

Cephalometric Landmark From Winceph software



By Dr.Pichai Asvinjaipetch
D.D.S.

May I introduce myself



Dr.Pichai Asvinjaipetch
D.D.S.

MY EDUCATION

FACULTY OF DENTISTRY MAHIDOL
UNIVERSITY
IN 1975 - 1981

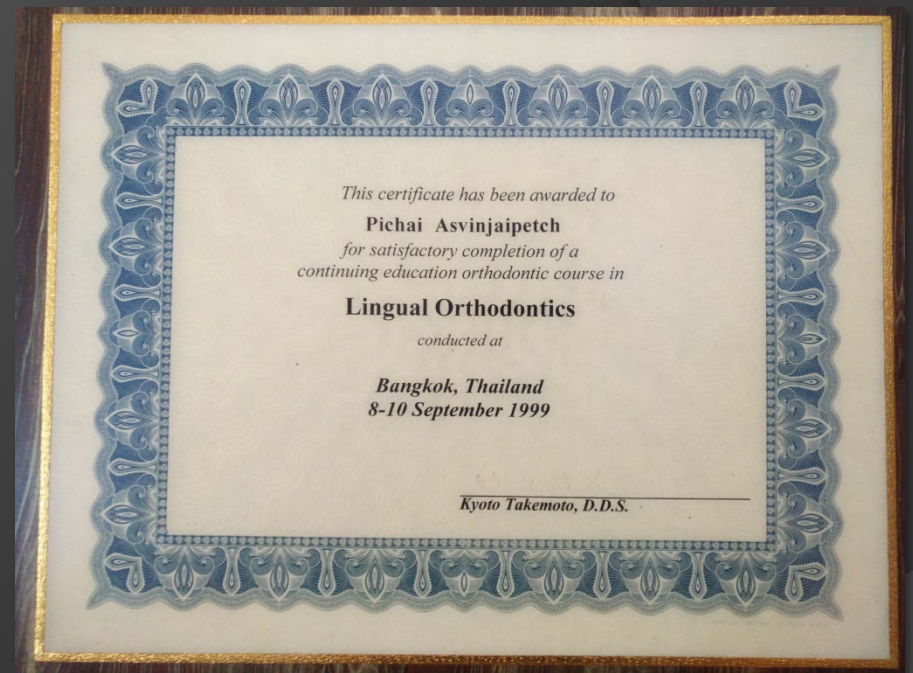


MY EDUCATION

In 1995



In 1999

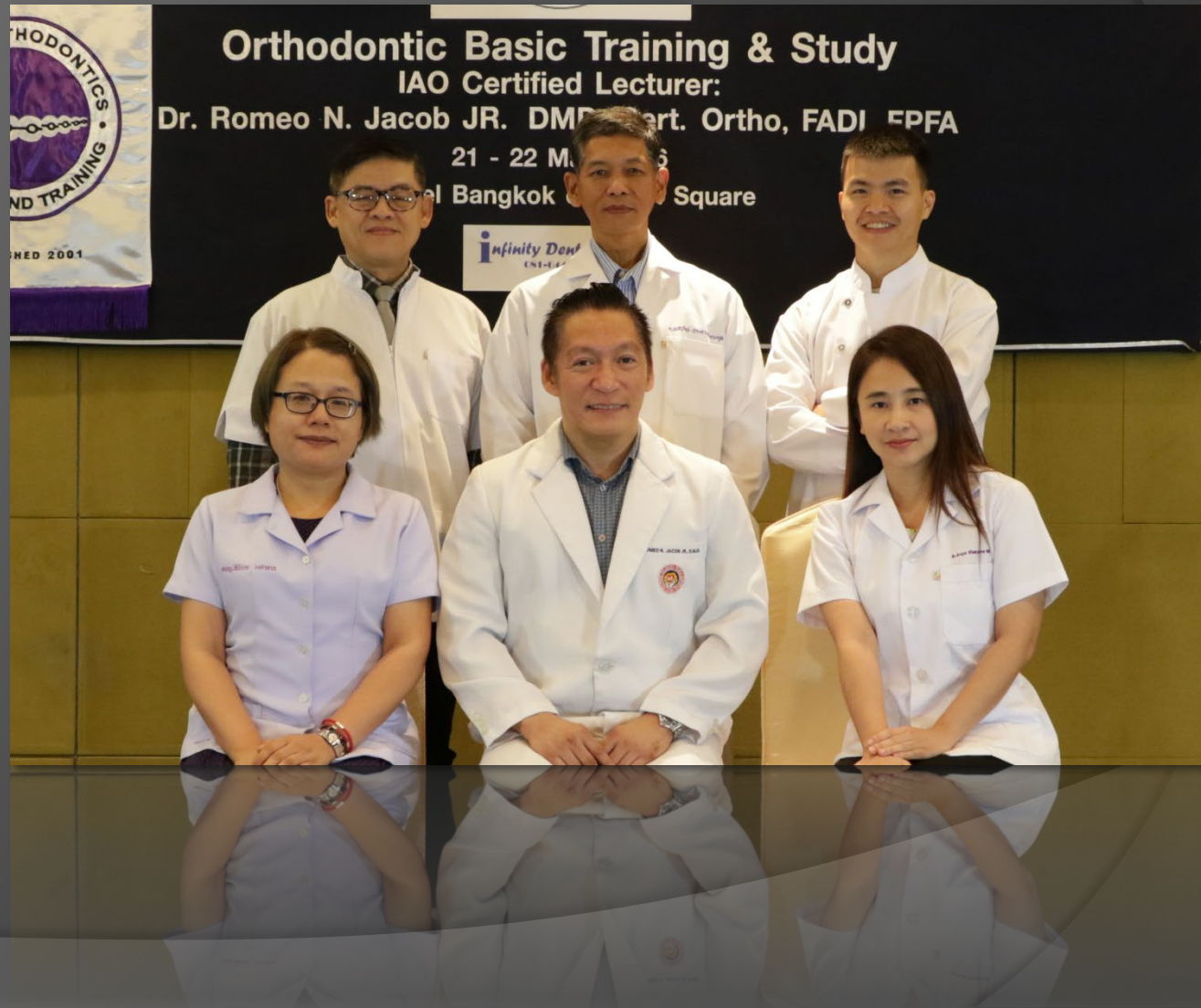


MY EDUCATION

Orthodontic Basic training & Study in 2015



MY EDUCATION



MY OFFICE



MY OFFICE



MY OFFICE



MY COLLEAGUES

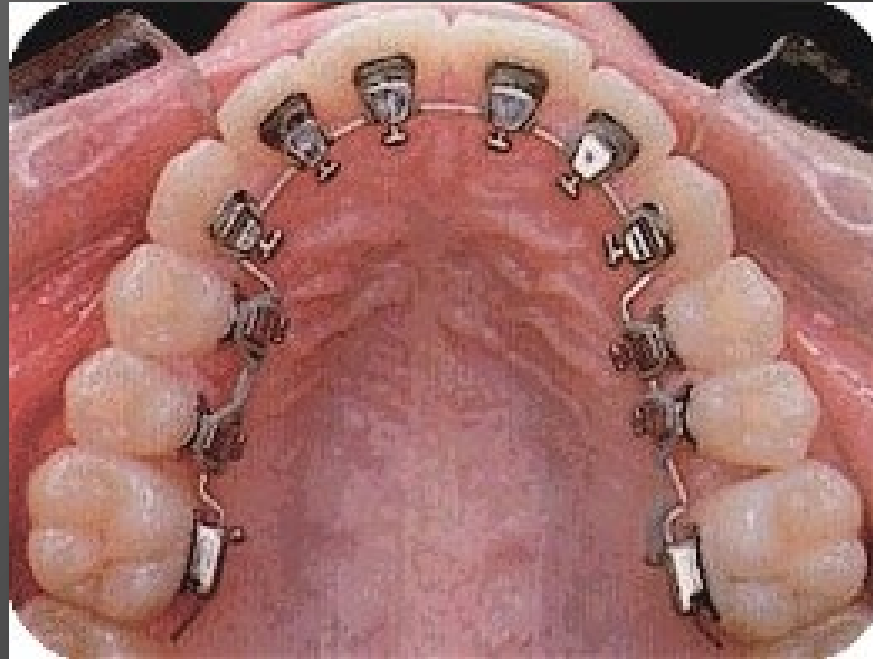


MY PRACTICE



In 1995. Study and Practise
in Edgewise
Dr. Alexander Wick 's
Biomechanic

MY PRACTICE



In 1999. Study and Practice
in
Lingual Technic

MY PRACTICE



In 1999. Study and Practice
in
Invisalign

MY ROLE IN THE SOCIETY



MY ROLE IN THE SOCIETY



MY ROLE IN THE SOCIETY



MY ROLE IN THE SOCIETY



MY ROLE IN THE SOCIETY



MY ROLE IN THE SOCIETY



MY ROLE IN THE SOCIETY





Radiographic Analysis

- Cephalometric Analysis
- Growth Analysis
- Basal Bone Analysis
- Hand-Wrist Analysis
- OPG Evaluation
- TMJ Radiographs(TMJ related case)



Photo Analysis

- Lip profile and soft tissue Analysis
- Esthetic line Analysis
- Schwarz profile Analysis
- Visualized Treatment Objective
- Facial symmetry and others



Model Analysis

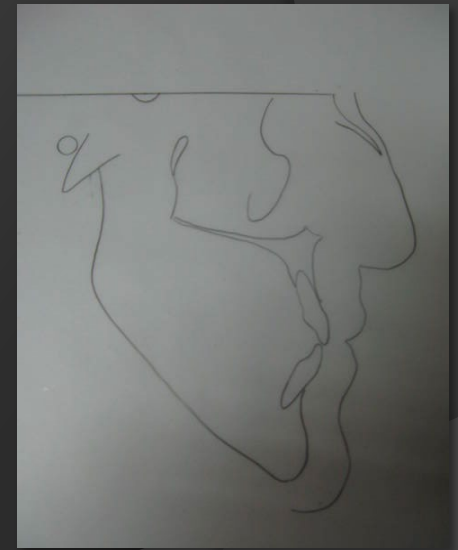
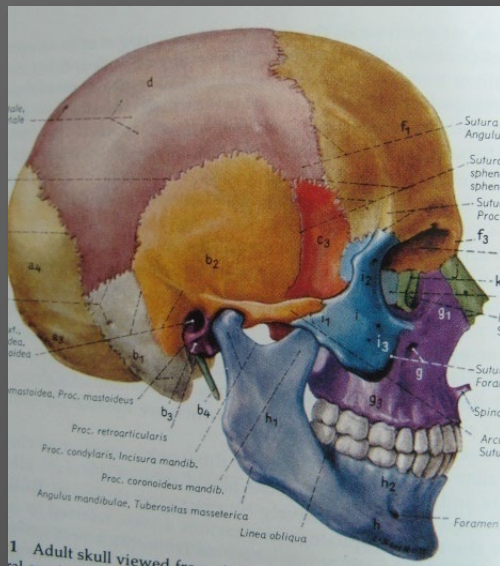
- Classification of malocclusion
- Segmental space analysis
- Bolton analysis
- Korkhaus analysis
- LICD analysis
- Others (MDA, Curve of spee, Tonn Index, Arch symmetry and etc.)

Radiographic Analysis



CLINICAL CEPHALOMETRY

By
Romeo N. Jacob Jr., DMD, FADI, FPFA





Bergen-Technique Cephalometric Analysis

The most important diagnostic tools in case analysis, evaluation and treatment planning

1. Evaluate the facial type
2. Plan the treatment
3. Predict facial growth
4. Assess craniofacial deformities
5. Research in growth and development

- 
- In 1948 the Downs Analysis was introduced
 - In 1953 the Steiner Analysis was developed
 - In 1954 came the Tweed Analysis
 - In 1955 the Coben Analysis was born
 - In 1960 the Ricketts Analysis was first published
 - In 1967 the Wits analysis was introduced



Professor Hasund in Norway developed the Bergen-Technique of clinical cephalometry. Simplified further as follows:

I. Definition and code of reference points: Anatomical, Soft tissue, Constructed

II. Tracing material and procedure

III. Method of measurement: Line & Angle

IV. Respective individual angle/line reading:

Linear connection, Line & Angle measurement, Interpretation

THREE CEPHALOMETRIC CONVENTIONS

1. LATERAL CEPHALOGRAM for conventional orthodontics
2. LATERAL OBLIQUE CEPHALOGRAM for oral and maxillofacial surgery
3. ANTERO-POSTERIOR/POSTERO-ANTERIOR CEPHALOGRAM for cleft lip and palate patients

THREE CEPHALOMETRIC CONVENTIONS



LATERAL



LATERAL OBLIQUE



A-P/ PA



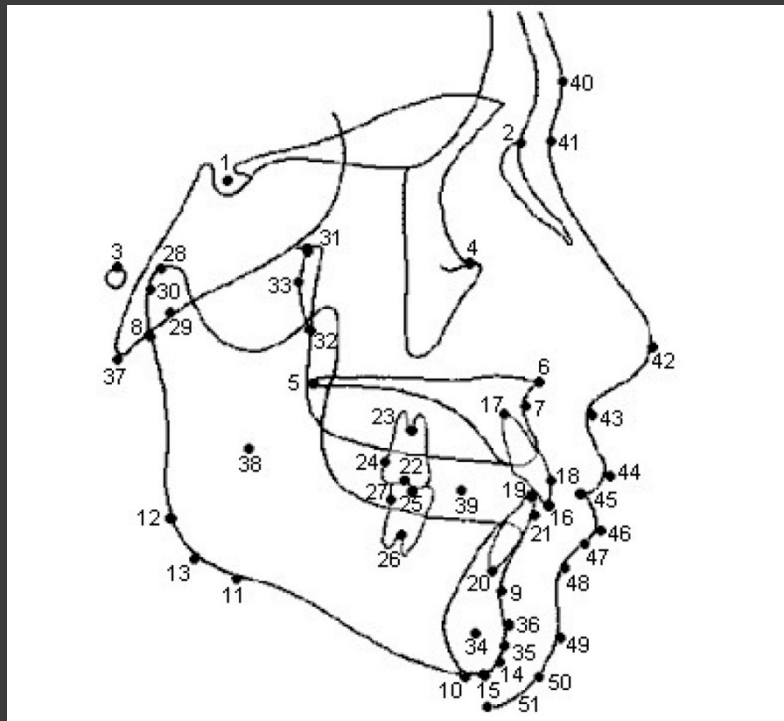
CEPHALOMETRIC RADIOGRAPHY

PURPOSE OF CEPHALOMETRIC RADIOGRAPHY

1. To evaluate the facial type
2. Plan the treatment
3. Predict facial growth
4. Assess craniofacial anomalies
5. Research in growth and development

