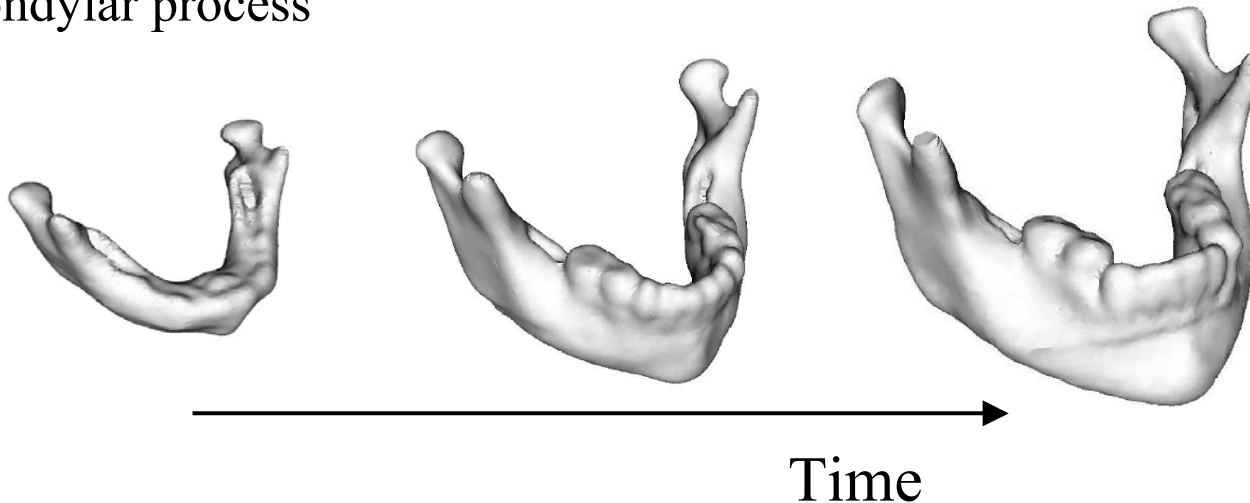


# Mathematical Modelling of Mandibular Metamorphosis from 3D CT

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# Metamorphosis!?

- Etymology: Latin, from Greek *metamorphosis*, from *metamorphoun* to transform, from *meta-* + *morphe* form  
“*change of physical form, structure, or substance*”
- The goal is to obtain better insight and improve the understanding of mandibular growth
- The growth of the mandible is particularly complex; due to asynchronous teeth eruption and changes in the angular direction of the condylar process



# The Data

- The data are 31 mandibular surfaces acquired from CT volume scans of a total of six subjects with the Apert syndrome
- All scans were acquired for treatment and diagnostics purposes
- In the Apert syndrome the mandible is not affected by the primary anomaly

