

## Radiographic evaluation of mandibular bone remodeling by mandibular cortical Index (MCI) in a Senegalese population

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### Abstract

The objective of this study was to evaluate radiographic changes of the mandible by mandibular cortical index (MCI) within a Senegalese population.

**Materials and Methods:** The study was performed on digital panoramic radiographs of Senegalese melanoderm subjects. The radiographs were classified into 3 age groups: 18-40 years (Group I), 41-55 years (Group II), 56 years and over (Group III). The MCI was ranked according to Klemetti in three scores (C1, C2 and C3). The score was assigned by observing the morphology of the lower mandibular cortex. The chi-square test was used to study the relationship of MCI with age and sex. The level of significance was set at  $p \leq 0.05$ .

**Results:** A total of 82 numerical radiographs were selected. In men, 79.07% ( $n = 34$ ) had normal cortex (C1) and 69% ( $n = 27$ ) in women. The C2 variant was more common in women ( $n = 10$ ) and the C3 score was only found in women. The appearance of the lower cortex of the mandible was significantly associated with age ( $p = 0.009$ ).

**Conclusion:** This study has shown that MCI is a sensitive tool for the diagnosis of bone changes in the mandible in black African populations. However, these assertions should be confirmed by other studies with more representative samples.

**Keywords:** Bone remodeling, Panoramic x-ray, Mandible, Radiography digital, African population.

### Introduction

With age, the loss of bone density can be identified by the reduction of the radio-opacity of the bone, thinning and porosity of cortices, or trabecular configuration changes on X-ray.<sup>1-3</sup> The orthopantomogram providing an image of the entire mandible and maxilla<sup>4</sup> allows the detection of bone changes. Mandibular changes are related to age, dental status and other factors.<sup>5-7</sup> The orthopantomogram is a routine examination in the dental office. Panoramic radiomorphometric indices have a potential value in the detection of structural changes in the maxillary and mandible.<sup>8,9</sup> Several studies have reported the contribution of panoramic radiomorphometric indices in the diagnosis of osteoporosis. These studies were performed in Caucasian and Asian populations.<sup>10-12</sup> At the current state of knowledge there are no studies on the contribution of panoramic radiomorphometric indices in the diagnosis of osteoporosis concerning black African populations. However, inter-ethnic anatomical variabilities constitute a problem of applicability of standardized panoramic radiomorphometric values to black African populations.

The objective of this study was to evaluate the radiographic changes in the mandible using mandibular cortical index (MCI) according to Klemetti's classification<sup>12</sup> on panoramic X-ray in a Senegalese population.

### Materials and Methods

The study was performed on digital panoramic radiographs of Senegalese melanoderm subjects. X-rays were taken during routine dental examinations of patients aged 18 years and older. Panoramic X-rays were collected at an imaging centre in Dakar from April to June 2016. The images were obtained using a CRANEX Novus e<sup>®</sup> panoramic radiograph (Sodorex<sup>®</sup>) by a single operator.

The inclusion criteria of the study included clear, high-quality, and gross distortion-free x-ray images of patients with good general health that provided good reading of anatomical structures: the mandible body, the mental foramen, the lower border of the mandible, the angle of the mandible and the condyles.

The socio-demographic data (age, sex and date of radio recording) was recorded along with the panoramic radiographs. X-rays were classified into 3 groups based on age:

1. 18-40 years old (Group I)
2. 41-55 years old (Group II)
3. 56 years old and over (Group III)

X-rays were analyzed by two examiners, a dental surgeon who is specialized in dento-maxillofacial radiology and a radiologist. The evaluation method was standardized. The images were examined on a computer screen in JPEG format. To avoid inter and intra-examiner variability, calibration was first performed on 30 random radiographs. Interrogator reproducibility was calculated by re-evaluating 15 randomly selected panoramic radiographs. Cohen's kappa was calculated for the degree of concordance.

The mandibular cortical index (MCI) was given by Klemetti [12] (Fig. 1):

C1: normal cortex, the endosteal margin of the cortex is still visible and strong on both sides;

C2: cortex eroded slightly or moderately, the endosteal margin showed semilunar defects (lacunary resorptions) where it appears for cortical residues;

C3: cortical layer severely eroded.

The scoring was done by observing the morphology of the lower mandibular cortex.

Statistical analysis of the data was performed by SPSS 20 software. The results were expressed in number and percentage. The chi-square test was used to study the relationship between MCI and age or sex. The level of significance was set at  $p \leq 0.05$ .