Analysis Points in WIN CEPH

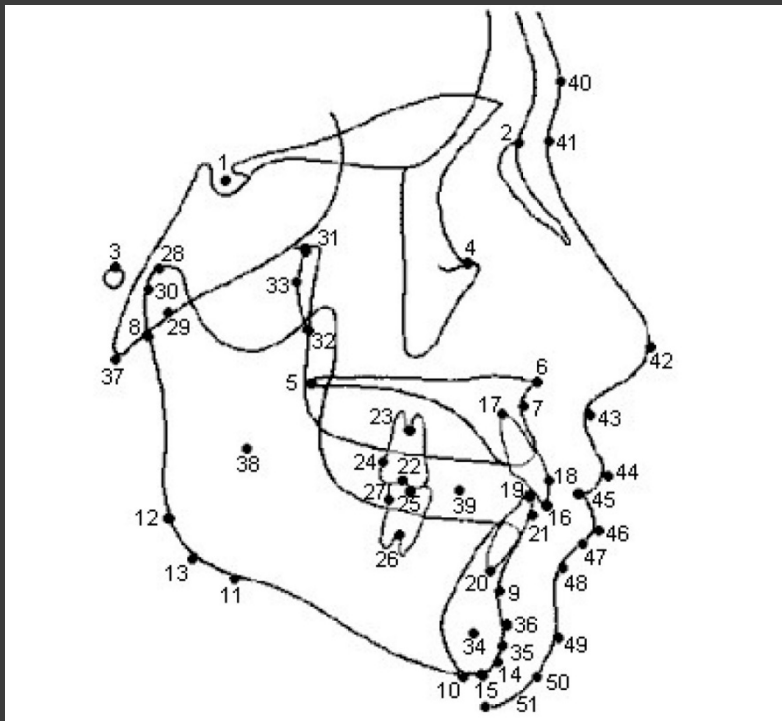
Lateral Point



1. S Sella turcica
2. N Nasion
3. Po Porion
4. Or Orbitale
5. PNS Posterior Nasal Spine
6. ANS Anterior Nasal Spine
7. A point A
8. Ar Articulare
9. B point B
10. Me Menton
11. Go(L) Lower Gonion
12. Go(P) Posterior Gonion
13. Go Gonion (Iizuka)
14. Pog Pogonion (Iizuka)
15. Gn Gnathion (Iizuka)
16. U1 Upper1
17. U1R Upper1 root
18. U2 Upper2
19. U2R Upper2 root
20. U3 Upper3
21. U3R Upper3 root
22. U4 Upper4
23. U4R Upper4 root
24. U5 Upper5
25. U5R Upper5 root
26. U6 Upper6
27. U6R Upper6 root
28. U7 Upper7
29. U7R Upper7 root
30. U8 Upper8
31. U8R Upper8 root
32. U9 Upper9
33. U9R Upper9 root
34. U10 Upper10
35. U10R Upper10 root
36. U11 Upper11
37. U11R Upper11 root
38. U12 Upper12
39. U12R Upper12 root
40. U13 Upper13
41. U13R Upper13 root
42. U14 Upper14
43. U14R Upper14 root
44. U15 Upper15
45. U15R Upper15 root
46. U16 Upper16
47. U16R Upper16 root
48. U17 Upper17
49. U17R Upper17 root
50. U18 Upper18
51. U18R Upper18 root

Analysis Points in WIN CEPH

Lateral Point



18. U1C Upper1 crown

19. L1 Lower1

20. L1R Lower1 root

21. L1C Lower1 crown

22. UMo Upper Molar

23. UMoR Upper Molar Roots

24. UMo(D) ... Distal Upper Molar

25. LMo Lower Molar

26. LMoR Lower Molar Roots

27. LMo(D) ... Distal Lower Molar

28. Cd Condyle

29. DC Condyle Center

(Ricketts)

30. CdE Condyle end (on SN plane level)

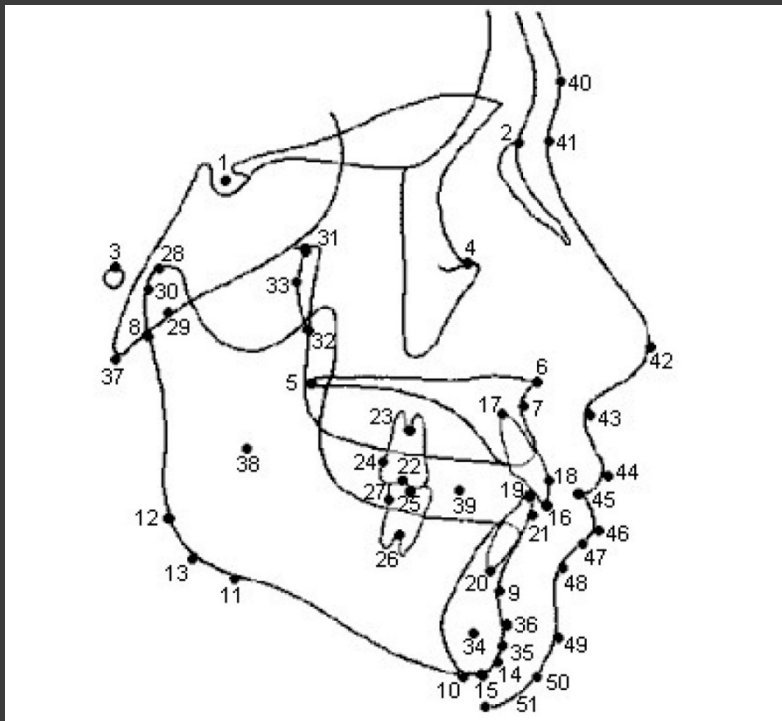
31. PT Pterygoid point

32. Ptm Pterygomaxillary fissure

33. PTV..... The point on a PTV line

Analysis Points in WIN CEPH

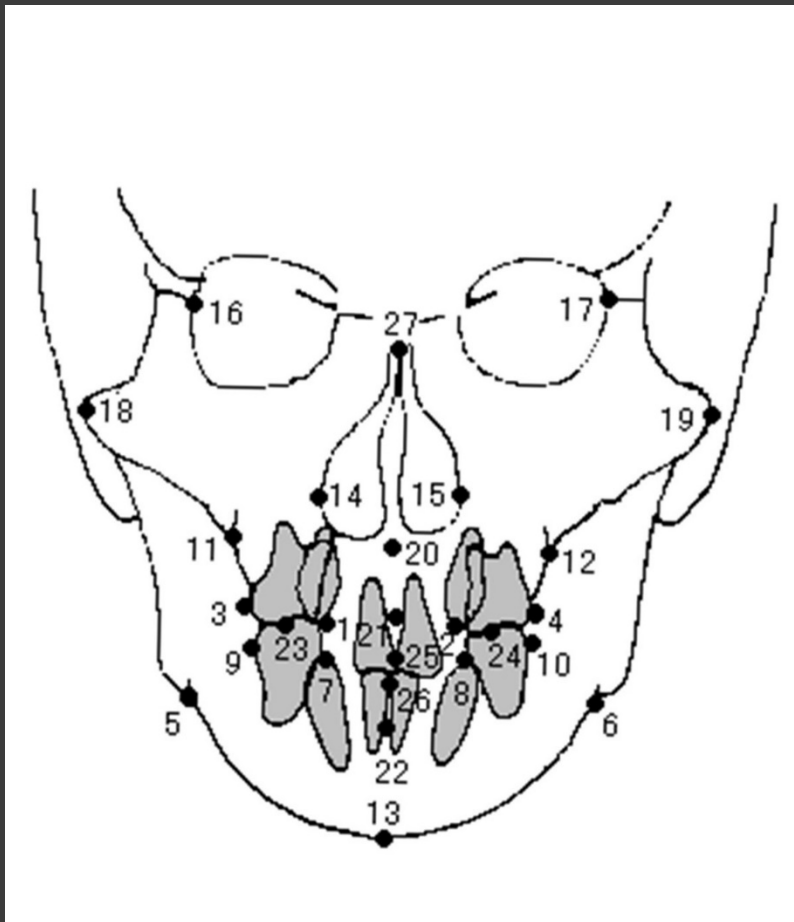
Lateral Point



- 35. Pog(R) .. Pogonion (Ricketts)
- 36. PM PM (Protuberance menti) (Ricketts)
- 37. Ba Basion
- 38. Xi Xi (Ricketts)
- 39. PMo Premolar for functional occl. pl.
- 40. Gl Glabella
- 41. N(s) Na (Nasion) (on FH plane level)
- 42. TN Top of Nose
- 43. SN SubNasal
- 44. TUL Top of Upper Lip
- 45. Sto Stomion
- 46. TLL Top of Lower Lip
- 47. Vmi Vermilion
- 48. SB Supra Mentale
- 49. TC Top of Chin
- 50. Pog(s) ... Pogonion(soft)
- 51. Me(s) Menton(soft)

Analysis Points in WIN CEPH

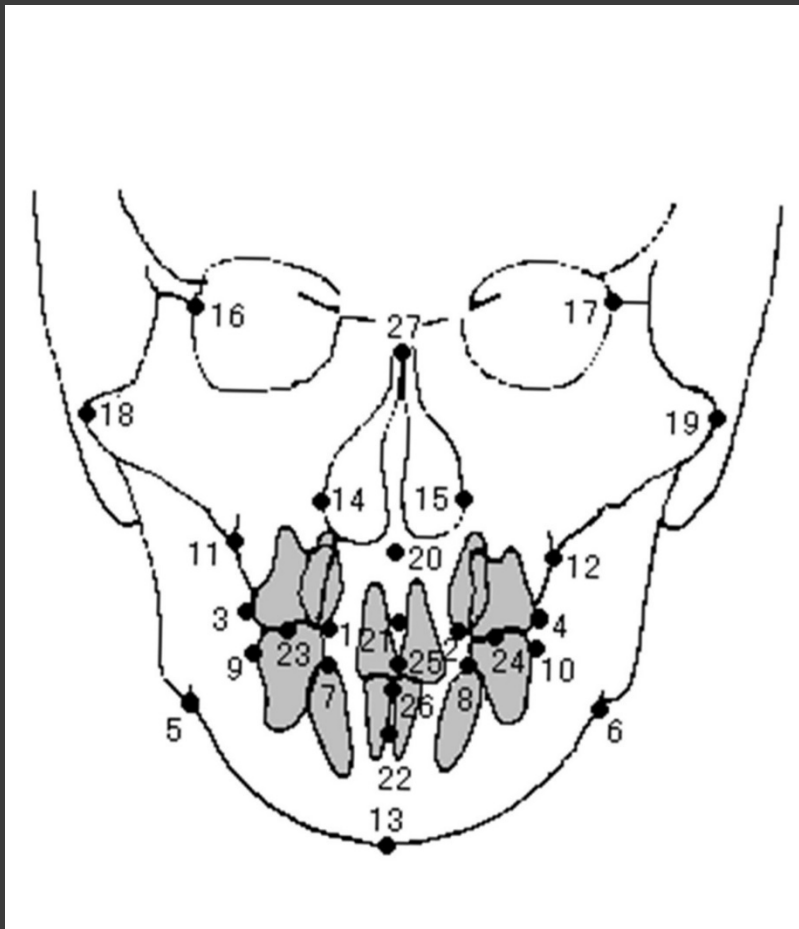
PA Point



- | | |
|------------------------------|------------------------|
| 1. U3R... | Top of upper canine(R) |
| 2. U3L... | Top of upper canine(L) |
| 3. U6R... | Buccal point of upper |
| 1st molar(R) | |
| 4. U6L... | Buccal point of upper |
| 1st molar(L) | |
| 5. AGR... | Lateral interior point |
| of antgonial protuberance(R) | |
| 6. AGL... | Lateral interior point |
| of antgonial protuberance(L) | |
| 7. L3R... | Top of lower canine(R) |
| 8. L3L... | Top of lower canine(L) |
| 9. L6R... | Buccal point of lower |
| 1st molar(R) | |

Analysis Points in WIN CEPH

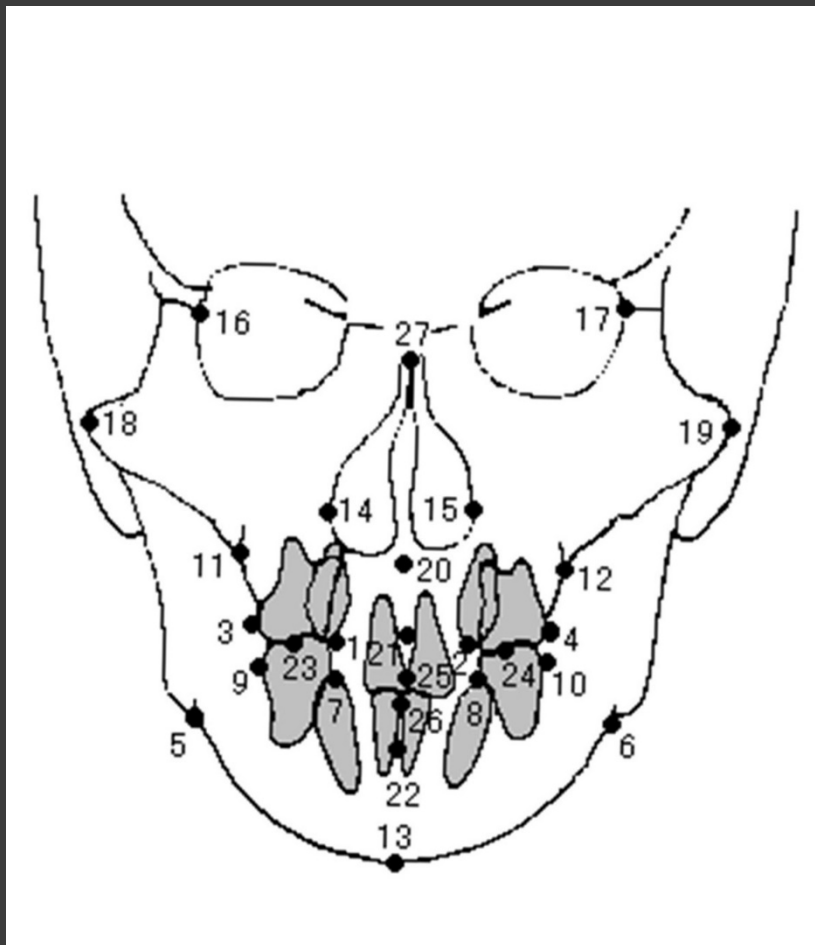
PA Point



- | | |
|-----------------------------|---------------------------|
| 10. L6L... | Buccal point of lower 1st |
| molar(L) | |
| 11. JR... | Jugal process(R) |
| 12. JL... | Jugal process(L) |
| 13. Me... | Menton |
| 14. NCR... | Lateral point of nasal |
| cavity(R) | |
| 15. NCL... | Lateral point of nasal |
| cavity(L) | |
| 16. ZR... | Mesial point of |
| zygomatic frontal suture(R) | |
| 17. ZL... | Mesial point of zygomatic |
| frontal suture(L) | |
| 18. ZAR... | Lateral point of |
| zygomatic process(R) | |

Analysis Points in WIN CEPH

PA Point



- | | |
|-------------|---------------------------------------|
| 19. ZAL... | Lateral point of zygomatic process(L) |
| 20. ANS... | Anterior nasal spine(R) |
| 21. A... | point A |
| 22. B... | point B |
| 23. 6R... | Mid point of 1st molars(R) |
| 24. 6L... | Mid point of 1st molars(L) |
| 25. UMid... | Upper midline |
| 26. LMid... | Lower midline |
| 27. GC... | Crista galli |



CEPHALOMETRIC REFERENCES

THREE(3) TYPES OF REFERENCE
POINTS FOUND IN A
CEPHALOMETRIC RADIOGRAPH

1. ANATOMIC REFERENCE POINTS
2. CONSTRUCTED REFERENCE
POINTS/LINES
3. SOFT TISSUE REFERENCE
POINTS

ANATOMIC REFERENCE POINTS

1. NASION
2. BASION
3. ANTERIOR NASAL SPINE
4. PROSTHION
5. POINT A (Subspinale)
6. INCISION SUPERIUS
7. INCISION SUPERIUS
APEX
8. INCISION INFERIUS
9. INCISION INFERIUS
APEX

ANATOMIC REFERENCE POINTS

- 10. INFRADENTALE
- 11. POINT B (Supramentale)
- 12. PTERYGOMAXILLARY
FISSURE
- 13. ARTICULARE
- 14. CONDYLIION
- 15. ORBITALE
- 16. PORION
- 17. GONION

ANATOMIC REFERENCE POINTS

THE THREE(3) PROMINENCES OF THE BONY CHIN

- 18. POGONION(Pg) most anterior
- 19. GNATHION(Gn) most inferior
- 20. MENTON(Me) most posterior