## Computed Tomography (CT) Imaging

AGE IN MONTH VS. CT SCAN NUMBER FOR EACH PATIENT

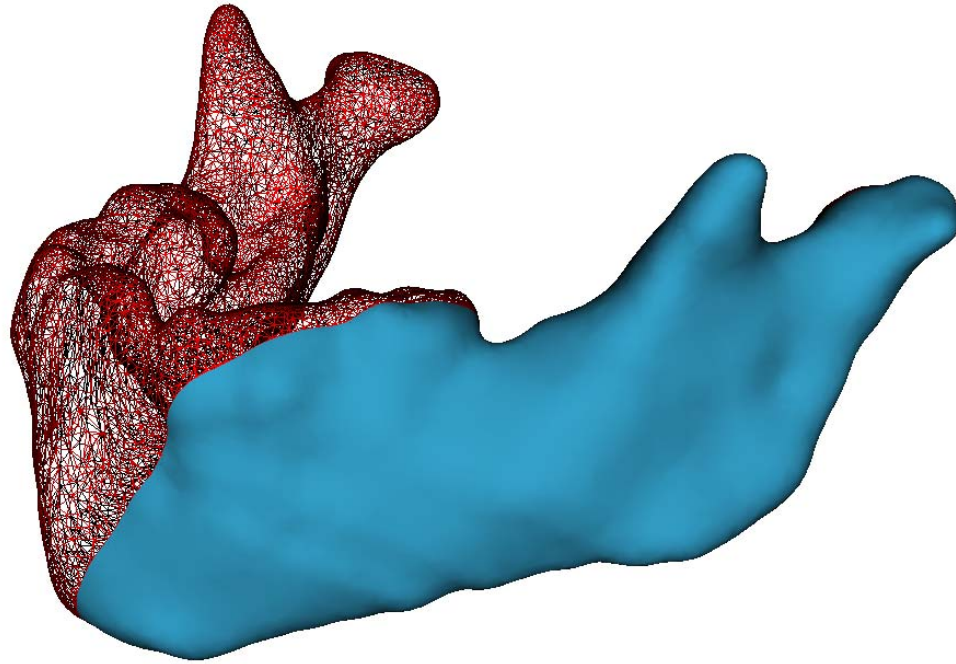
Patient no.	Sex	Scanning no.						
		1	2	3	4	5	6	7
1	M	3	16	21	23	34	-	-
2	M	1	7	23	54	56	60	72
3	M	1	5	17	32	36	-	-
4	F	3	27	46	62	131	132	144
5	M	3	4	21	72	-	-	-
6	F	9	21	84	-	-	-	-



# Active Shape Modelling

- Surface segmentation and shape representation
- Alignment of the set of shapes
- Tangent space projection into a metric space containing of shape variability
- Shape variability decomposition
- Growth modelling and future shape prediction

# Shape Representation



- Each shape is represented by 14851 homologous semilandmarks

# Alignment

- Align the set of shapes by removing: scale, translation and orientation. (Generalized Procrustes Alignment using a similarity transform, GPA)
- Formally identical to Multiset Canonical Correlations Analysis (MCCA) under similar constraints

- Set of shapes:

$$S = \{s_i\}_{i=1}^S, s_i \in \mathbb{R}^{Nk}$$

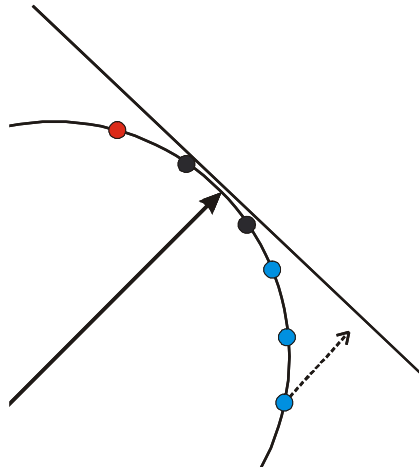
- Objective to maximize:

$$\{\hat{T}_i(\cdot)\}_{i=1}^S : \operatorname{argmax}\{R = \sum_{ij} \operatorname{Corr}\{T_i(s_i), T_j(s_j)\}\}$$

