The Association between Body Mass Index and Craniometrical Parameters in Slovak Population (Original paper)

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Original Article
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Abstract:

Anthropometry can detect shape changes over time. This is important to diagnose acquired malformations. The term surface anthropometry is used in this paper to refer to the measurement of the facial surface features (1). One of the major reasons patients seek orthodontic treatment is to improve their facial appearance (2). Currently, two non-invasive methods can be used to collect quantitative soft tissue facial data in three dimensions: direct; conventional anthropometry; digital/computerized anthropometry. Body mass index except of important impact to the craniofacial parameters also has a significant influence on e.g. the blood pressure (cardiovascular risk) (3, 4).

The aim of this study is to find any association between the mean values of craniofacial and BMI.

The study

The sample consisted of 100 patients (50.0% men, 50.0% women) aged between 18-32 years (mean age 23.09 ± 2.70 years) attending dental surgeries in Bratislava (2013 – 2016). In this paper these craniofacial parameters were analyzed: nose

breadth, bi-entocanthion breadth, bi-zygomatic breadth, bi-gonial breadth, total facial height, mouth breadth, morphologic face height, upper-lip height, lower-lip height and pupils – mid-face (right). The analyzed group of patients included measurements provided by directed anthropometry

Craniofacial	Study Group			Mean	Medi-	Min	Max	n
Parameters	Study Group			Wican	an	191111	WIAX	Р
			n	x (SD)				
al-al (cm)	BMI [kg.m ⁻²]	18.6-24.9	83	3.45 (0.36)	3.40	2.64	4.60	0.018
nose breadth		> 25.0	14	3.70 (0.33)	3.70	3.20	4.28	
en-en (cm)	BMI [kg.m ⁻²]	18.6-24.9	83	2.98 (0.38)	2.90	2.30	4.00	0.432
bi-entocanthion		> 25.0	14	3.06 (0.34)	3.17	2.37	3.60	
breadth								
zy-zy (cm)	BMI [kg.m ⁻²]	18.6-24.9	83	12.54 (0.99)	12.60	10.50	14.30	0.031
bi-zygomatic breadth		> 25.0	14	13.33 (1.19)	13.05	11.02	15.80	
go-go (cm)	BMI [kg.m ⁻²]	18.6-24.9	83	11.22 (0.95)	10.90	10.00	13.80	0.489
bi-gonial breadth		> 25.0	14	11.50 (1.42)	10.55	10.00	13.80	
n-gn (cm)	BMI [kg.m ⁻²]	18.6-24.9	83	11.71 (0.89)	11.80	9.50	13.70	0.001
total facial height		> 25.0	14	12.55 (0.73)	12.80	11.50	13.70	
ch-ch (cm)	BMI [kg.m ⁻²]	18.6-24.9	83	5.04 (0.45)	5.00	3.41	6.00	0.001
mouth breadth		> 25.0	14	5.42 (0.30)	5.36	4.75	5.92	
sn-gn (cm)	BMI [kg.m ⁻²]	18.6-24.9	83	6.32 (0.71)	6.40	4.60	8.30	0.041
morphologic face		> 25.0	14	6.79 (0.74)	6.74	5.50	8.31	
height								
Ls-Stm (cm)	BMI [kg.m ⁻²]	18.6-24.9	83	0.70 (0.22)	0.70	0.10	1.20	0.495
upper-lip height		> 25.0	14	0.64 (0.28)	0.59	0.20	1.02	
Stm-Li (cm)	BMI [kg.m ⁻²]	18.6-24.9	83	1.04 (0.17)	1.03	0.56	1.50	0.588
lower-lip height		> 25.0	14	1.06 (0.11)	1.05	0.81	1.22	
Pupils- mid face	BMI [kg.m ⁻²]	18.6-24.9	83	3.41 (0.30)	3.46	2.50	3.94	0.884
(right) (cm)		> 25.0	14	3.42 (0.30)	3.50	2.80	3.70	

Table 1: Mean, minimum and maximal values of craniofacial parameters according to BMI (n=100)

(PDAA) and from 3D scan (P3DAS). We have expected that participants with a BMI > 25 will have a higher amount of fat in the face than participants with a BMI 18.6-24.9. The data were analyzed by the statistical program SPSS.

Mean values of craniofacial parameters according to BMI are presented in **Table** 1. The differences between BMI 18.6-24.9 and BMI > 25.0 had significant effect on the evaluation of nose breadth (3.45 ± 0.36 cm vs. 3.70 ± 0.33 cm; P=0.018), bi-zygomatic breadth (12.54 ± 0.99 cm vs. 13.33 ± 1.19 cm; P=0.031), total facial height (11.71 ± 0.89 cm vs. 12.55 ± 0.73 cm; P=0.001), mouth breadth (5.04 ± 0.45 cm vs. 5.42 ± 0.30 cm; P=0.001) and morphologic face height (6.32 ± 0.71 vs. 6.79 ± 0.74 cm; P=0.041).

In conclusion BMI > 25.0 had significant impact on high proportions of facial tissue than BMI 18.6-24.9 in this parameter: upper-lip height in relationship with these parameters; the nose breadth, bi-zygomatic breadth, total facial height, breadth and mouth morphologic face height.

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