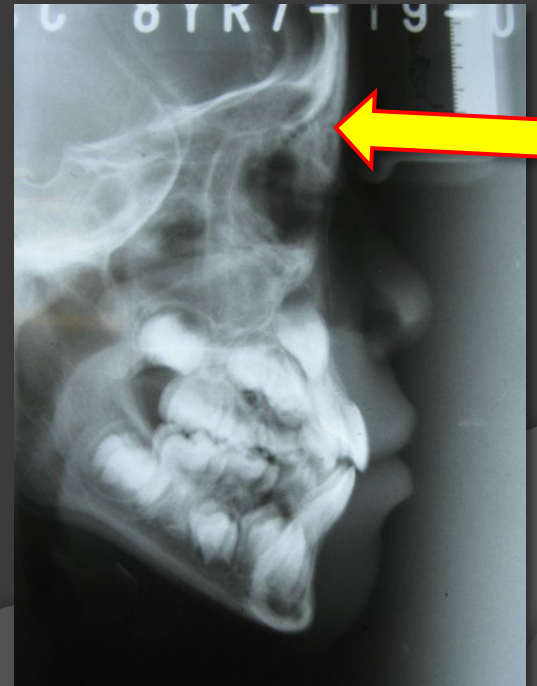
CONSTRUCTED REFERENCE POINTS / LINES

1. SELLA
2. SPINA PRIME
3. GONION TANGENT
POINT

ANATOMIC REFERENCE POINTS

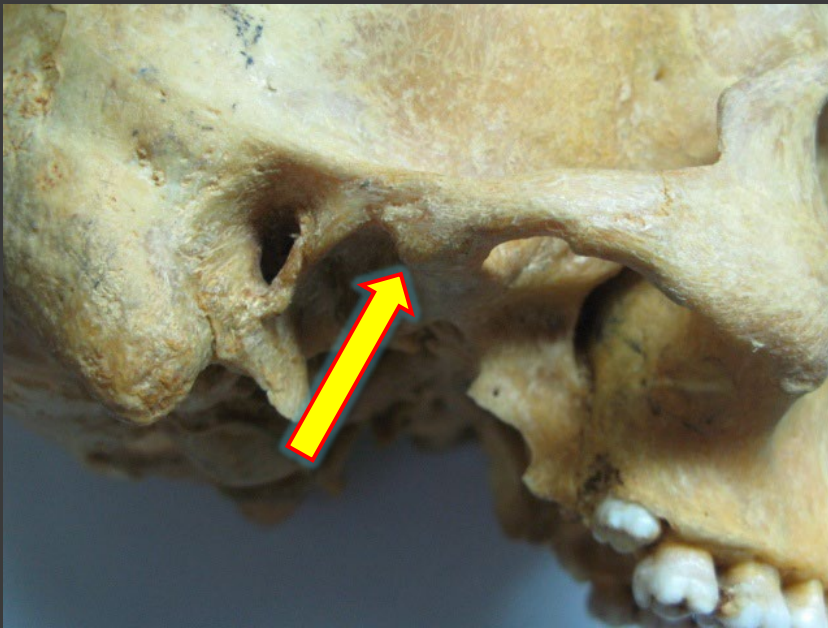
1. NASION (Na, N)

the most anterior lying point on the frontonasal suture. It appears as a thin or fine on the radiograph.



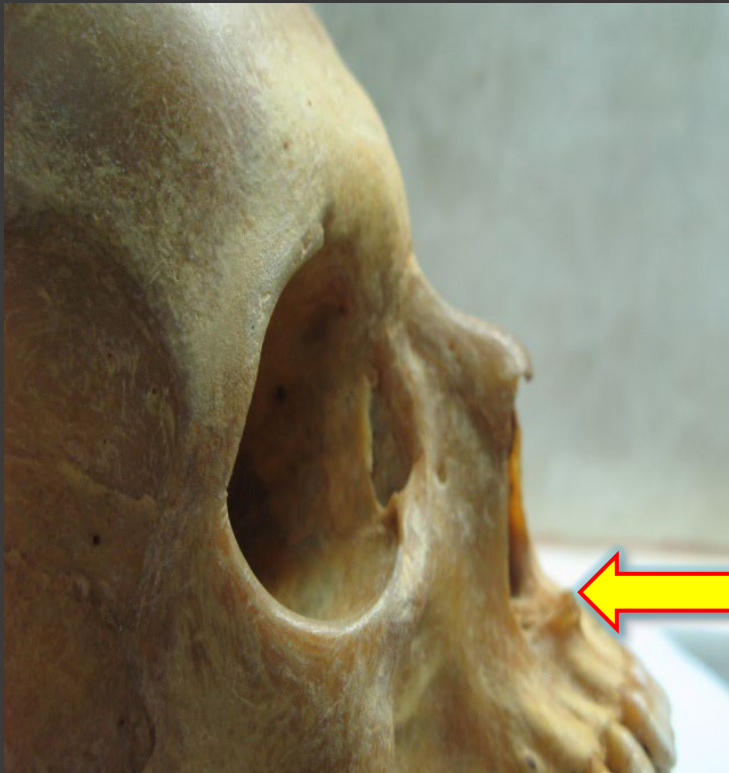
2. BASION (Ba)

the most posterior and inferior lying point on the clivus in the midsagittal plane



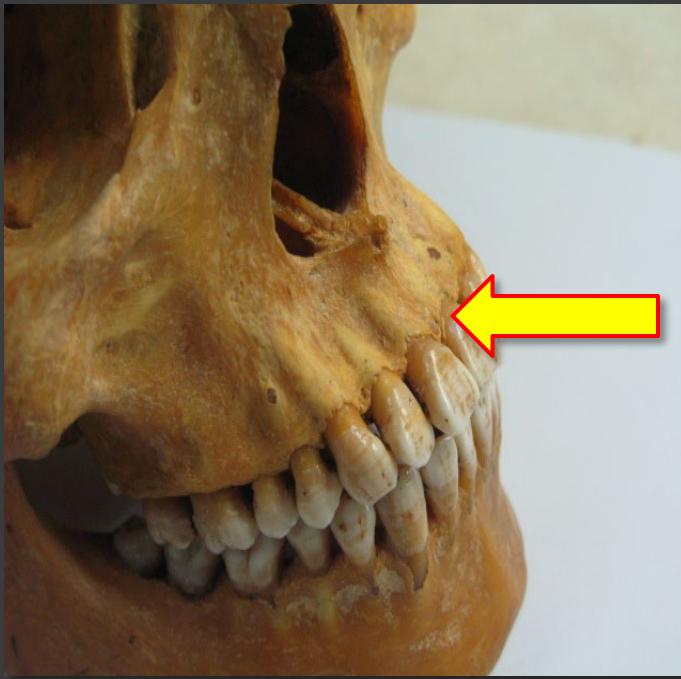
3. ANTERIOR NASAL SPINE(ANS)

the most anterior lying point on the
anterior nasal spine



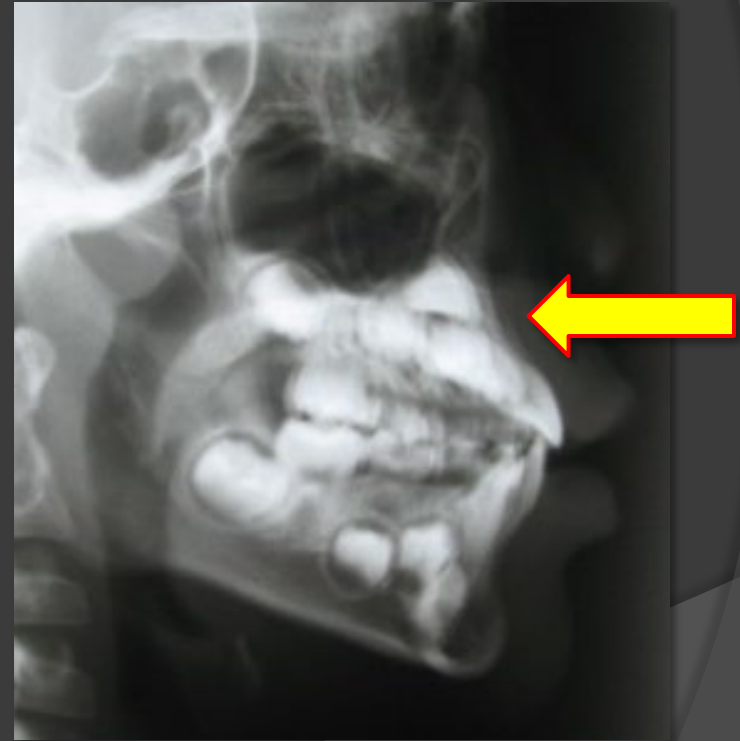
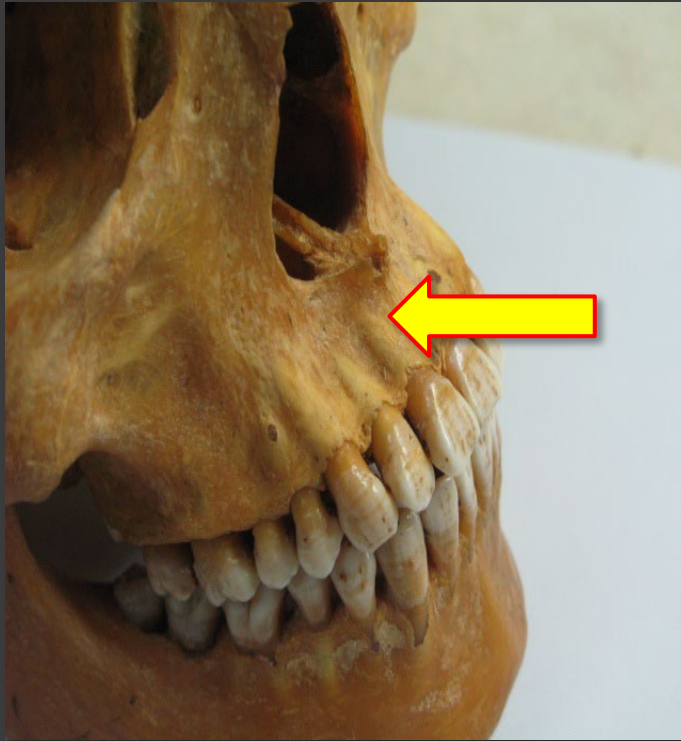
4. PROSTHION(Pr)

the most anterior point of the maxillary labial alveolar process



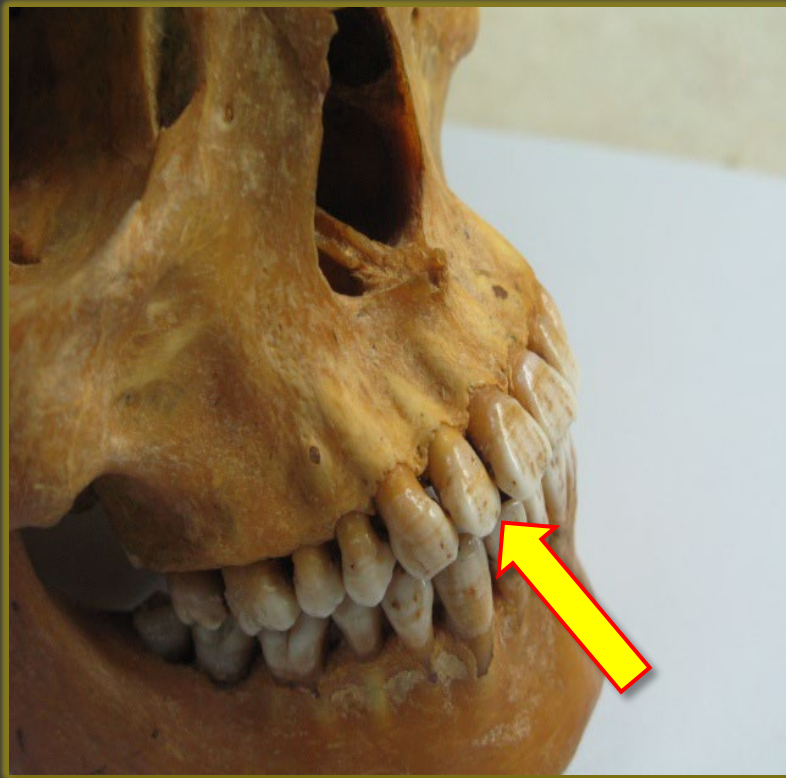
5. SUBSPINALE(Point A)

the deepest point on the anterior contour (Sp-Pr)
of the maxillary alveolar process.



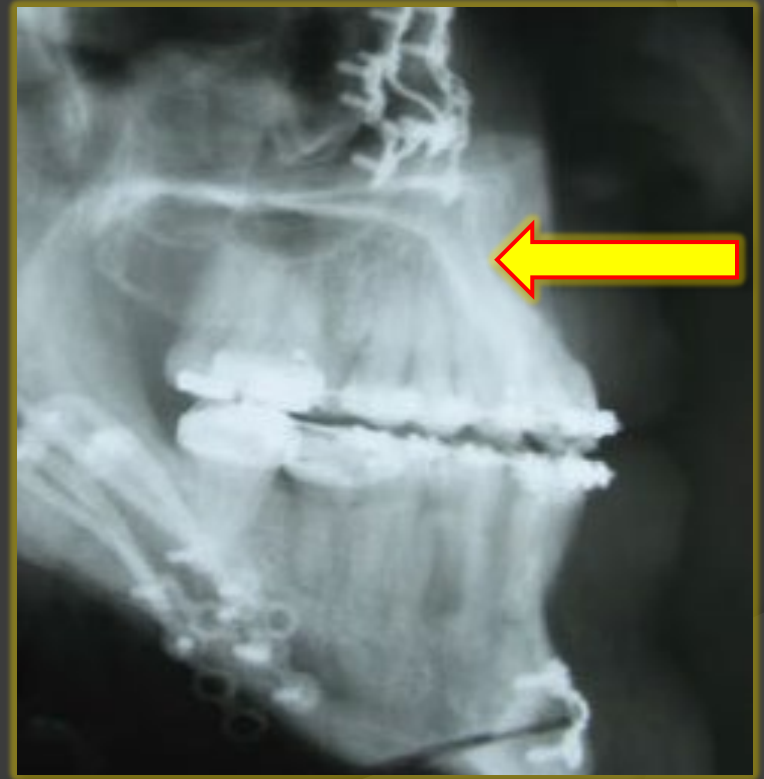
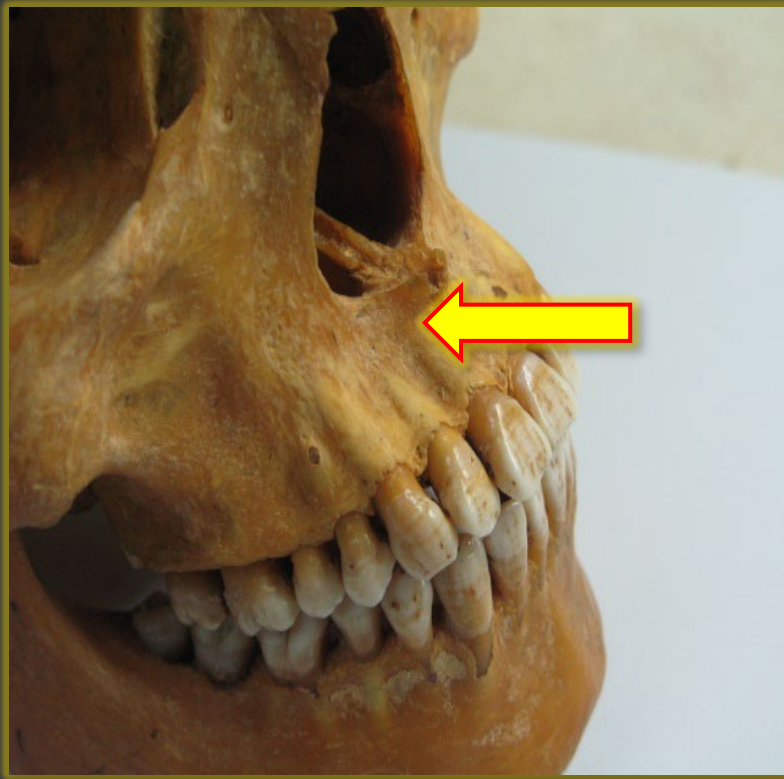
6. INCISION SUPERIUS(Is)

the midpoint of the incisal edge of the maxillary central incisors.