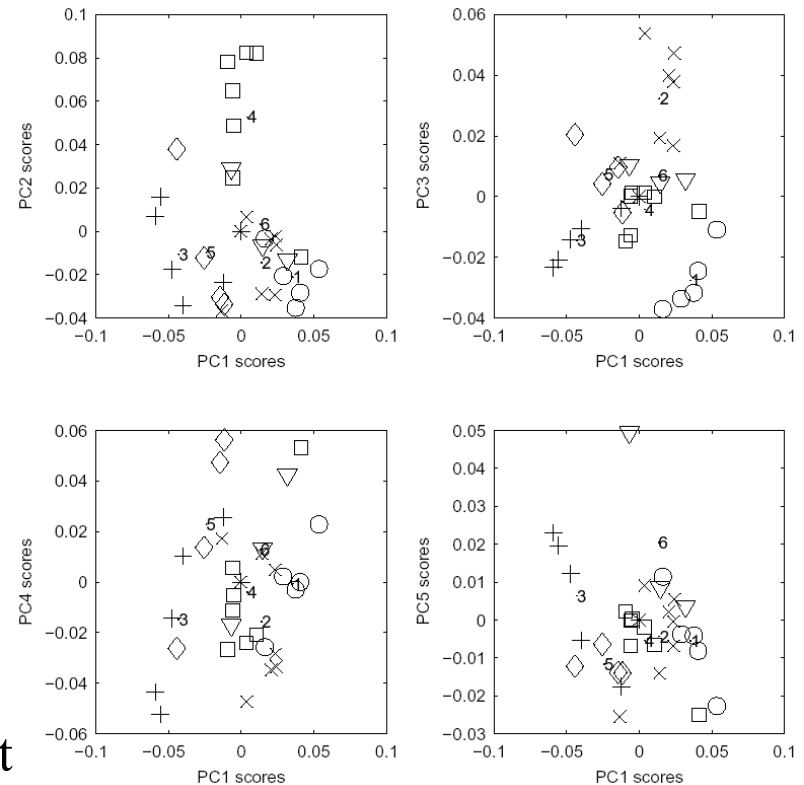
- Average shape:

$$s_i^P = \hat{T}_i(s_i) \rightarrow \bar{s} = \sum_i s_i^P / S$$

# Tangent space projection



- Projection into a subspace of the tangent space containing the *patient specific* mean shapes, reveals dominating inter-patient variability
