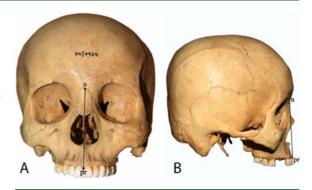


Figure 1. Frontal view (A) and lateral view (B) of the skull (n = nasion, pr = prosthion).

midsagittal plane, and the prosthion (pr) the most anterior point in the midline on the alveolar process of the maxilla (Figure 1). All measurements were done in triplicate so the data represented a mean \pm standard deviation. The data were analyzed using the student t-test and *p*-values less than 0.05 were accepted as statistically significant. Analyses were performed using SPSS version 17.0. The study was reviewed and approved by the Human Ethics Committee (HE#561135).

How to cite this article: Khamanarrong K, Sawatpanich T, Chowchuen B. Upper Facial Height of Adult Human Skulls in Thailand. J Med Assoc Thai 2018;101;Suppl. 5: S15-S17.

Results

The respective mean upper facial height (npr) among the 100 male skulls vs. 96 female skulls was 68.62 ± 7.73 vs. 65.84 ± 6.59 mm. The mean difference in length of upper facial height among males over against the females was 2.78 mm higher (*p*-value = 0.007, 95% CI = 0.76, 4.81) (Table 1).

Discussion

The face is commonly considered a key feature in determination of attractiveness⁽²⁾. The study of the normal range and anatomical variation of craniofacial skeleton can be used in maxillary osteotomy in conjunction with orthodontics⁽³⁾. Both skeletal and dental relationships contribute to the smile components, with a statistically significant difference between males and females⁽⁴⁾. The facial aspects of the cranium have been described with respect to their clinical significant^(5,6).

The height of the skull is usually measured from the basion to the bregma, and the proportion of height to length (height x100)/length constitutes the vertical or height index. The length of the face may be measured from the ophryon or nasion to the chin. The skull of the adult female is typically lighter and smaller, the contour of the face more rounded, the facial bones smoother, and the maxilla and mandible and their contained teeth smaller⁽⁷⁾. In the current study, the mean difference in length of the upper facial height was 2.78 mm higher among the males.

The bones of male skull are much heavier than the female skull with prominent supercillary arches and glabella, eversion of the angle of the mandible, and a large mastoid process⁽⁸⁾. A cephalometric study revealed a significant difference in the ratio of the anterior facial height to posterior facial height between males and females⁽⁹⁾. In the current study, the mean length of upper and lower facial height among males was 2.78 mm higher than females.

Identification of standard landmarks from anthropometrics-the study of the human face and facial proportion⁽⁹⁾-is a component of facial analysis. The geometric measurement of established, landmarked points is one of the most important elements in the analysis and planning of reconstruction of the vertical and horizontal components of the facial and craniofacial skeleton.

Detailed facial analysis is an important method evaluation of orthognathic surgical patient^(10,11). Diagnostic tools, such as cephalometry, is used for treatment planning of patients with craniofacial deformities, and in orthognathic surgery for the rearrangement of the maxilla-mandibular complex, secondary to congenital malformations and acquired deformities⁽¹²⁾. In orthodontic treatment, posteroanterior cephalometry is useful in patients with facial asymmetry, dento-alveolar asymmetries, dental and skeletal cross-bites and mandibular discrepancies. The 3-dimensional computer-generated measurements typically produce more correct landmarks and various combinations of cephalogram projections compared with direct and CT measurements⁽¹³⁾.

The geometric measurement of established points and landmarks in the current study can be used in the analysis and planning of reconstruction of the vertical component of the facial and craniofacial skeleton among both male and female northeast Thais.

Limitations of the study

The samples at the Human Skeletal Research Center have been uncompleted totally; therefore, the sample sizes were limited.

Conclusion

Upper facial height measurement in the current study was clinically significant. The data can be used for planning orthognathic surgery and orthodontic approaches among ethnic Thais, both males and females.

What is already known on this topic?

The geometric measurement of established points and landmarks are used in the analysis and planning for reconstruction of the vertical component

Table 1. Comparison of upper facial height (n-pr) between males and females

	Ν	Mean (mm)	SD (mm)	Mean difference (mm)	95% CI	<i>p</i> -value
Males Females	100 96	68.62 65.84	7.73 6.59	2.78	0.76, 4.81	0.007

of the facial and craniofacial skeleton.

What this study adds?

This study reported upper facial height among Thais. Facial analysis remains one of the most important elements for evaluation of orthognathic surgical patients.

Acknowledgements

The authors thank (a) the Human Skeletal Research Center, Department of Anatomy, Faculty of Medicine, Khon Kaen University, Thailand for providing the identified human dried skulls; (b) the Center of Cleft Lip-Cleft Palate and Craniofacial Deformities, Khon Kaen University under Tawanchai Royal Grant project for support; and, (c) Mr. Bryan Roderick Hamman for assistance with the Englishlanguage presentation of the manuscript.