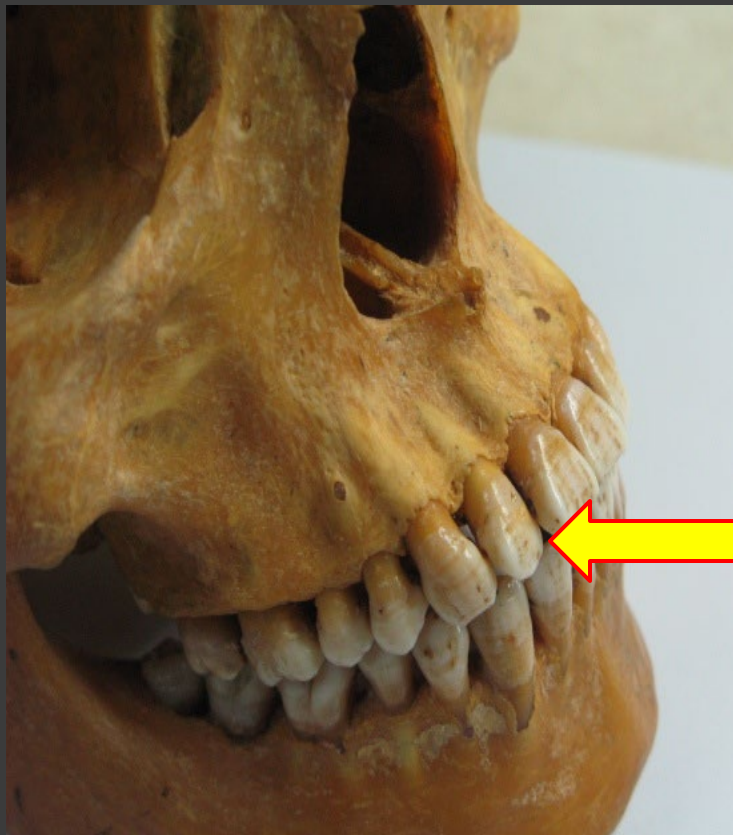
7. INCISION SUPERIUS APEX(Isa)

the apical point of the maxillary central incisors.



8. INCISION INFERIUS(Ii)

the midpoint of the incisal edge of the mandibular central incisors.



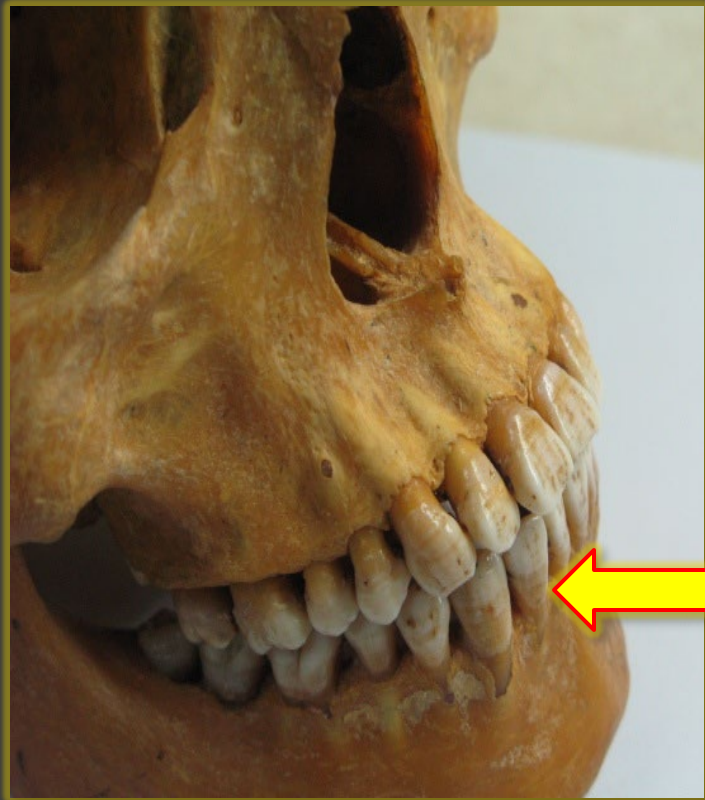
9. INCISION INFERIUS APEX(Iia)

the apical point of the mandibular central incisors



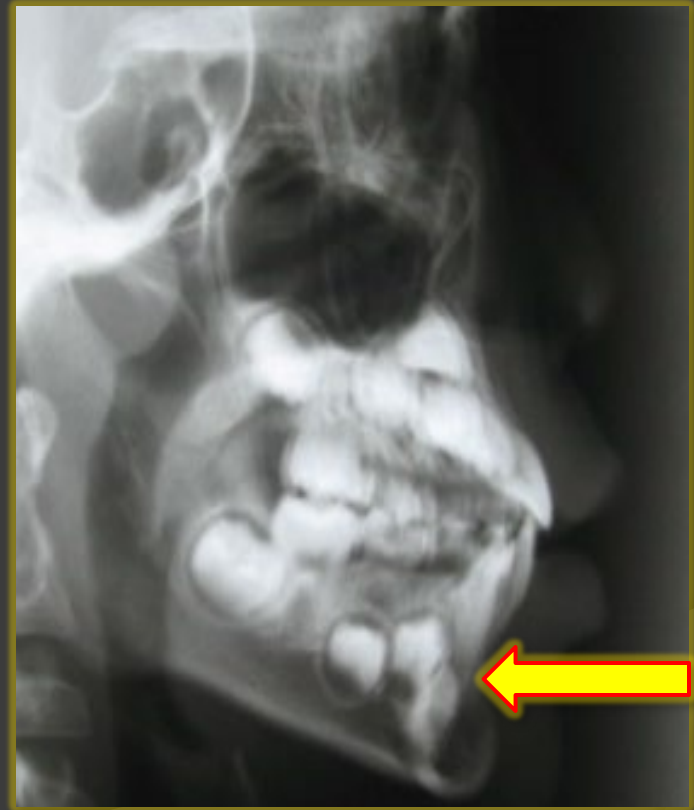
10. INFRADENTALE(Id)

the highest and the most anterior point of the mandibular labial alveolar process



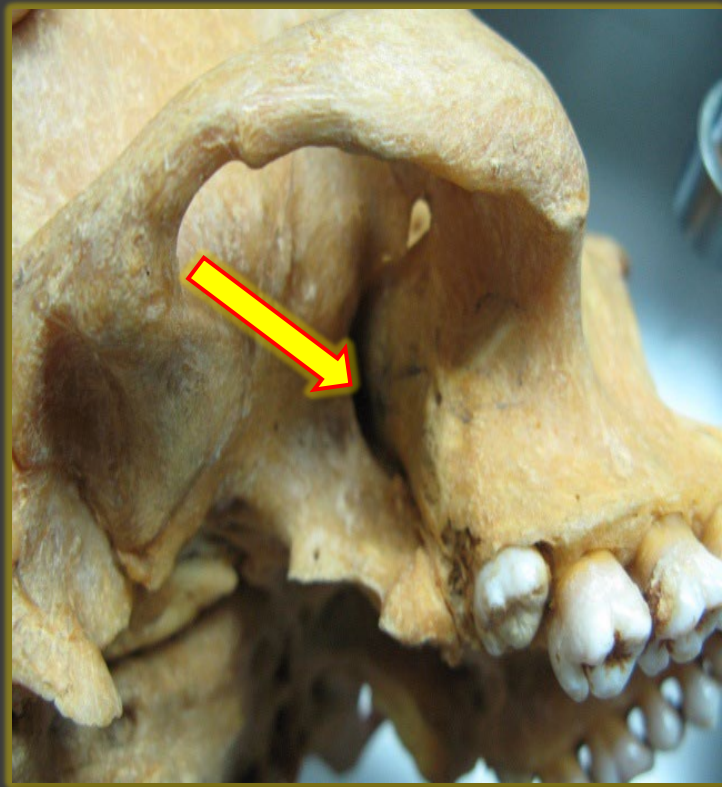
11. SUPRAMENTALE (Point B)

the deepest point on the anterior contour of the mandibular alveolar process in the mid-sagittal plane.



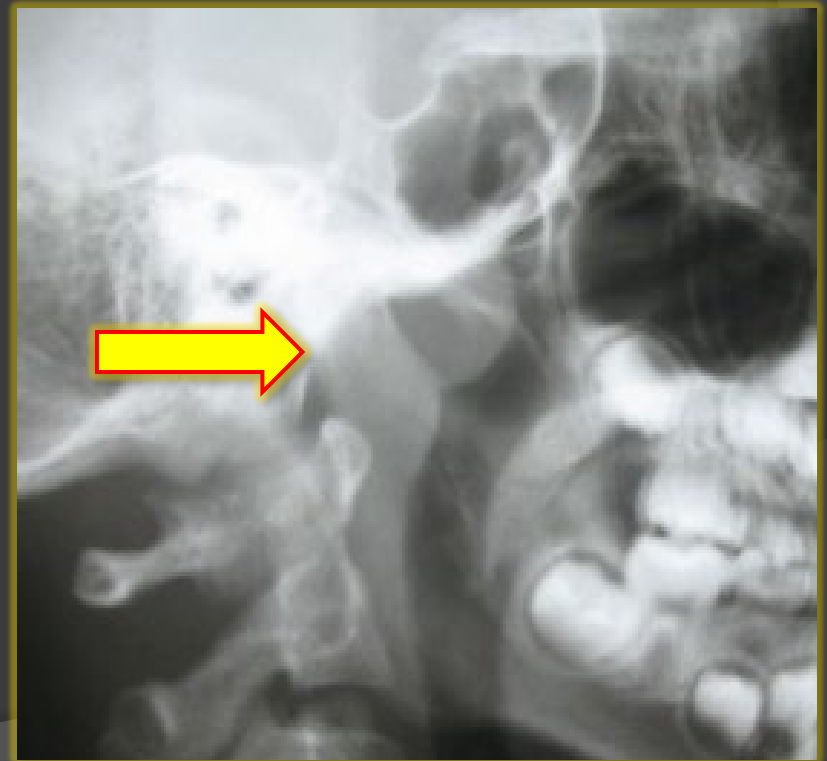
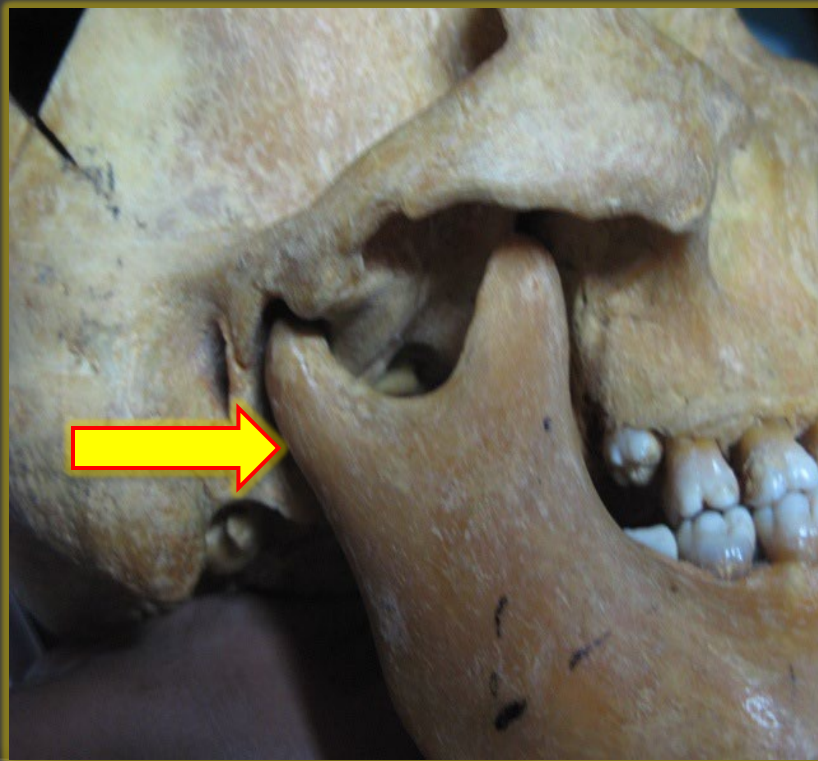
12. PTERYGO-MAXILLARY FISSURE(Ptm)

the intersection of the posterior contour of the maxilla with the contour of the hard and soft palate.



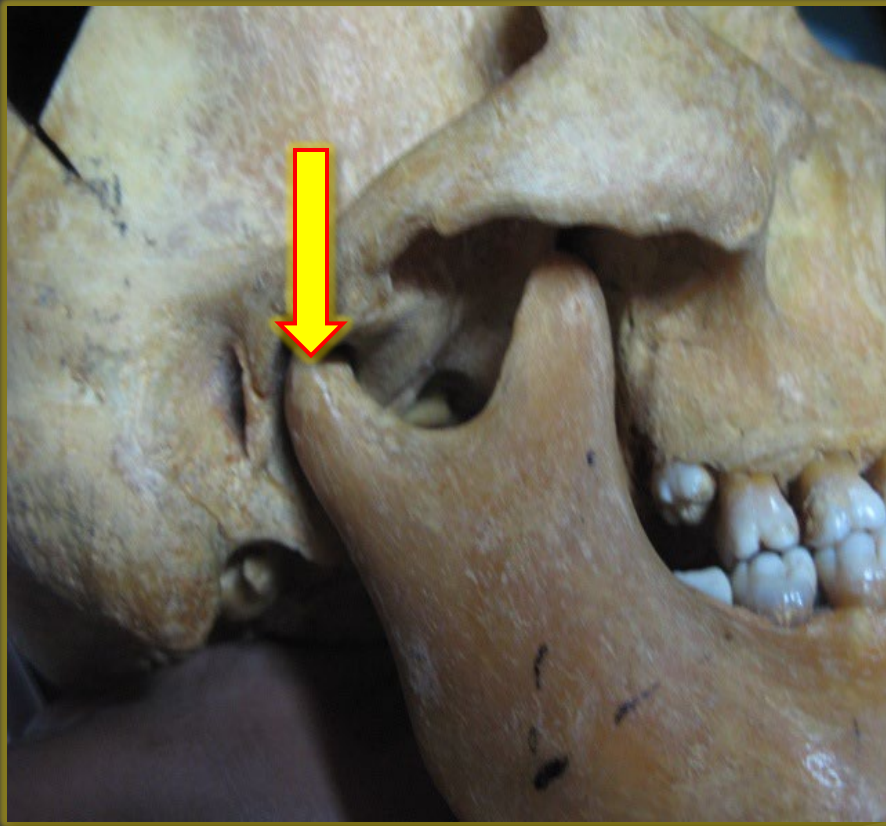
13. ARTICULARE(Ar)

the intersection of the external contour of the cranial base with the dorsal contour of the neck of the mandible(collum mandubulae).



