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Cone-beam computed tomography: Small cone big scoop!

Seeing 3D just like the movies... but without the need of 3D glasses

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Introduction

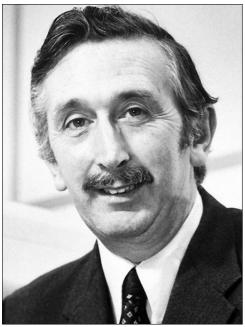
Cone-beam computed tomography (CBCT) is the latest advancement in diagnostic imaging that has begun to emerge as a potentially low dose cross-sectional technique for visualizing bony structures in the maxillofacial region.

CBCT yesterday... today... tomorrow...

Pioneers in X-ray computed tomography: Sir Godfrey Hounsfield and Allan McLeod Cormack First CT scanner - 1972 First CBCT for angiography - 1982 First CBCT in dentistry - 1998

Advances:

MVCBCT (Mega Voltage CBCT)



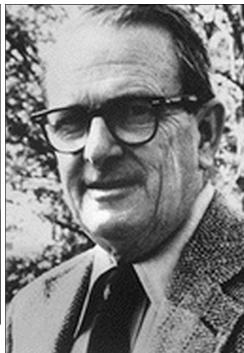


Abb 1: Sir Godfrey Hounsfield

Abb 2: Allan McLeod Cormack



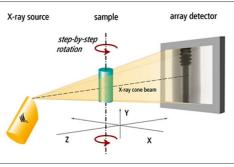


Abb 3: Mega Voltage CBCT Abb 4: Principle

Conclusions

Principle:

CBCT scanners utilize a 2D detector and cone-shaped source of ionizing radiation allowing for a single rotation of gantry to generate a scan of the entire region of interest.

How does it work?

X-ray generation:

3D X-ray beam with circular collimation \rightarrow Cone shaped beam

Image detection system:

Image intensifier tube/ charged coupled device combination or flat panel detector arrays

Image reconstruction:

Acquisition of single projection images known as "basis" images and reconstruction using Feldkamp software algorithm

Image display:

Axial, sagittal and coronal planes

Diagnostic value:

- 1. Dentomaxillofacial imaging
- 2. Orthodontic planning
- 3. Periodontal diseases
- 4. TMJ analysis
- 5. Cephalometric analysis
- 6. Jaw pathologies
- 7. Radiotherapy guidance
- 8. Implant site assessment
- 9. Impacted tooth evaluation

Medical applications:

- 1. Interventional radiography
- 2. Angiography
- 3. Mammography
- 4. Airway assessment

Benefits:

- 1. Size: reduced
- 2. Cost: ¼ to 1/5 of conventional CT
- 3. Rapid scan time: less than 30 seconds
- 4. Submillimeter resolution: 0.4 mm to as low as 0.125 mm
- 5. Patient dose reduction: $52-1025 \mu Sv = 4-77 \text{ digital panoramic radiographs}$
- 6. Interactive analysis: for real-time dimensional assessment and measurements
- 7. Image artifact: reduced

Limitations:

- 1. Image noise
- 2. Poor soft tissue contrast



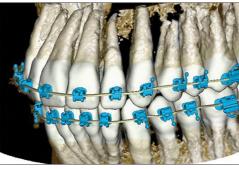


Abb 5: Dentomaxillofacial imaging



Abb 6: Orthodontic planning

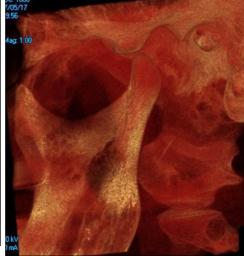


Abb 7: Periodontal diseases



Abb 8: TMJ analysis

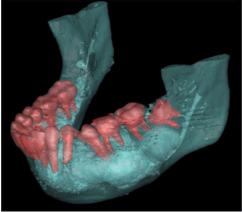


Abb 9: Cephalometric analysis

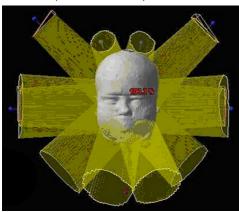


Abb 10: Jaw pathologies

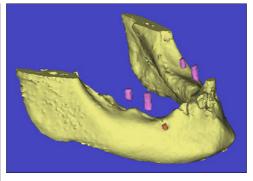


Abb 11: Radiotherapy guidance

Abb 12: Implant site assessment

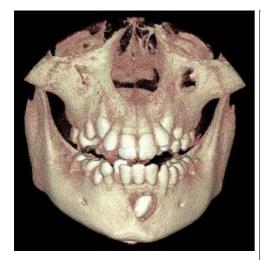




Abb 13: Impacted tooth evaluation

Abb 14: CBCT Scanner

Conclusion:

The ability of CBCT to provide images in three dimensions with a high level of detail makes it a very attractive method for many dental applications.

There is no doubt that cone-beam technology will become an important tool in dental and maxillofacial imaging over the coming decades.

Literature

- White SC, Pharoah MJ. Oral Radiology principles and interpretation. 6th edn. India: Elsevier; 2009. p.225-243.
 Miracle AC, Mukherji SK. Conebeam CT of the head and neck, Part 2: clinical applications. Am J Neuroradiol 2009 Aug; 30:1285-
- 3. Scarfe WC, Farman AG. What is cone-beam CT and how does it work. Dent Clin North Am 2008;52:707-730.

Abbreviations

2D - 2 dimensional

CT - Computed tomography

CBCT - Cone-beam computed tomography

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