Potential conflicts of interest

The authors declare no conflicts of interest.

References

- Sadacharan CM. Vertical and horizontal facial proportions of Indian American men. Anat Cell Biol 2016;49:125-31.
- Synnott A. Truth and goodness, mirrors and masks—part I: A sociology of beauty and the face. Br J Sociol 1989;40:607-36.
- 3. Peck S, Peck L. Selected aspects of the art and science of facial esthetics. Semin Orthod 1995;1:105-26.
- 4. Grover N, Kapoor DN, Verma S, Bharadwaj P. Smile analysis in different facial patterns and its correlation with underlying hard tissues. Prog Orthod 2015;16:28.

- Moore KL, Dally AF, Agur AMR. Head. In: Moore KL, Dally AF, Agur AMR, editors. Moore clinical oriented anatomy. 7th ed. Philadelphia: Wolters Kluwer, Lippincott, Williams & Wilkins; 2014: 820-980.
- Moore KL, Agur AMR, Dally AF. Head. In: Moore KL, Agur AMR, Dally AF, editors. Essentia clinical anatomy. 4th ed. Baltimore: Lippincott Williams & Wilkins; 2011: 495-592.
- Morphological variabilities of the skull [internet]. 2012 [cited 2018 Jan 22]. Available from: http:// bsclupan.asm.md.
- Difference between male and female skull [internet]. 2013 [cited 2018 Jan 19]. Available from: http:// bit.ly/2BelcJd.
- Kharbanda OP, Sidhu SS, Sundrum KR. Vertical proportions of face: a cephalometric study. Int J Orthod 1991;29:6-8.
- Hanson PR. Anthropometrics, cephalometrics and orthodontics. In: Chung KC, Disa JJ, Gosain AK, Kinney BM, Rubin JP, editors. Plastic surgery: indication and practice. Edinburgh: Saunders/ Elsevier; 2009: 331-50.
- Toth EK, Oliver DR, Hudson JM, Kim KB. Relationships between soft tissues in a posed smile and vertical cephalometric skeletal measurements. Am J Orthod Dentofacial Orthop 2016;150:378-85.
- Taub DI, Jacobs JMS, Jacobs JS. Anthropometry, cephalometry, and orthognathic surgery. In: Neligan PC, editor. Plastic surgery. 3rd ed. Philadelphia: Elsevier; 2013: 354-72.
- 13. Kusnoto B, Evans CA, BeGole EA, de Rijk W. Assessment of 3-dimensional computer-generated cephalometric measurements. Am J Orthod Dentofacial Orthop 1999;116:390-9.

__________ ความสูงของใบหน้าส่วนบนจากกะโหลกศีรษะผู้ใหญ่ในประเทศไทย

กมาพร ขมะณะรงค์, ธาริณี สวัสดิ์พาณิชย์, บวรศิลป์ เชาวน์ชื่น

วัดอุประสงค์: ความเข้าใจใบหน้าของชายและหญิงมีความสำคัญต่อศัลยแพทย์เพื่อการวิเคราะห์และผ่าตัดเสริมสร้างใบหน้า การศึกษานี้จึงได้วัดความสูง ส่วนบนของใบหน้าจาก กะโหลกศีรษะของผู้บริจาคคนไทย เพศชายและเพศหญิง เพื่อเป็นข้อมูลในการผ่าตัดขากรรไกรบนร่วมกับการจัดฟัน

วัสดุและวิธีการ: กะโหลกศีรษะของผู้บริจาคร่างกายของภาควิชากายวิภาคศาสตร์ คณะแพทยศาสตร์ มหาวิทยาลัยขอนแก่นที่เป็นผู้ใหญ่ จำนวน 196 ราย (ชาย 100 ราย และหญิง 96 ราย) ได้ถูกนำมาศึกษาโดยวัดความยาวของความสูงของใบหน้าส่วนบนจากเนเซียน (n) ไปยังโปรสธิออน (pr) หรือระยะ n-pr และวิเคราะห์ความแตกต่าง ระหว่างเพศชายและเพศหญิง

ผลการศึกษา: ค่าเฉลี่ยของความสูงของใบหน้าส่วนบนในกะโหลกศีรษะเพศชายเท่ากับ 68.62 มิลลิเมตรและเพศหญิงเป็น 65.84 มิลลิเมตร ความสูงของใบหน้าส่วนบน ของกะโหลกศีรษะเพศชายมีค่าเฉลี่ยมากกว่าเพศหญิง 2.78 มิลลิเมตร

สรุป: จากการศึกษานี้ความสูงของใบหน้าส่วนบนของกะโหลกศีรษะมีความสำคัญต่อการจัดกระดูกขากรรไกรและในการรักษาฟันที่ไม่เป็นระเบียบในเพศชายและเพศหญิง ของประชากรไทย