- Compensate by centering each subject group to the common average shape
- No significant structure in the scattering indicating no gender related differences in shape

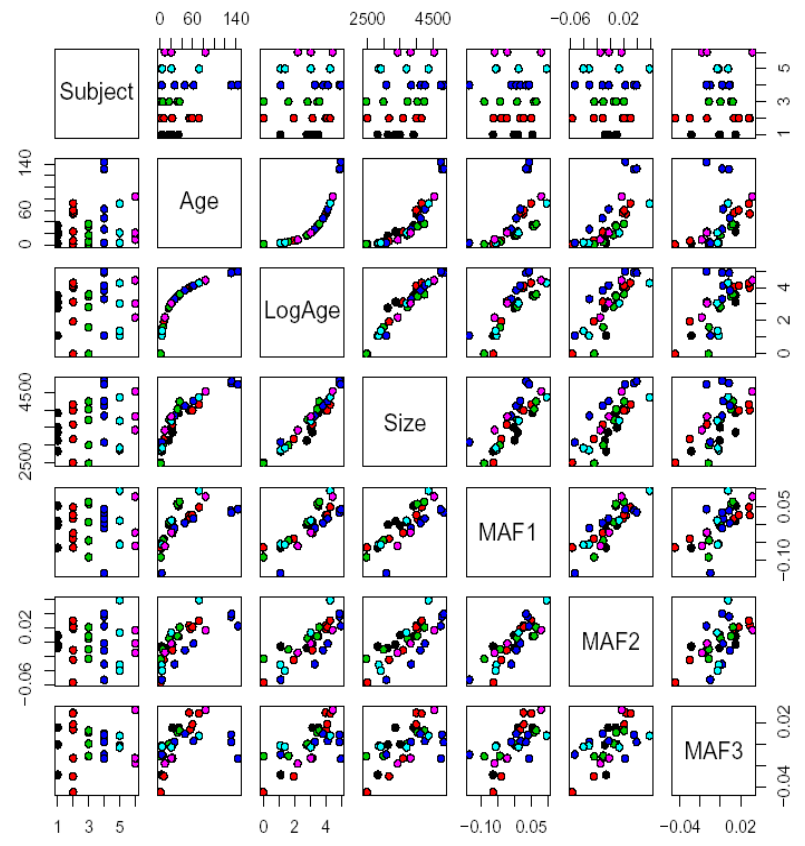
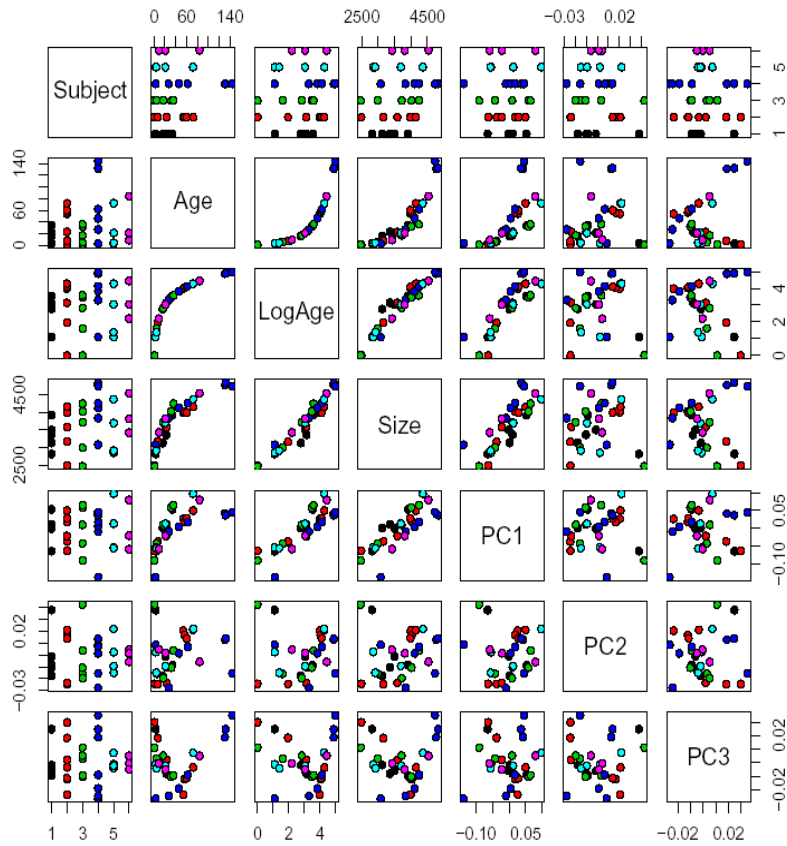