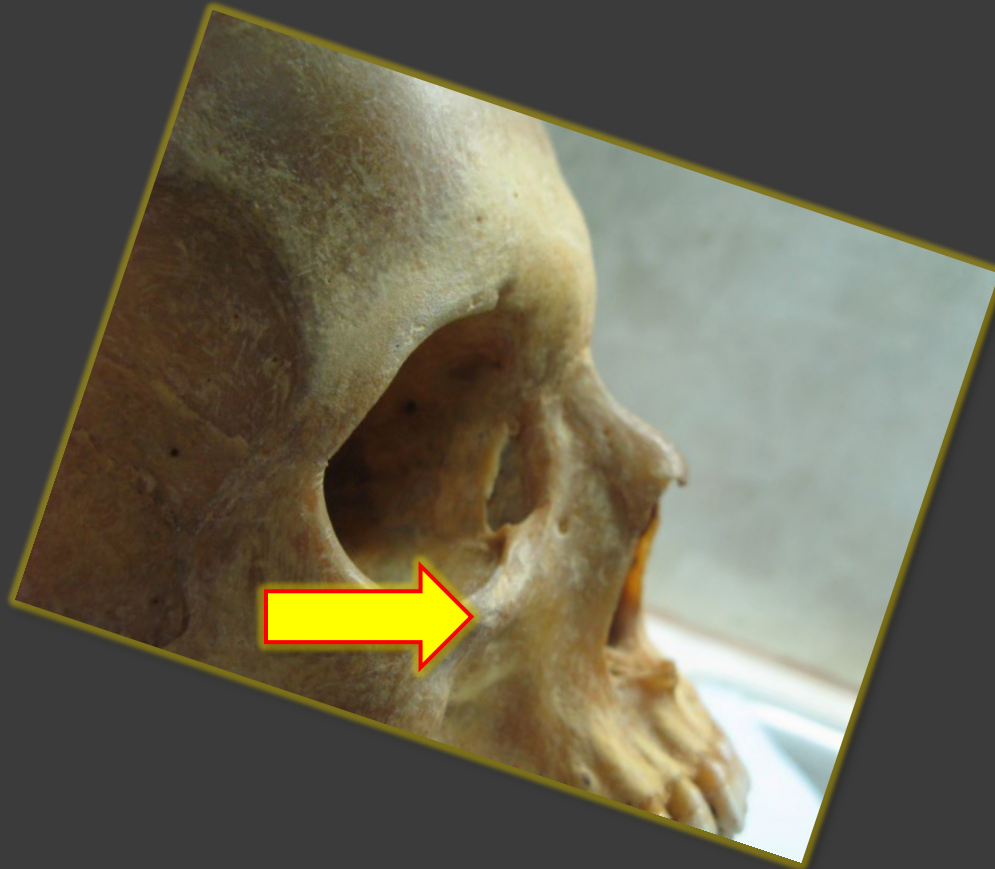
14. CONDYLION(Co)

the anterior superior point of the condyle



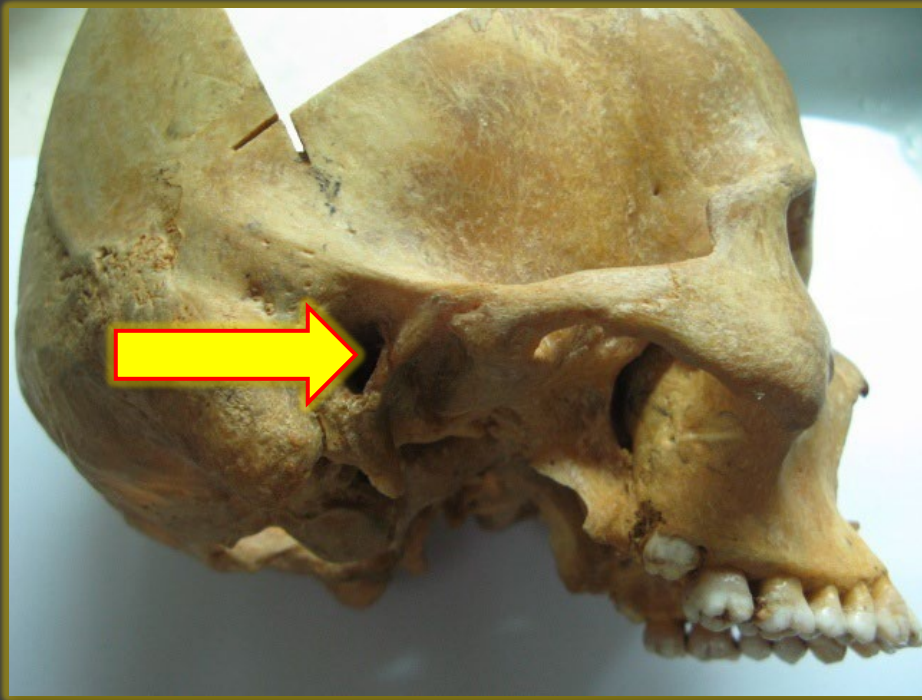
15. ORBITALE(Or)

the lowermost point in the lower margin of the bony orbit that may be palpated under the skin.



16. PORION(Po)

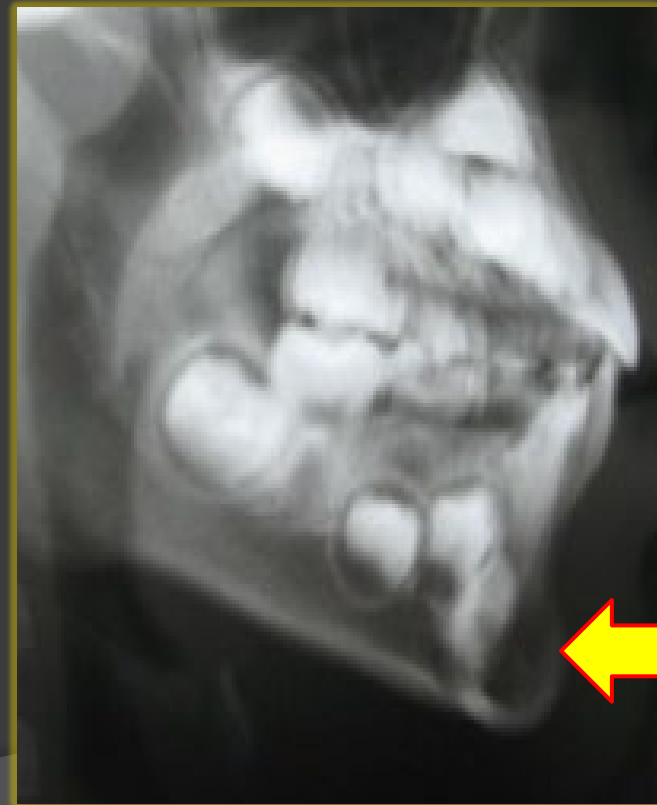
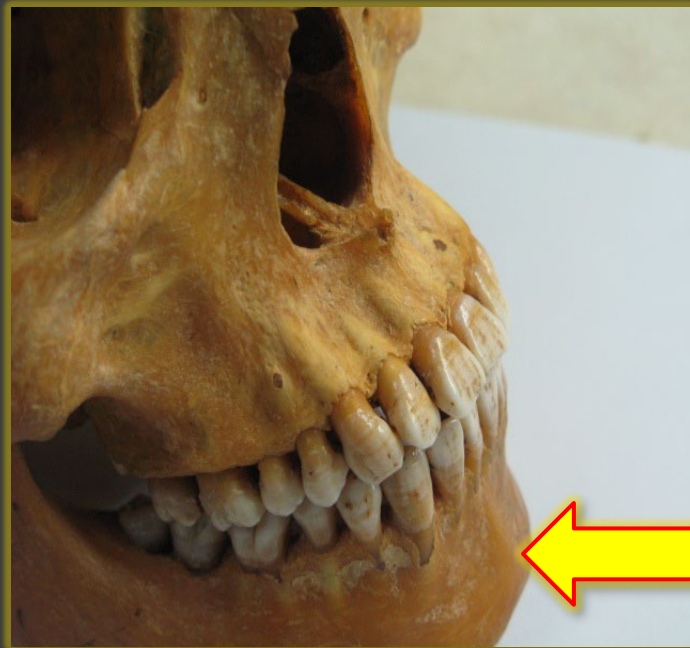
the central point of the upper margin of the external auditory meatus



THREE PROMINENCES OF THE BONY CHIN

17. POGONION(P_g)

the anterior point of the bony chin in the midsagittal plane.



18. GNATHION(Gn)

the most inferior point on the mandibular symphysis in the midsagittal plane.

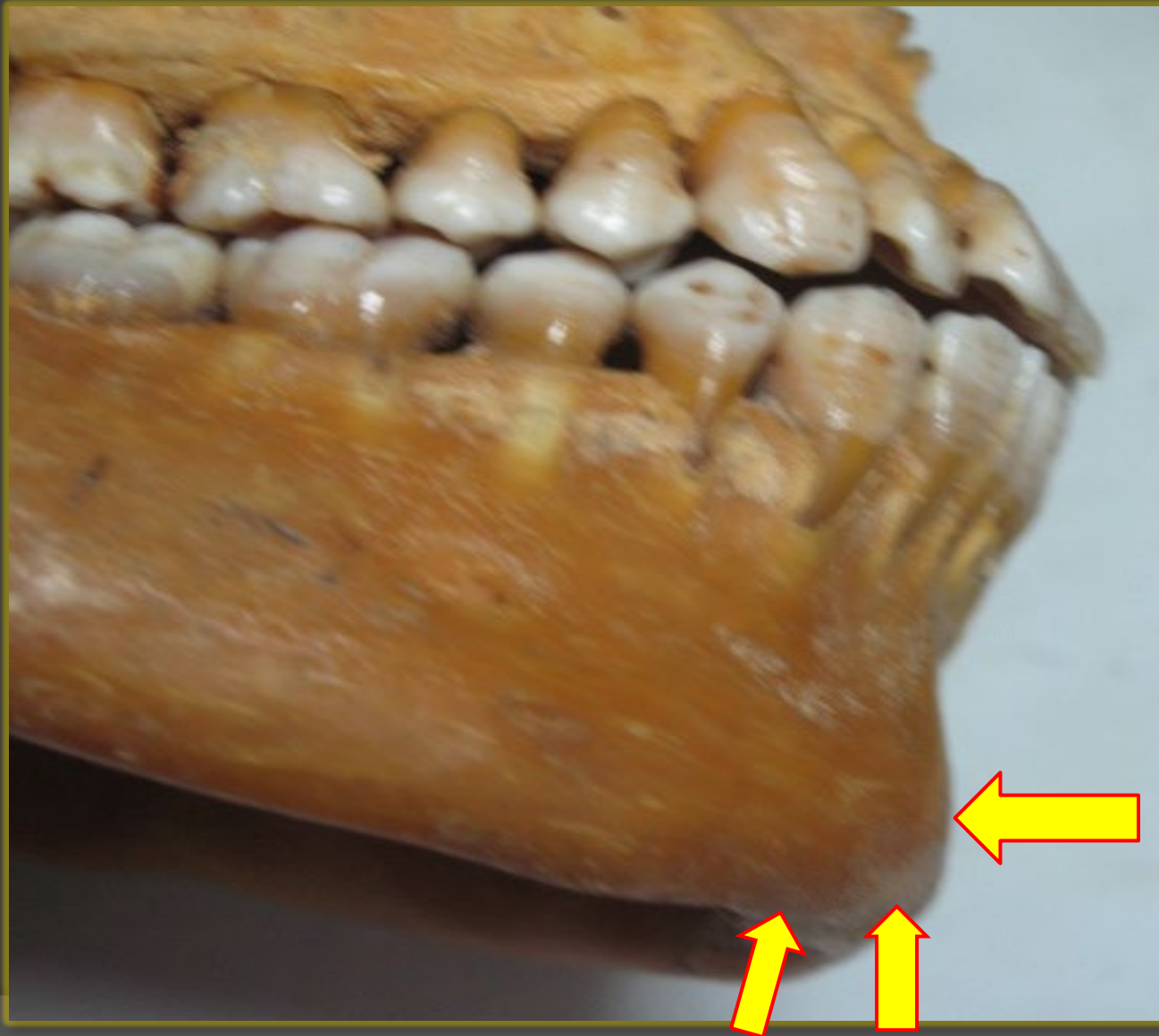


19. MENTON(Me)

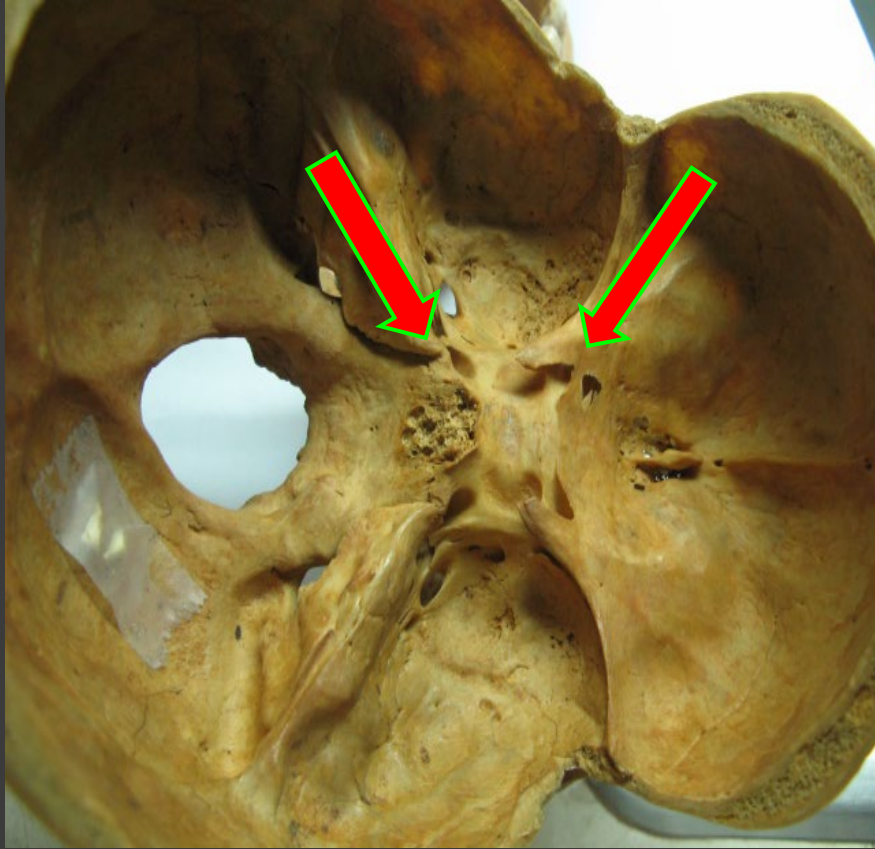
the posterior point in the mandibular symphysis in the midsagittal plane.



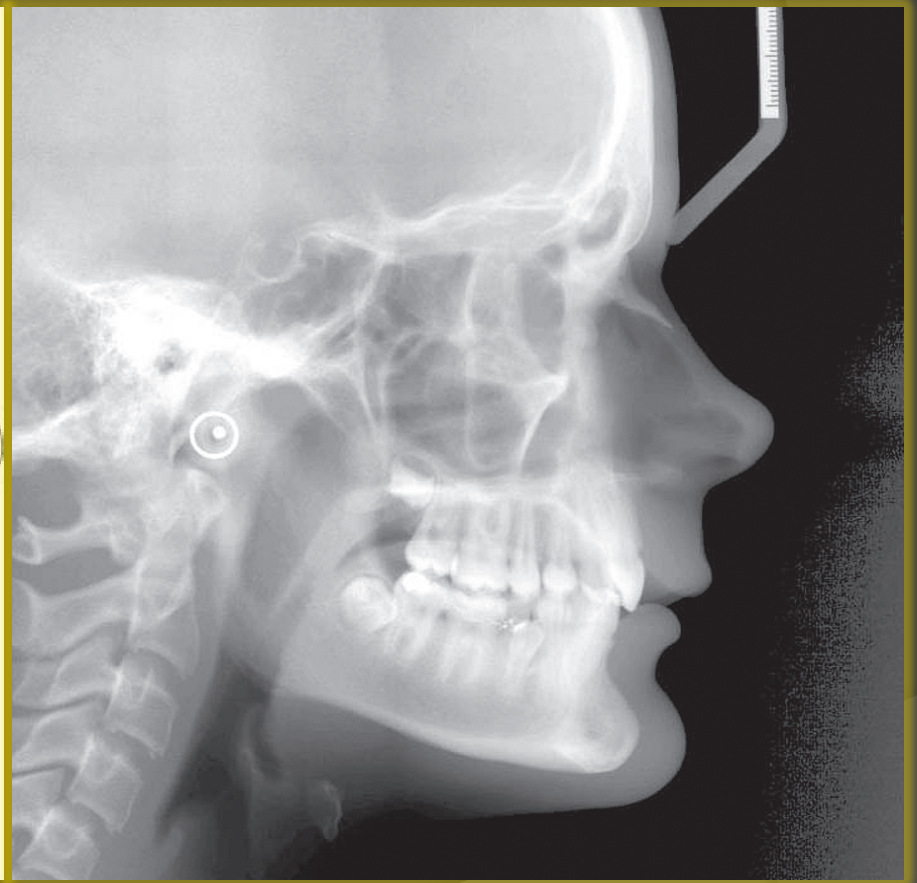
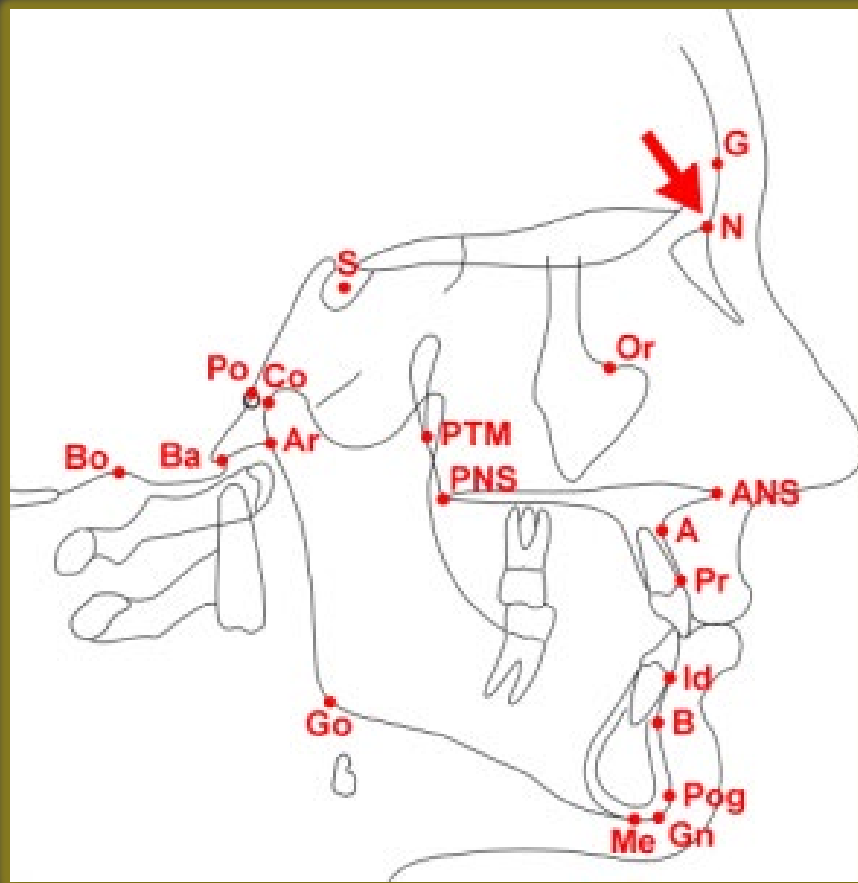
THREE PROMINENCES OF THE BONY CHIN

