Guidelines for Oral Surgery and its Phenotyping Procedure

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Abstract

There is an increasing need for high-quality craniofacial standards based on 3D imaging technology given the present extensive use of 3D facial surface imaging in clinical and research settings. Creating an interactive, Web-based collection of 3D facial photos and measurements was the main objective of the 3D Facial Norms (3DFN) project. Users get access to both summary-level statistics and individual-level data, unlike other repositories, including genotypes from each individual in the collection as well as 3D facial landmark coordinates, 3D-derived anthropometric measurements, 3D facial surface photos, and genotypes. There are presently 2454 male and female participants in the 3DFN database, with ages ranging from 3 to 40. Four US locations were used to enrol the participants, who underwent screening for a history of craniofacial abnormalities. This article's objective is to introduce readers to the 3DFN repository by giving a basic overview of the project, outlining the justification for the database's construction, and outlining the procedures utilised to gather the data. There is an online supplement that provides summary statistics (means and standard deviations) by sex and age as well as growth curves for each anthropometric measurement in the 3DFN dataset. Clinicians can use these summary statistics and growth curves to evaluate craniofacial dysmorphology.

Keywords: Anthropometric • Morphological comparisons • Dysmorphology • Three-dimensional (3D) facial surfaces

Introduction

The compilation of objective, trustworthy, and meticulously gathered data on the craniofacial phenotype is crucial for the success of investigations into the underlying causes and efficient treatment of craniofacial abnormalities. Many people who have head and face-related congenital abnormalities exhibit minor morphologic changes. Any description of face dysmorphology must imply that the phenomena being discussed deviates from some baseline or "normal" state. As a result, all descriptions of dysmorphology are by their very nature comparison. So, it is crucial to comprehend what the range of typical variation for craniofacial traits is. Although measurements of the human face have been made since antiquity, systematic techniques for doing so weren't created until the first decades of the 20th century. Large datasets with standardised facial anthropometric or cephalometric measurements were finally created in response to the clinical community's requirement for population-based norms. Large numbers of healthy individuals were needed for these databases in order to provide age-, sex-, and ethnicity-specific normative data as well as completely capture the diversity found in the general population. These normative datasets are frequently used by clinicians and researchers to do group-based morphologic comparisons and to ascertain how measures from a specific patient or subject compare with those of their peers. It becomes possible to pinpoint the genes responsible for typical variation in craniofacial characteristics when quantitative measurements and genomic data are merged in a single craniofacial database.

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