# Decompositioning

- Assuming a generative linear model
$$s_{new} = \bar{s} + Pb$$
constrained so that
$$P : \operatorname{argmax}\{J(P, S)\}$$
where  $J(P, S)$  can be e.g. variance, auto-correlation or the signal-to-noise ratio in the new components
- The traditional approach to maximize variance (PCA) operates in an Euclidean metric
- Decompositioning under different constraints e.g. auto-correlation (MAF) results in uncorrelated components in a non-Euclidean metric



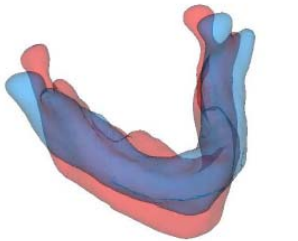
# PCA versus MAF



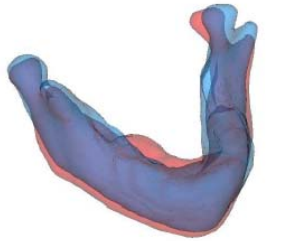
# Uncorrelated Modes of Variation

- The principal modes of variation using the MAF decompositioning:

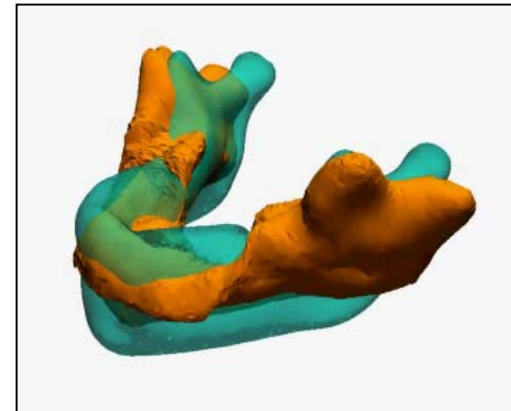
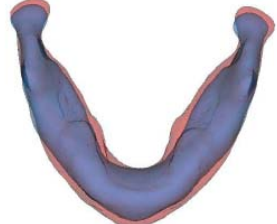
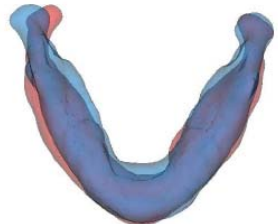
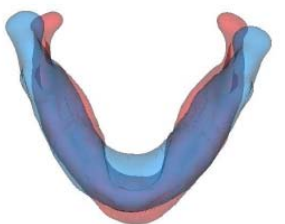
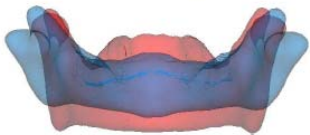
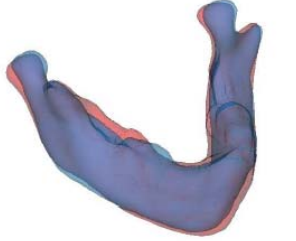
MAF1



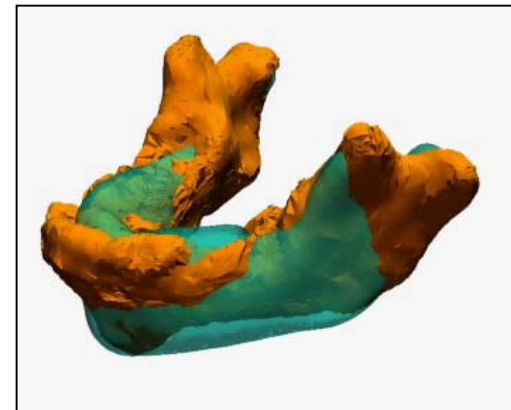
MAF2



MAF3



MAF1



MAF2

# Evaluation and Prediction

- Robustness of the decomposition is examined by cross-validation (CV) excluding one patient at a time

CROSS-VALIDATION OF THE ORIENTATION OF THE EIGENVECTORS  
FROM THE REDUCED DATA SETS AGAINST EIGENVECTORS DETERMINED  
ON THE BASIS OF ALL PATIENTS

patient excluded	PC1	MAF1	MAF2
1	4.1°	3.4°	9.7°
2	5.8°	6.2°	38.4°
3	6.5°	9.3°	38.7°
4	8.3°	6.1°	32.9°
5	5.9°	6.5°	16.9°
6	3.9°	5.7°	32.5°

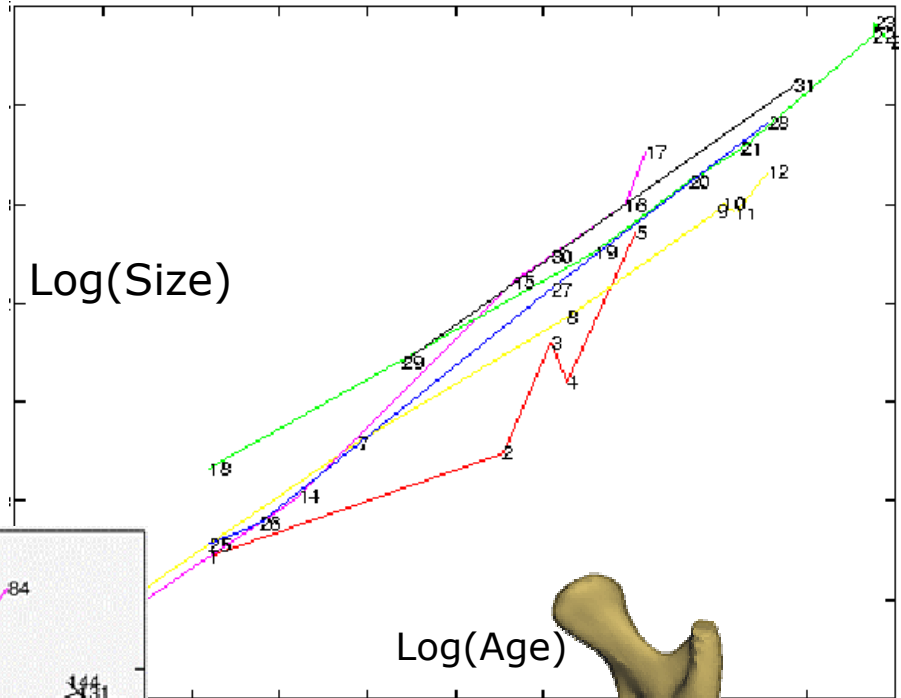
- The results shows the models ability to generalize.  
Note that no patient controls the variability of the pooled analysis