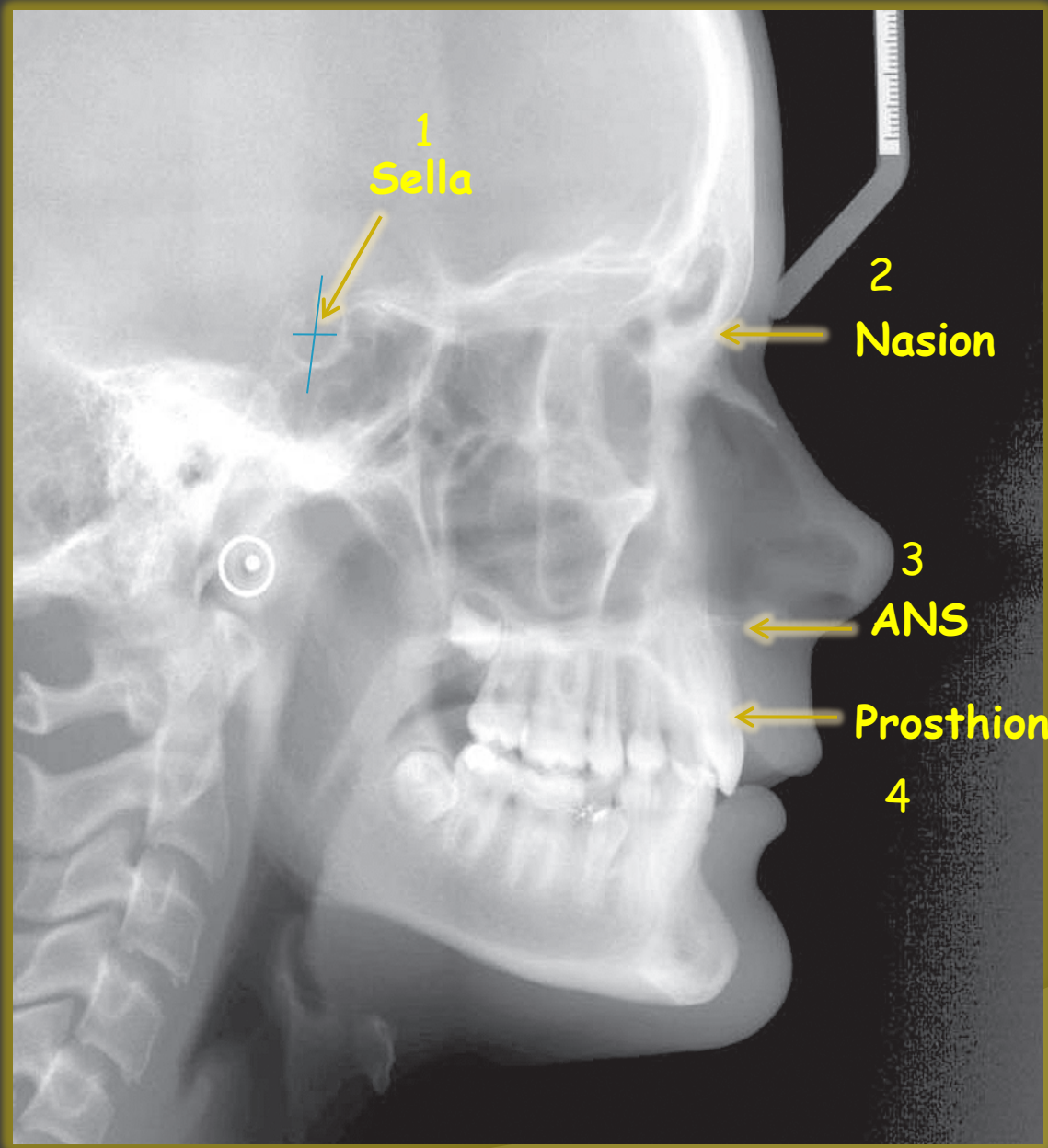


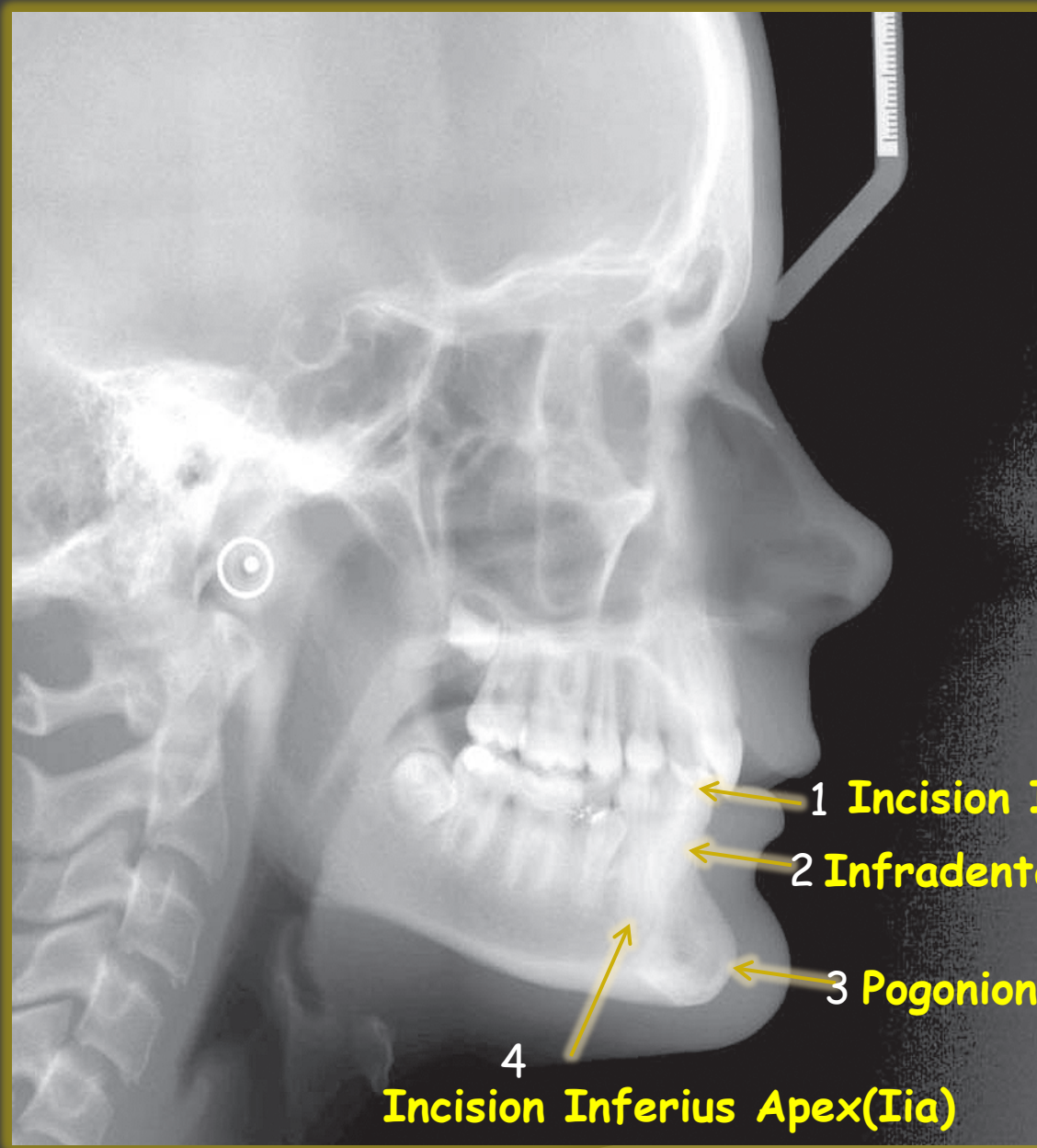
SELLA TURCICA

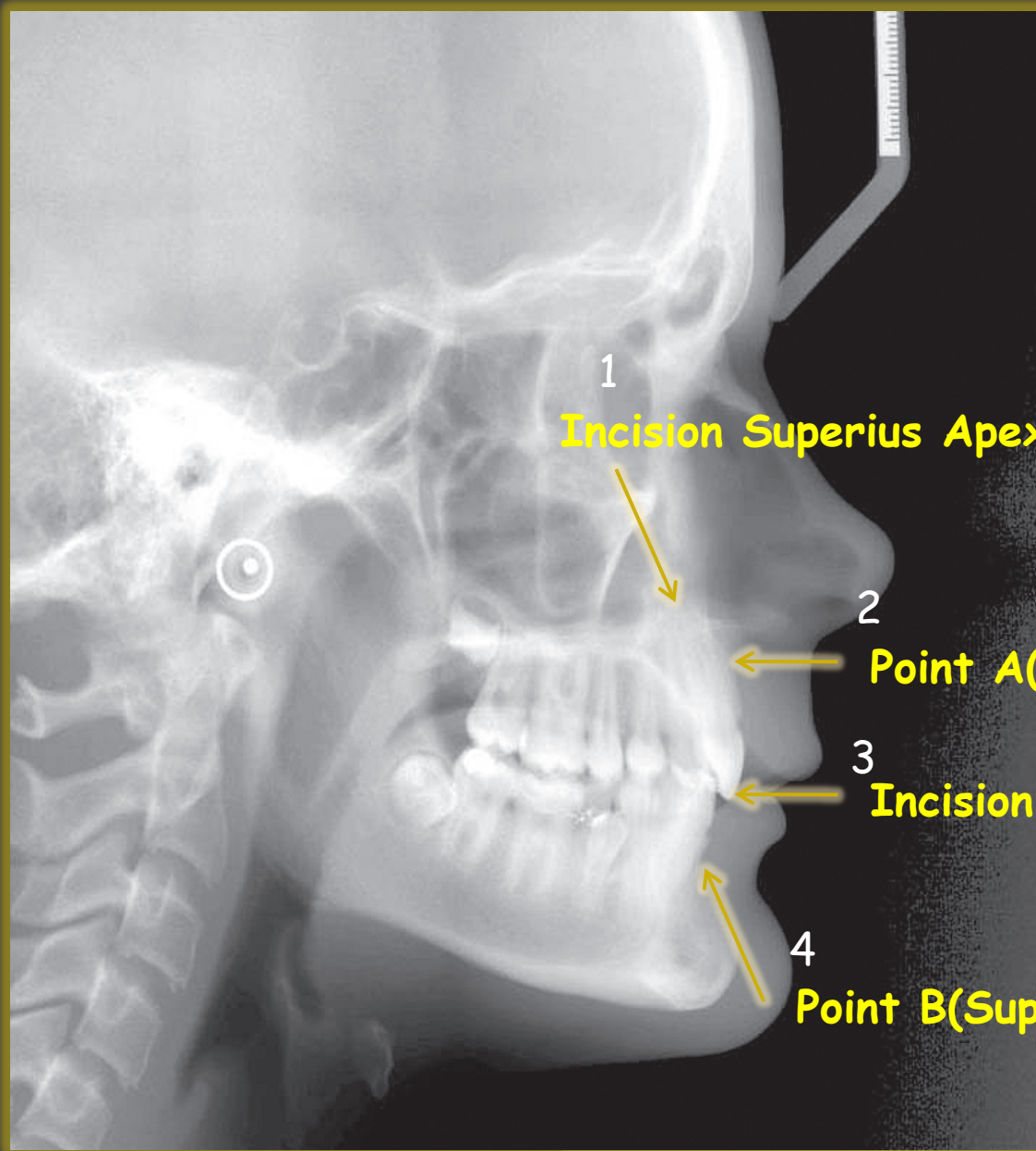


LINES AND ANGLES







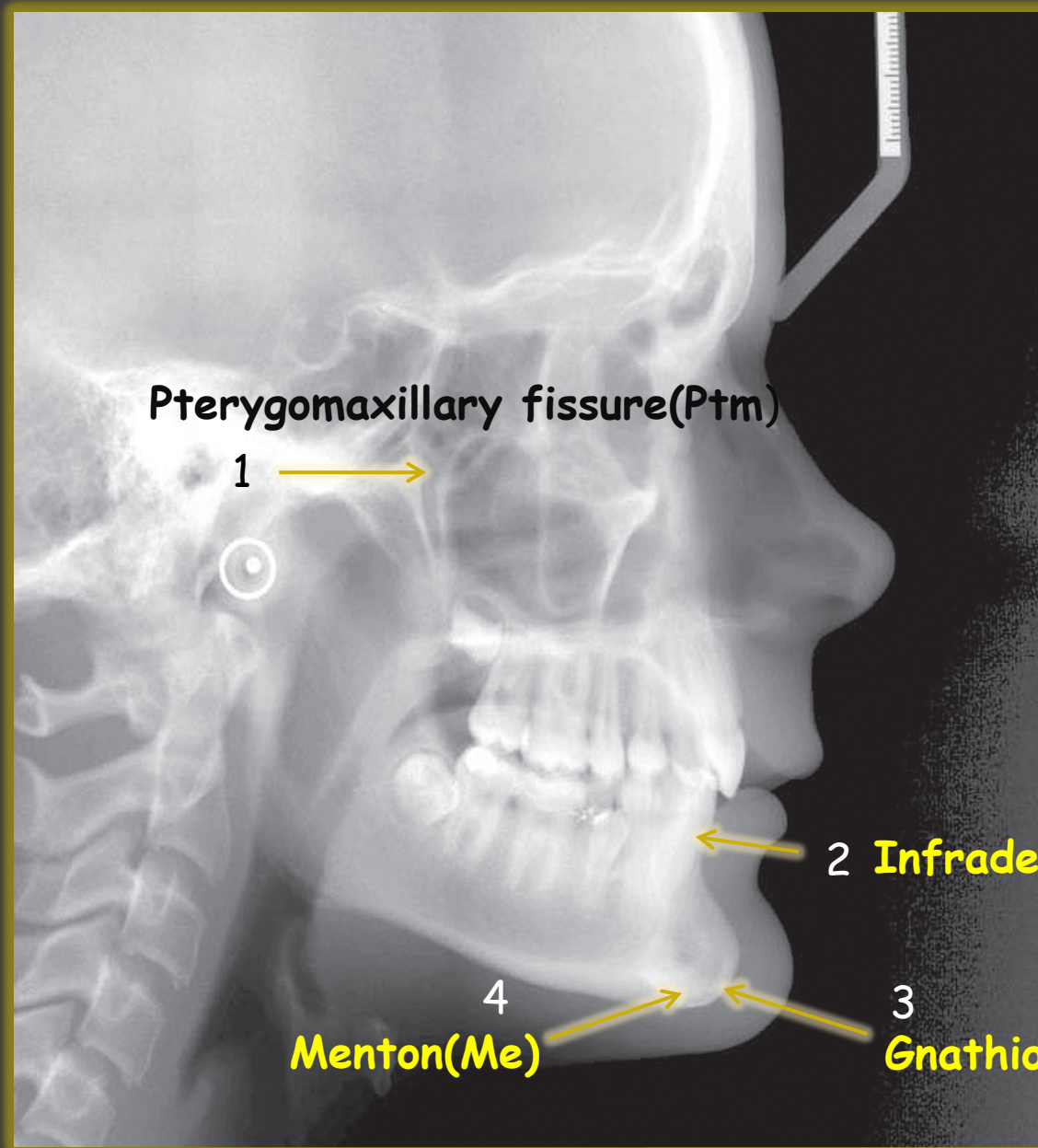


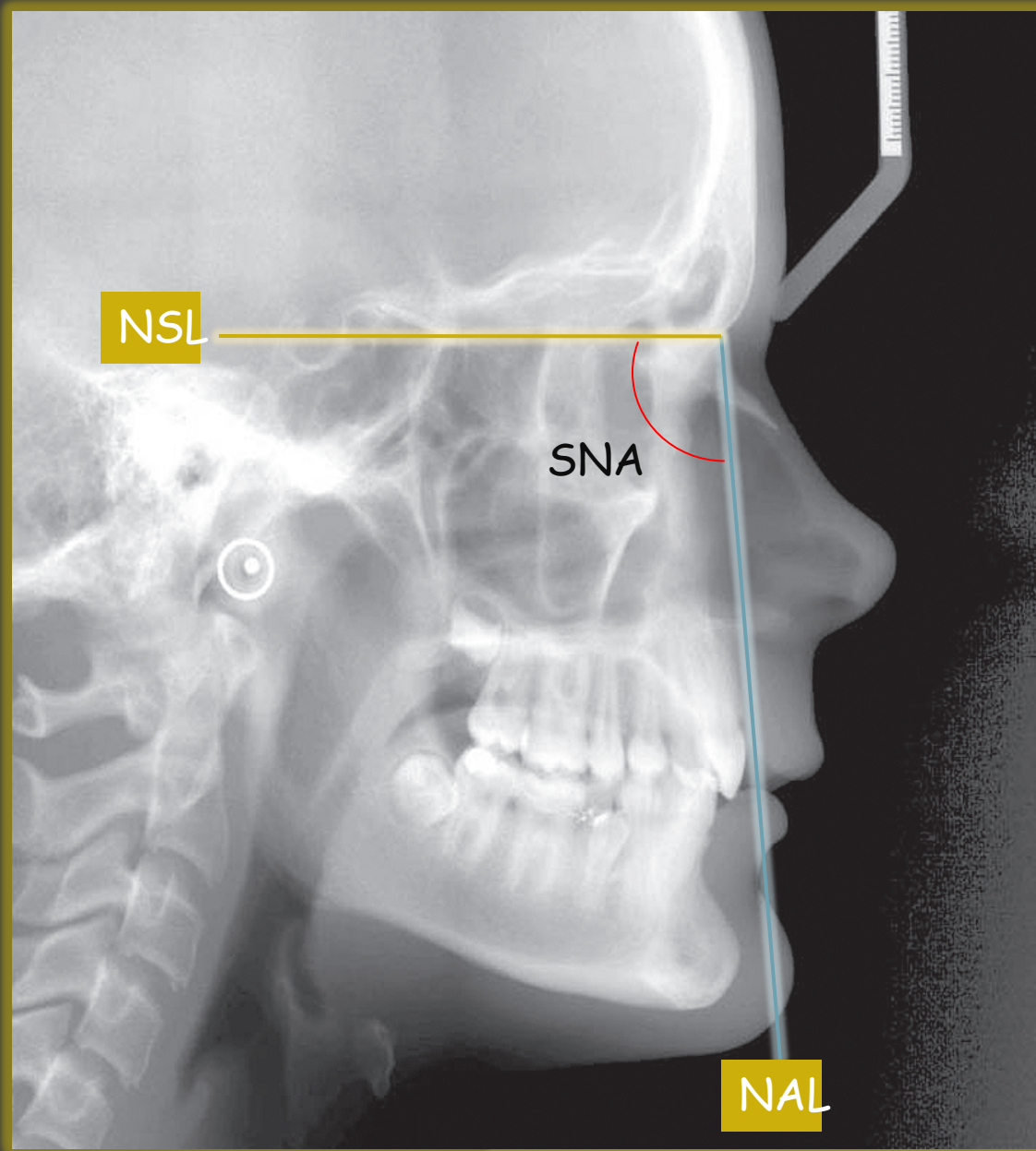
