Superior-Inferior Distance of the Inferior Alveolar Nerve from the Lower Border of the Mandible in the Malaysian Population

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Introduction



Nerve Figure 1: Without accurate determination of the

- safe zone, risk of injury to the IAN is high during implant osteotomy

- The accurate determination of the safe zone for implant osteotomy by cone beam computed tomography (CBCT) reduces the risk of iatrogenic injury to the inferior alveolar nerve (IAN).
- However, in low resource settings, CBCT is neither accessible nor affordable.
- Therefore there is a need for alternative strategies when CBCT is not available.
- If we can predict the superior-inferior distance of the inferior alveolar nerve (SIDIAN) from the lower border of the mandible, we could then calculate the safe-zone by subtracting the SIDIAN from the entire width of the mandible; without the use of CBCT.
- To develop a predictive algorithm of the SIDIAN in individuals, various input parameters specific to the target population would be required.
- Thus, baseline data pertaining to the SIDIAN from the lower border of the mandible in the Malaysian population is much needed.

IMU Oral Health Centre: **100 CBCT DICOM** patients files

iCAT software: SIDIAN from the ower border of the mandible in the molar regions on both sides

SPSS software: statistical analysis to determine symmetry & age-, ethinicity- and gender-associated variations

the premolar & molar regions on one side

Figure 2b. Estimation of the inferior alveolar nerve canal

Figure 2c: Highlighted Inferior Alveolar nerve canal

> Figure 2d: SIDIAN from the lower border of the mandible in the molar regions on both side



Table 1: Patient Demographics

Figure 3: Statistically significant differences in the SIDIAN from the lower border of the mandible were observed between different ethnic groups in the 1st and 2nd molar regions on the left and right side (*P<0.05)



Table 2: Summary of SIDIAN from the lower border of the mandible

	Group				
	Malay (N = 34)	Chinese (N = 35)	Indian (N = 31)	Group (Total)	(P value)
Left side					
First molar					
Mean	11.52	11.99	10.07	11.24	0.003
Standard deviation	2.52	2.04	2.27	2.40	
Minimum	7.52	8.01	6.00	6.00	
Maximum	17.69	16.31	14.80	17.69	
Second molar					
Mean	11.06	12.09	9.85	11.04	0.000
Standard deviation	1.82	2.32	2.05	2.25	
Minimum	7.09	6.51	6.52	6.51	
Maximum	14.34	16.00	13.45	16.00	
Right side					
First molar					
Mean	11.09	11.95	9.79	10.99	0.001
Standard deviation	2.53	2.19	2.02	2.41	
Minimum	4.75	8.20	4.77	4.75	
Maximum	16.75	16.01	14.84	16.75	
Second molar					
Mean	10.80	12.02	9.93	10.96	0.000
Standard deviation	1.73	2.44	1.79	2.19	
Minimum	7.25	6.38	6.75	6.38	
Maximum	14.56	15.75	13.70	15.75	



Figure 4: No gender-associated statistically significant differences in the SIDIAN from the lower border of the mandible were observed in the 1st and 2nd molar regions on the left and right side (*P<0.05)



Figure 5: No age-associated statistically significant differences in the SIDIAN from the lower border of the mandible



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Left 1st vs. Right 1st molar 18 Left 1st vs. Left 2nd molar 18 SIDIAN from the lower border of the mandible (mm) 9 8 01 71 91 9 9 16 u 14 om the lower 1 mandible (m. 8 SIDIAN from the R = 0.784R = 0.84014 19 14 19 SIDIAN from the lower border SIDIAN from the lower border of the mandible (mm) of the mandible (mm) Right 1st vs. Right 2nd molar Left 2nd vs. Right 2nd molar 18 borde 16 **m** 14 SIDIAN from the lower of the mandible (m 12 10 R = 0.837 R = 0.82814 19 14 SIDIAN from the lower border AN from the lo of the mandible (mm) of the mandible (mm)

Figure 6: Strong positive correlation exists between the SIDIAN from the lower border of the mandible of both molars regions and sides

r molar regions on the left and right side (*P<0.05)

Conclusion

- Wide range in SIDIAN from the lower border of the mandible was observed across the study population.
- Ethnicity-associated variations were identified.
- The strong positive correlations on both sides of the mandible indicate the presence of symmetry.

Measures to compensate for drifting and tilting of teeth were taken to determine the location of the IAN.



- Future studies to include the assessment and correlation of additional anthropometric variables and other mandible dimensions.
- These additional variables may aid in the development of a robust algorithm that can be used towards determining the safe zone for implant osteotomy in the posterior mandible when CBCT is not available.

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Table 3: Summary of SIDIAN from the lower border of the mandible stratified by ethnicity