# Linear Dependence in Procrustes Tangent Space

3 mts, real.

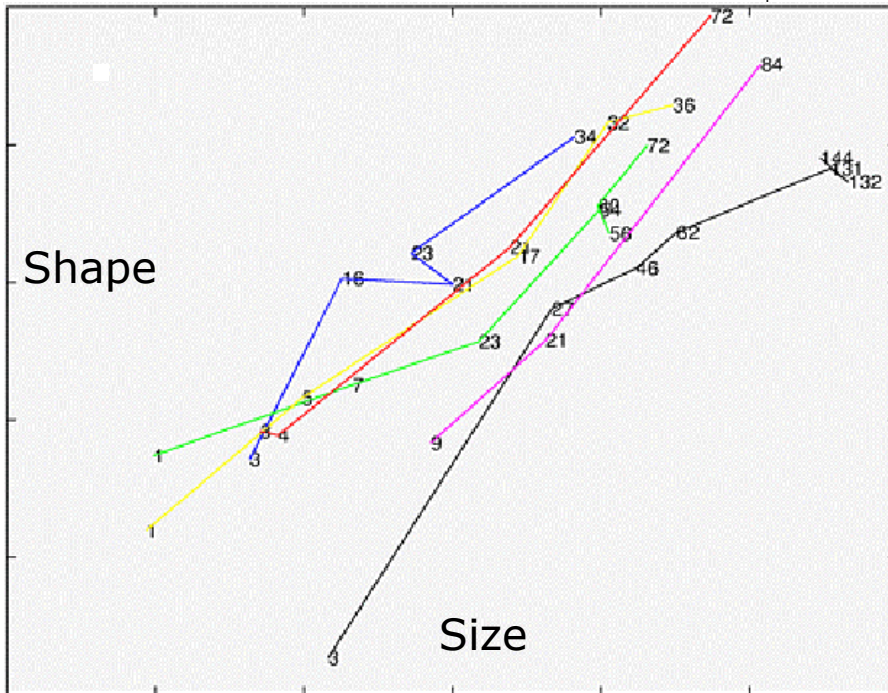


Log(Size)

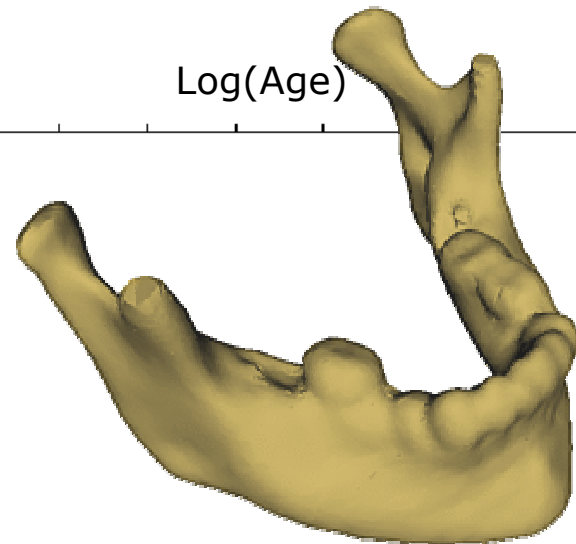


Log(Age)