1
Incision Superius Apex(Isa)

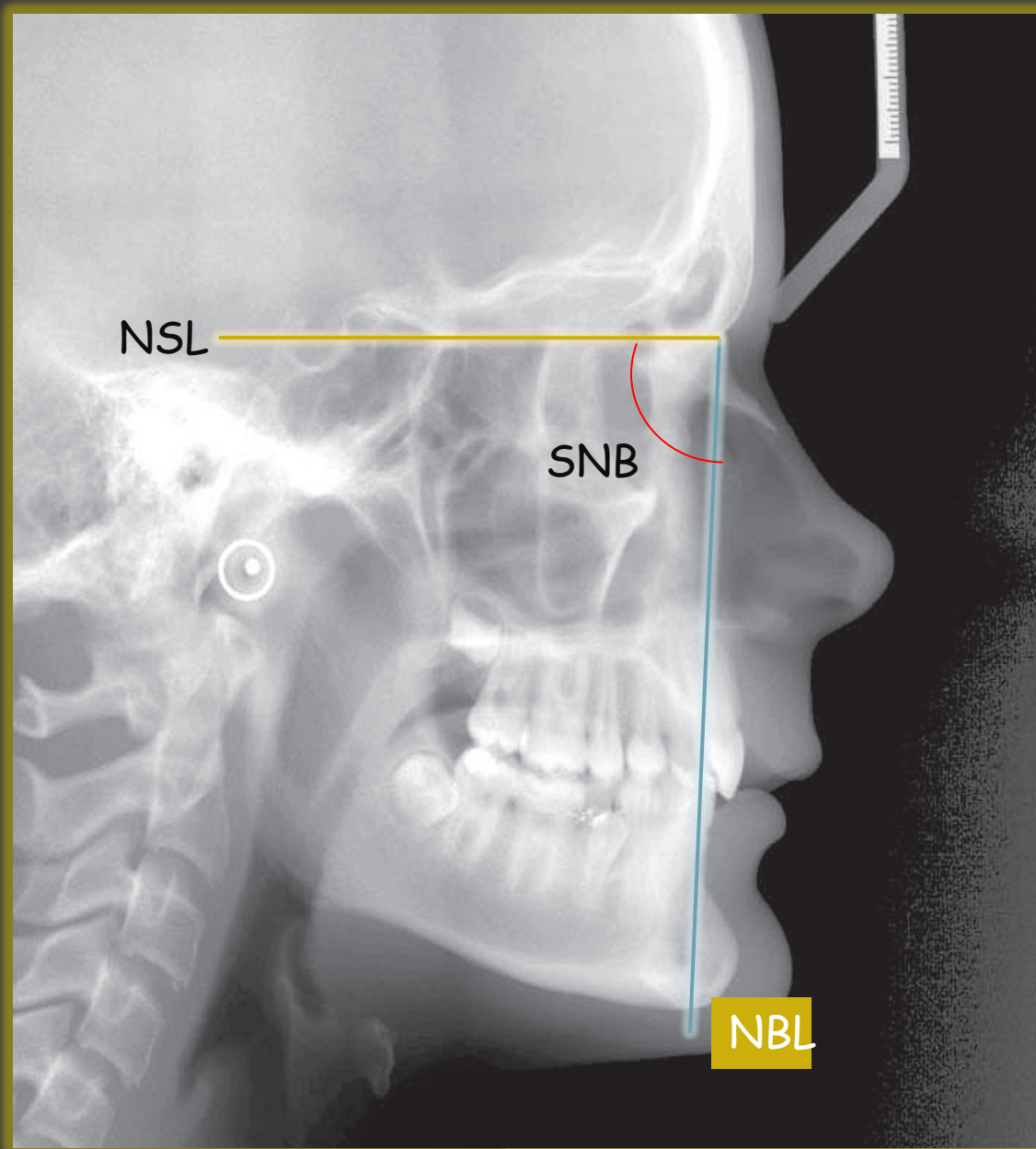
2
Point A(Subspinale)

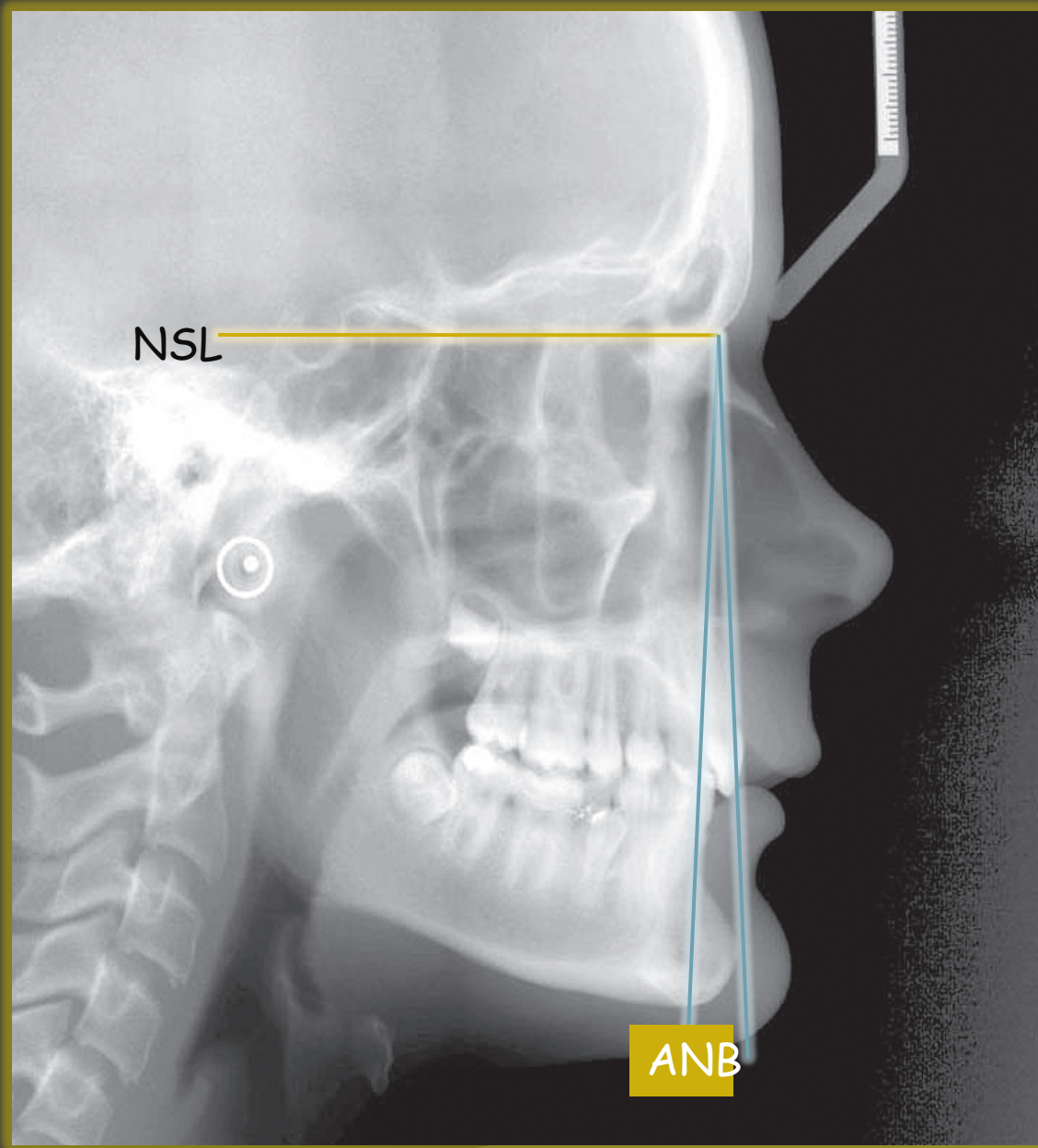
3
Incision Superius

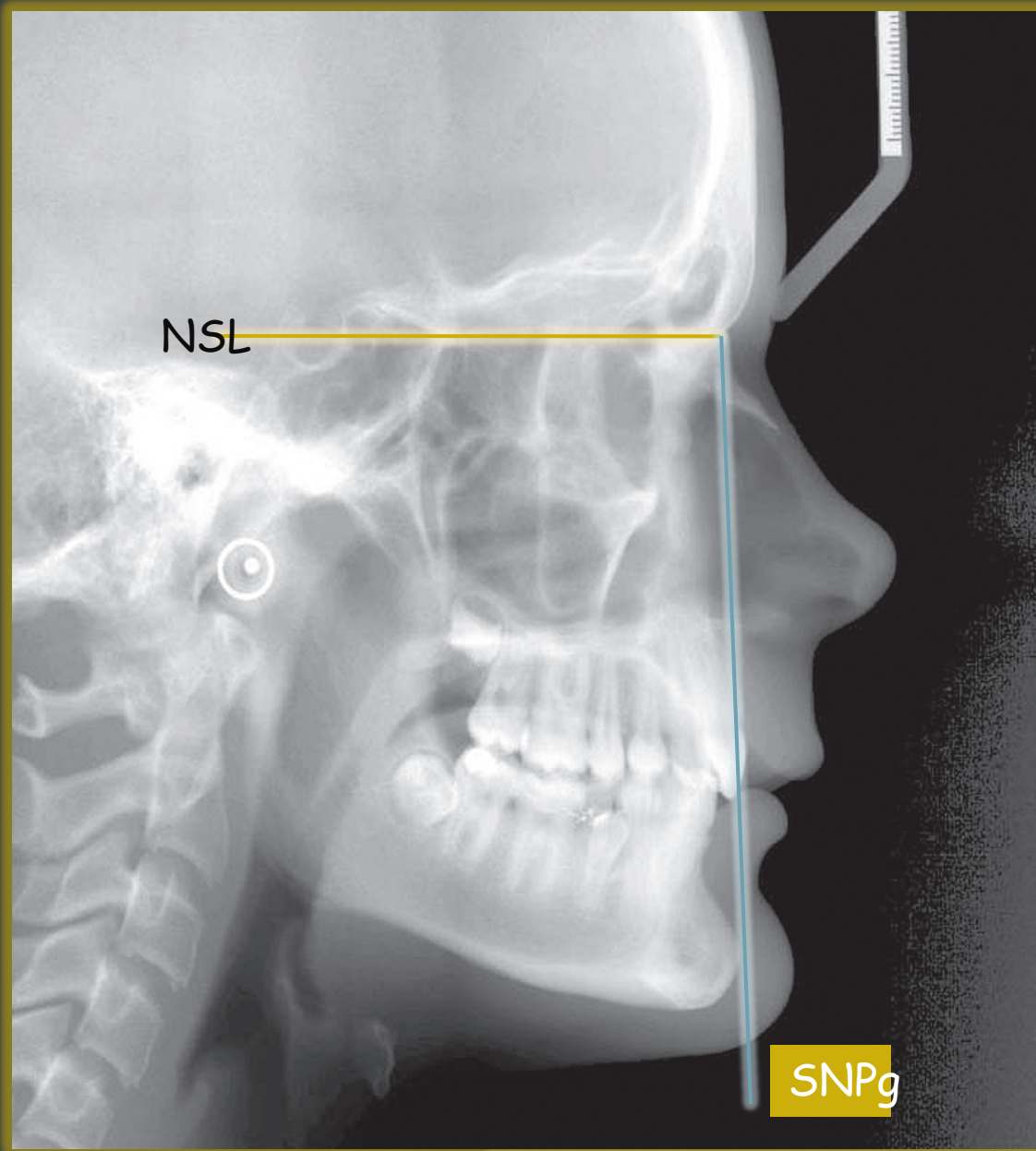
4
Point B(Supramentale)