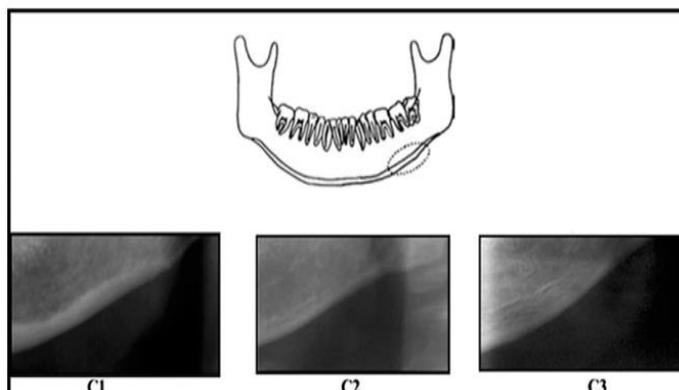


Fig. 1: Representation of the mandibular cortical index

**Results**

A total of 82 panoramic radiographs were selected and analyzed. The age group 18-40 was relatively more represented at 45.12% (n = 37), followed by those aged 56 and over with 31.71% of the sample (n = 26) (Table 1). The sex ratio was 1:1. For inter-examiner agreement, the kappa value was 0.87 (good agreement).

In males, 79.07% (n = 34) had a normal cortex (C1 index) and 69% (n = 27) in females had a C1 type MCI. The mildly or moderately eroded cortex (type C2 MCI) was found in 17% of males (n = 19) and 25.64% of females (n = 10). Finally the severely eroded cortical layer (C3 type MCI) was only found in 5.12% (n = 2) females. Bone changes were more noticeable in females compared to males; but the difference was not statistically significant (p = 0.2) (Table 2).

The distribution of MCI scores by age group was presented in Table 3. Among the three cortical-like scores, the C1 score was the most common in all age groups, However, its frequency decreased with age: 40% (n=33) in Group I and 17.08% (n=14) in Group III. The C2 score was more frequent in Group III, at 12.2% (n = 10). The C3 score was found only in women in Group III with 2.44% (n = 2). The appearance of the lower cortex of the mandible was significantly associated with age (p = 0.009).

Table 1: Age distribution of the sample

AGE (years)	N	%
Group I	37	45.12
Group II	19	23.17
Group III	26	31.71
Total	82	100

Table 2: The distribution of the MCI by sex

MCI	Males		Females		p
	N	%	N	%	
C1	34	79.07	27	69.23	0.2
C2	9	20.93	10	25.64	
C3	0		2	5.12	
Total	43	100	39	100	

Table 3: MCI distribution by age

Age (years)	C1		C2		C3		p
	N	%	N	%	N	%	
Group I	33	40	4	4.88	0		0.009
Group II	15	18.29	4	4.88	0		
Group III	14	17.08	10	12.2	2	2.44	
Total	62	75.62	18	21.96	2	2.44	

**Discussion**

Bone tissue is subject to constant changes due to bone remodelling processes. Thus, the mandible undergoes various morphological changes that are influenced by the dental status and age of the subjects.<sup>13</sup> Klemetti's MCI method has been used in many studies that have shown its interest in the study of bone changes in the mandible.<sup>1-3,5-18</sup> This study conducted on African melanoderm population, was aimed at evaluating associations between bone changes, age and sex by mandibular cortical indices on panoramic radiography. This was a preliminary study conducted on a Senegalese population. It was based on 82 radiographs of Senegalese subjects, with a sex ratio of 1:1 which shows a good distribution of the study population according to gender. The results of this study proved that CMI is related to age and sex. These results are in line with those of the literature. A study Kiswanjaya et al.,<sup>11</sup> over 9 years of 280 Japanese women aged 70 years at baseline, showed a significant

relationship between MCI and bone calcium in women. Female subjects were 3.26 times more likely to have lower mandibular erosion than male subjects.<sup>11</sup> The C1 score in our study was higher in males than in females, which is similar to some previous studies.<sup>14</sup> According to the study by Bajoria et al. 70% of subjects under 40 years old were having C1 score and 30% were with C2 score.<sup>1</sup> C2 and C3 scores were more prevalent among women over 40 years of age. This result could be explained by the higher osteoclastic activity leading to of bone resorption in women due to hormonal changes (deficiencies in estrogen) related to menopause and osteoporosis.<sup>5,15</sup> The increased tonicity of jaw muscles result in excessive forces can accelerate bone resorption and loss of teeth. In a study by Gulsahi et al, patients with the type of MCI C3 should be considered at high risk of osteoporosis regardless of age and gender.<sup>16</sup> Ferreira et al. considered MCI to be one of the specific indices in the evaluation of low bone mineral density (BMD).<sup>17</sup> Khojastehpon et al showed sensitivity and specificity of 80.7% and 69.4% respectively with a positive predictive value of 70.7% of the MCI compared to the BMD of the lumbar vertebrae evaluated at bone densitometry in women at menopause.<sup>18</sup> Kiswanjaya et al<sup>11</sup> and Hastar et al<sup>14</sup> concluded that the MCI could be used as an alternative way to evaluate low BMD of the skeleton. However, some authors did not find any correlations between gender and MCI.<sup>16,8</sup>

This study has shown that radiomorphometric indices, in particular MCI is a sensitive and specific tool for the diagnosis of bone changes including osteoporosis in melanoderm populations. However, these claims should be confirmed by other studies with more representative samples. Like other medical specialties, the dental surgeon can participate in the early detection of osteoporosis and prevent the risk of bone fractures using panoramic dental X-rays.

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