Shape



Size



12 years, real

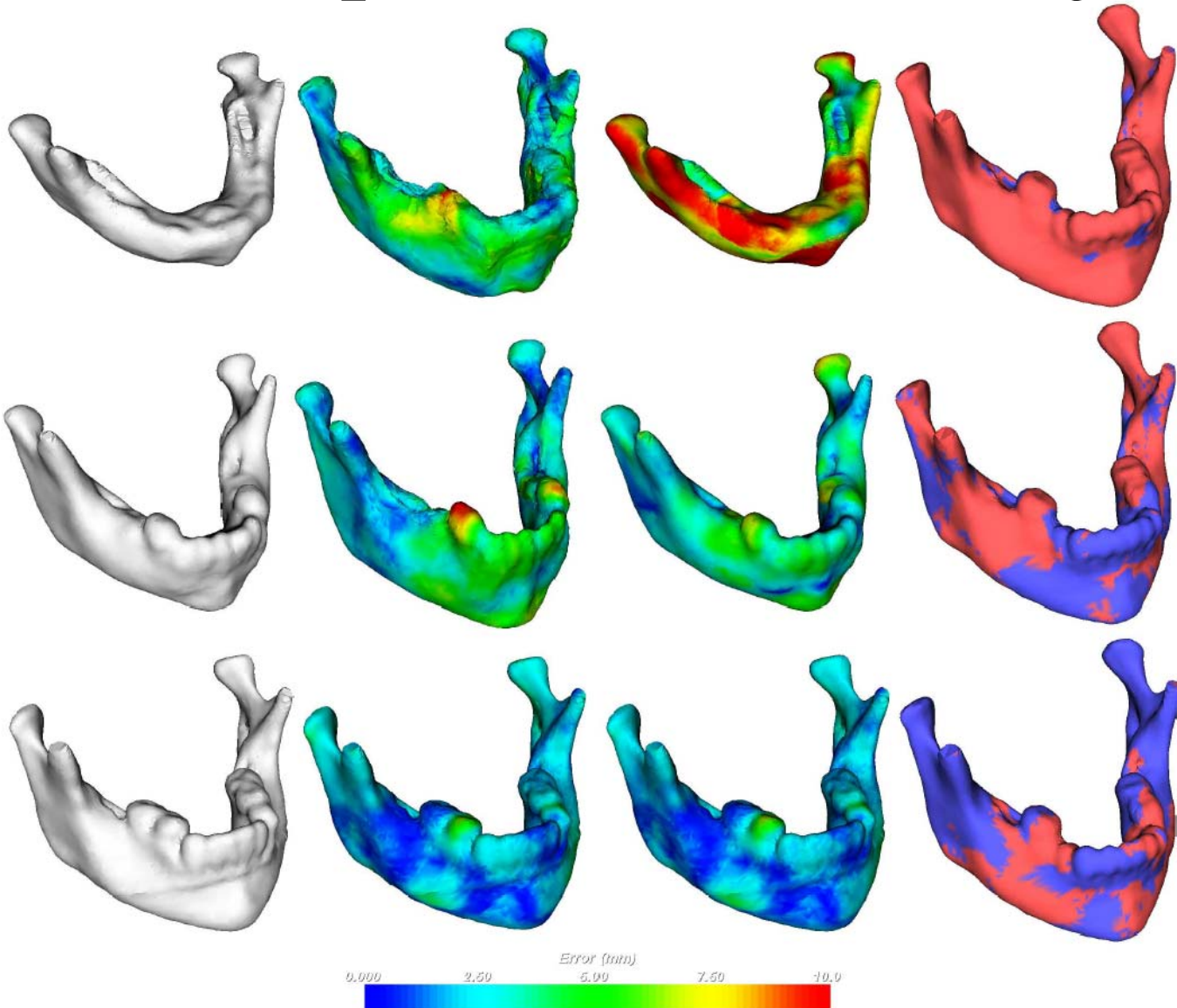
# Growth Simulation

PREDICTION ERRORS OF THE CROSS-VALIDATION STUDY

- Leave-one-out CV study predicting the most recent scan applying the earlier scannings as sources
- Notice the ability to predict the evolution of patient 4 - no other subject has been scanned at such a high age
- This strengthens the hypothesis of linear growth in Procrustes space

Patient no.	scan	PC1 model		MAF1 model		MAF2 model	
		mean	std	mean	std	mean	std
1	1	<i>2.4</i>	<i>1.3</i>	<i>2.4</i>	<i>1.3</i>	4.3	1.4
	2	1.8	0.8	<b>1.7</b>	<b>0.7</b>	2.2	0.9
	3	1.8	0.7	<b>1.7</b>	<b>0.7</b>	2.3	0.9
	4	1.4	0.6	<b>1.3</b>	<b>0.6</b>	1.8	0.7
2	1	3.5	1.4	<b>3.4</b>	<b>1.4</b>	4.3	1.9
	2	2.4	1.1	<b>2.3</b>	<b>1.1</b>	3.2	1.9
	3	2.3	1.3	<b>2.2</b>	<b>1.3</b>	3.0	1.8
	4	<i>1.5</i>	<i>0.7</i>	<i>1.5</i>	<i>0.7</i>	1.7	0.8
	5	<i>1.6</i>	<i>0.8</i>	<i>1.6</i>	<i>0.8</i>	1.8	0.8
	6	<i>1.4</i>	<i>0.6</i>	<i>1.4</i>	<i>0.6</i>	1.5	0.7
3	1	<i>2.8</i>	<i>1.3</i>	<i>2.8</i>	<i>1.3</i>	5.4	2.2
	2	2.5	1.2	<b>2.4</b>	<b>1.2</b>	4.1	1.6
	3	<i>2.1</i>	<i>0.9</i>	<i>2.1</i>	<i>0.9</i>	2.7	1.2
	4	1.0	0.4	1.0	0.4	<b>0.9</b>	<b>0.5</b>
4	1	3.7	1.6	<b>3.6</b>	<b>1.6</b>	7.2	2.6
	2	3.1	1.6	<b>3.1</b>	<b>1.5</b>	3.3	1.6
	3	<i>2.8</i>	<i>1.4</i>	<i>2.8</i>	<i>1.4</i>	3.0	1.4
	4	<i>2.8</i>	<i>1.4</i>	<i>2.8</i>	<i>1.4</i>	2.9	1.3
	5	<i>2.0</i>	<i>1.0</i>	<i>2.0</i>	<i>1.0</i>	<i>2.0</i>	<i>1.0</i>
	6	2.0	0.9	2.0	0.9	<b>1.9</b>	<b>0.9</b>
5	1	<b>2.6</b>	<b>1.0</b>	2.7	1.1	5.5	2.1
	2	<i>3.1</i>	<i>1.2</i>	<i>3.1</i>	<i>1.2</i>	5.7	2.3
	3	<i>2.1</i>	<i>1.0</i>	<i>2.1</i>	<i>1.0</i>	3.4	1.5
6	1	<b>2.8</b>	<b>1.0</b>	2.9	1.0	5.3	1.8
	2	<i>2.8</i>	<i>1.2</i>	<i>2.8</i>	<i>1.2</i>	4.2	1.7

# Selected predictions of subject 4



# Summary

- Mandibular growth is approximately linear in Procrustes tangent space
- Technical high-lights:
  - removal of inter-patient variability
  - decomposition in non-Euclidean metric

## Acknowledgements:

- 3D-LAB, Headed by Dr. Sven Kreiborg, School of Dentistry, University of Copenhagen
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