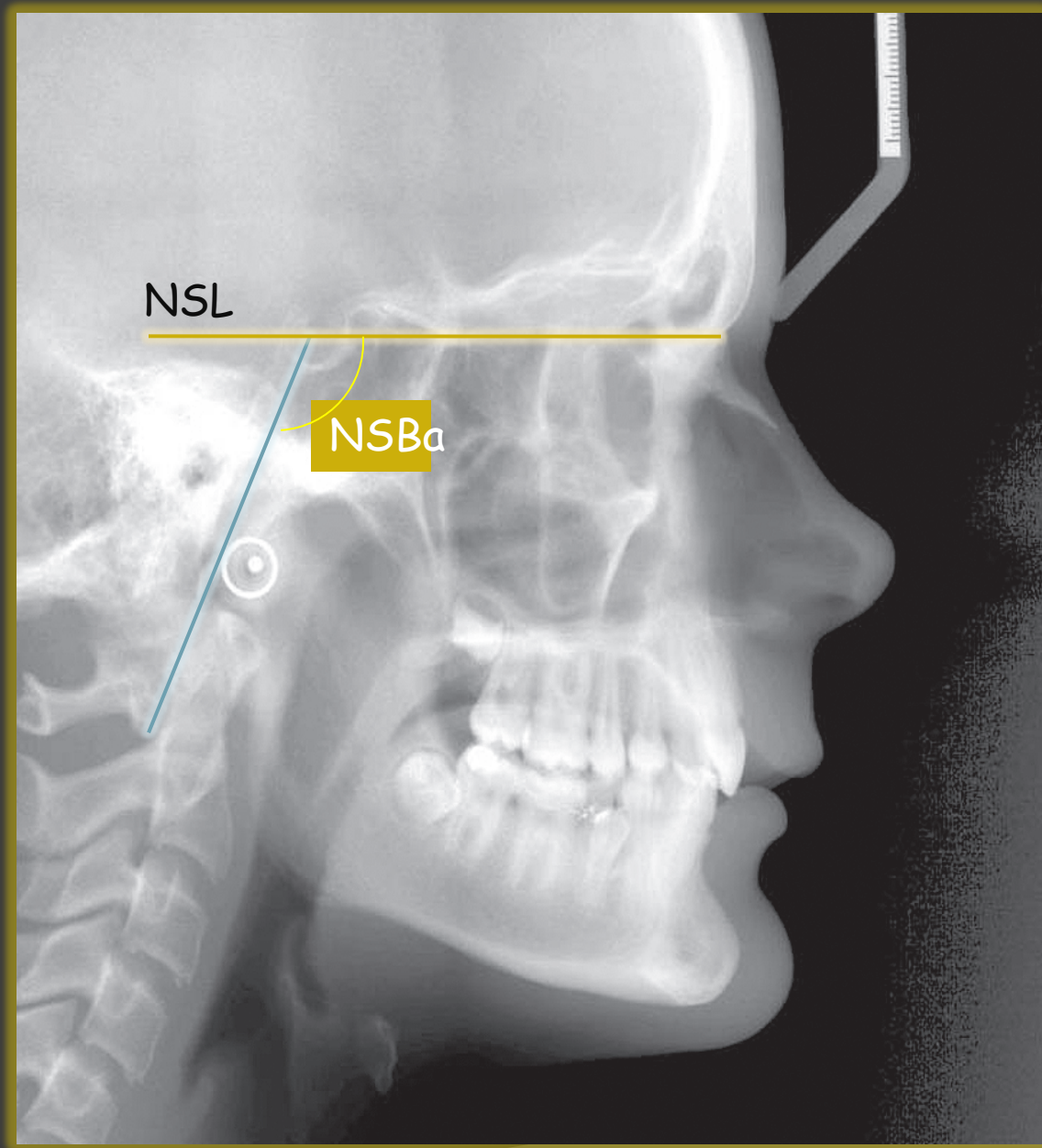


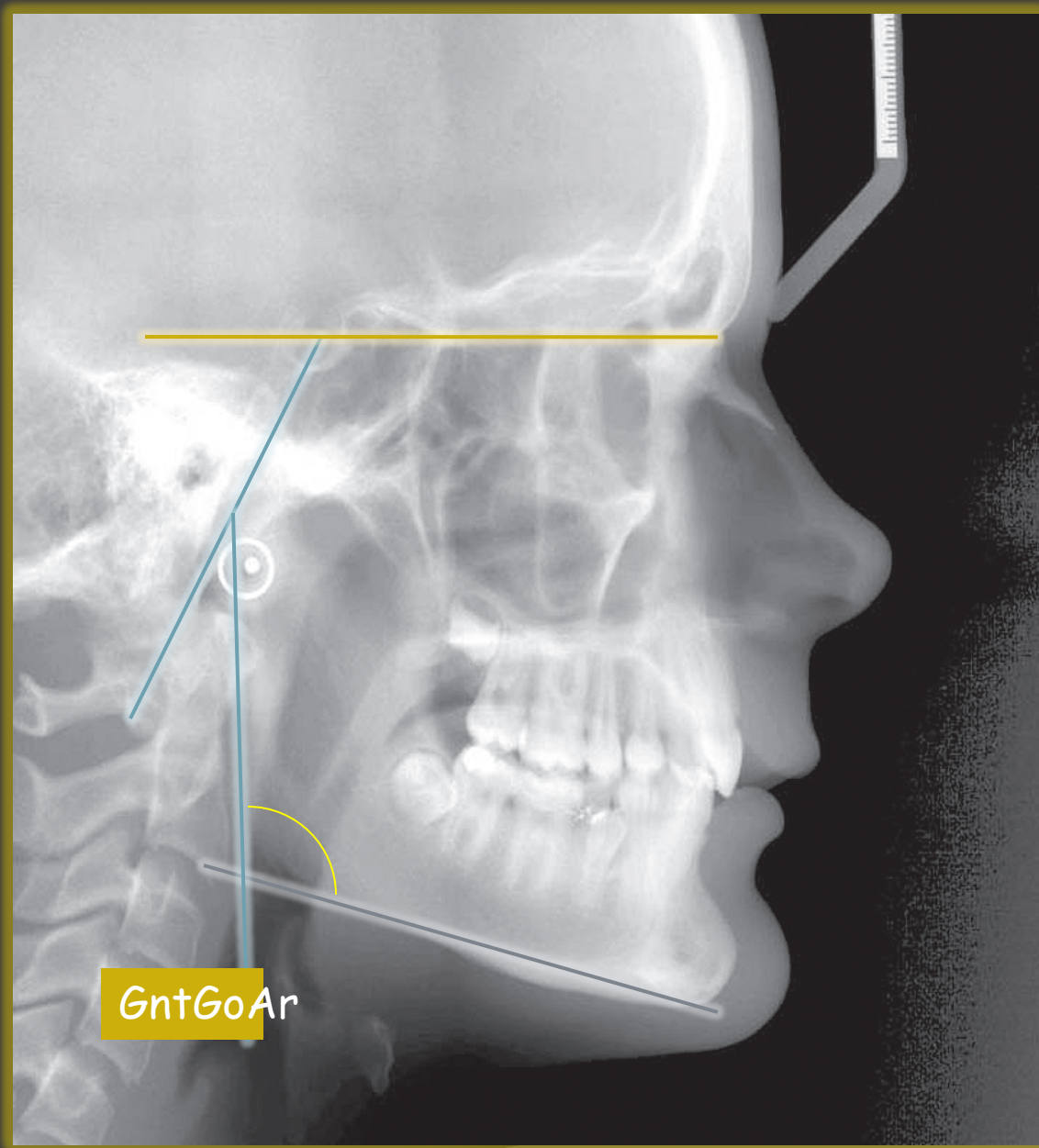


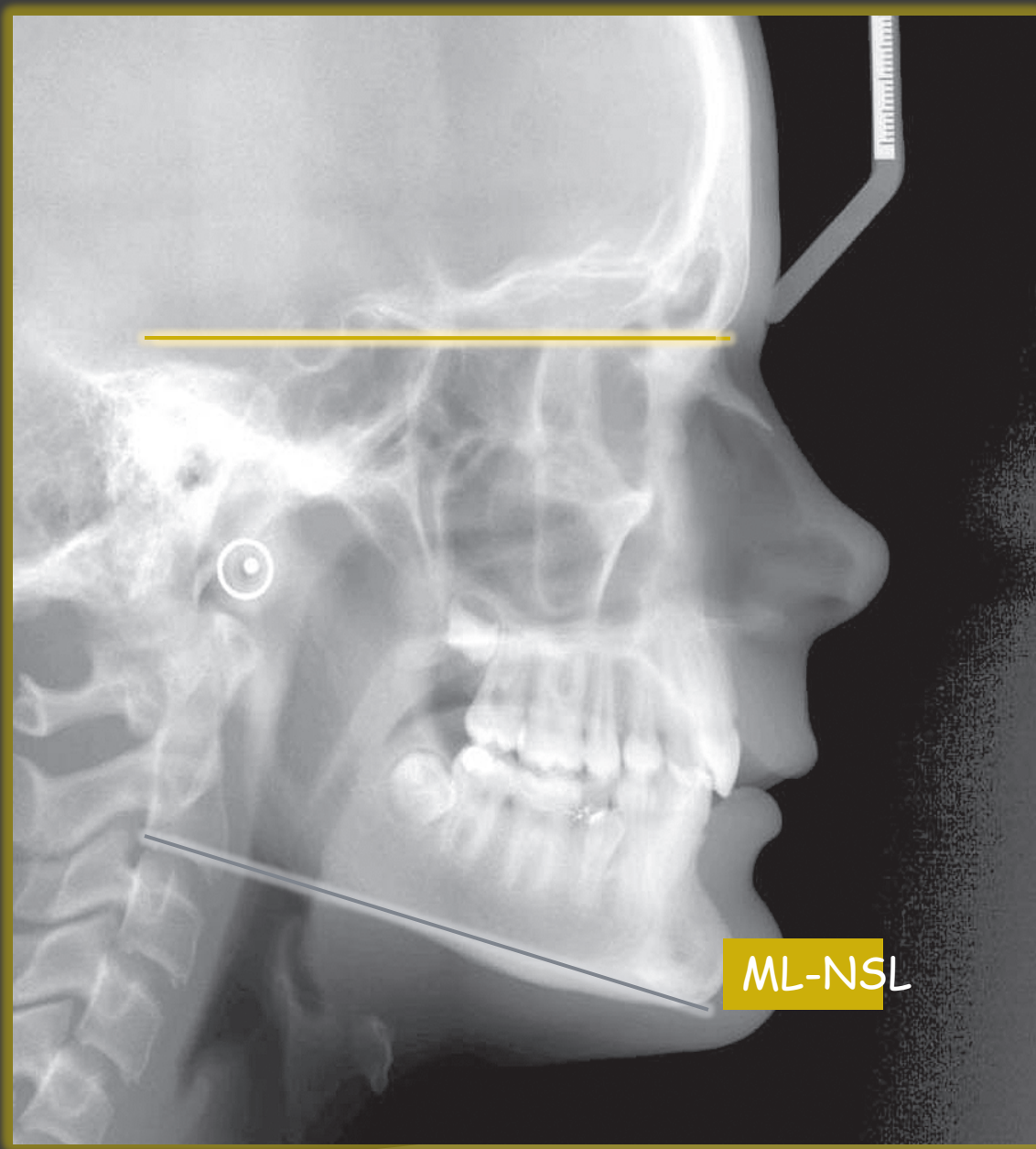






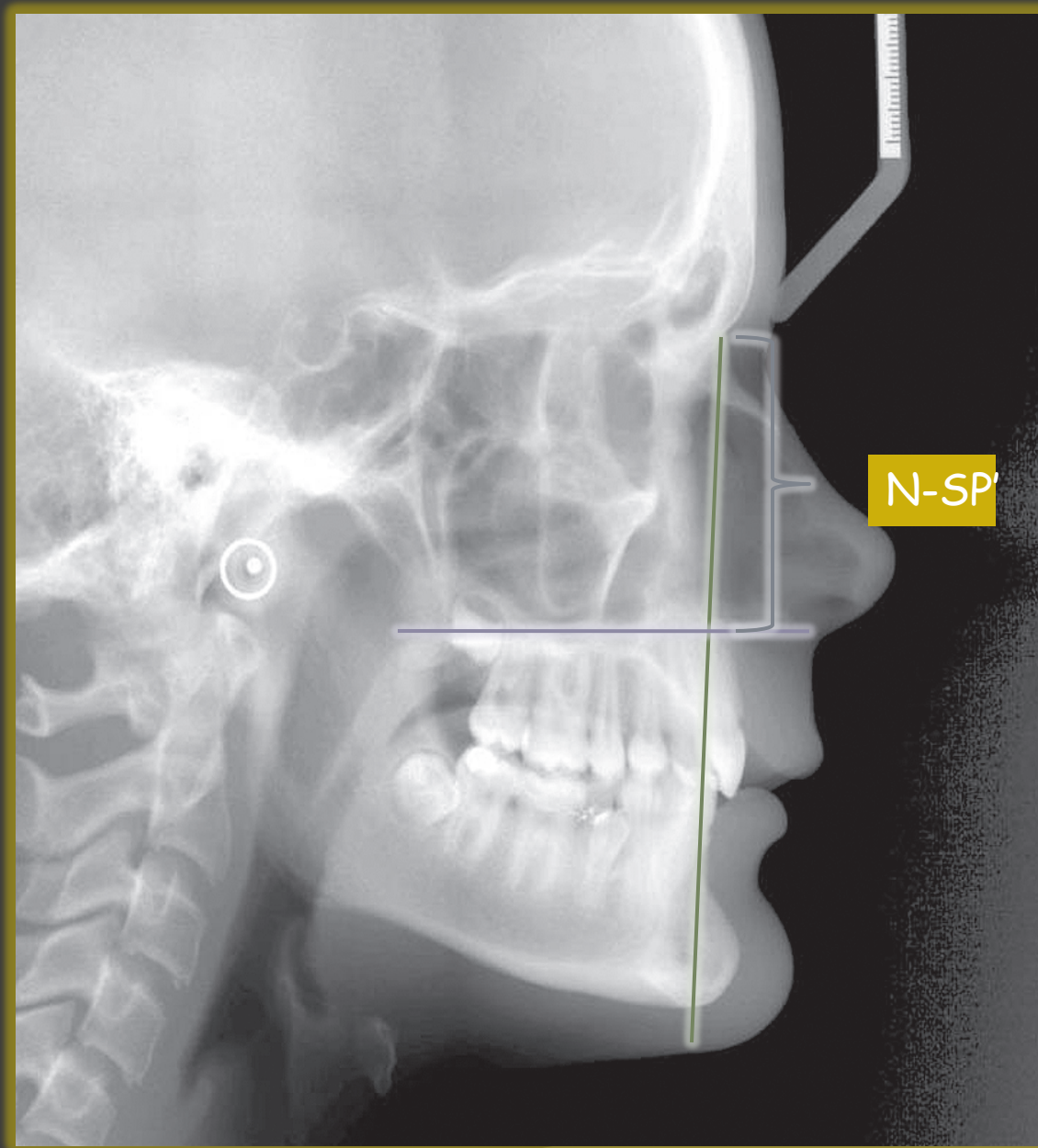


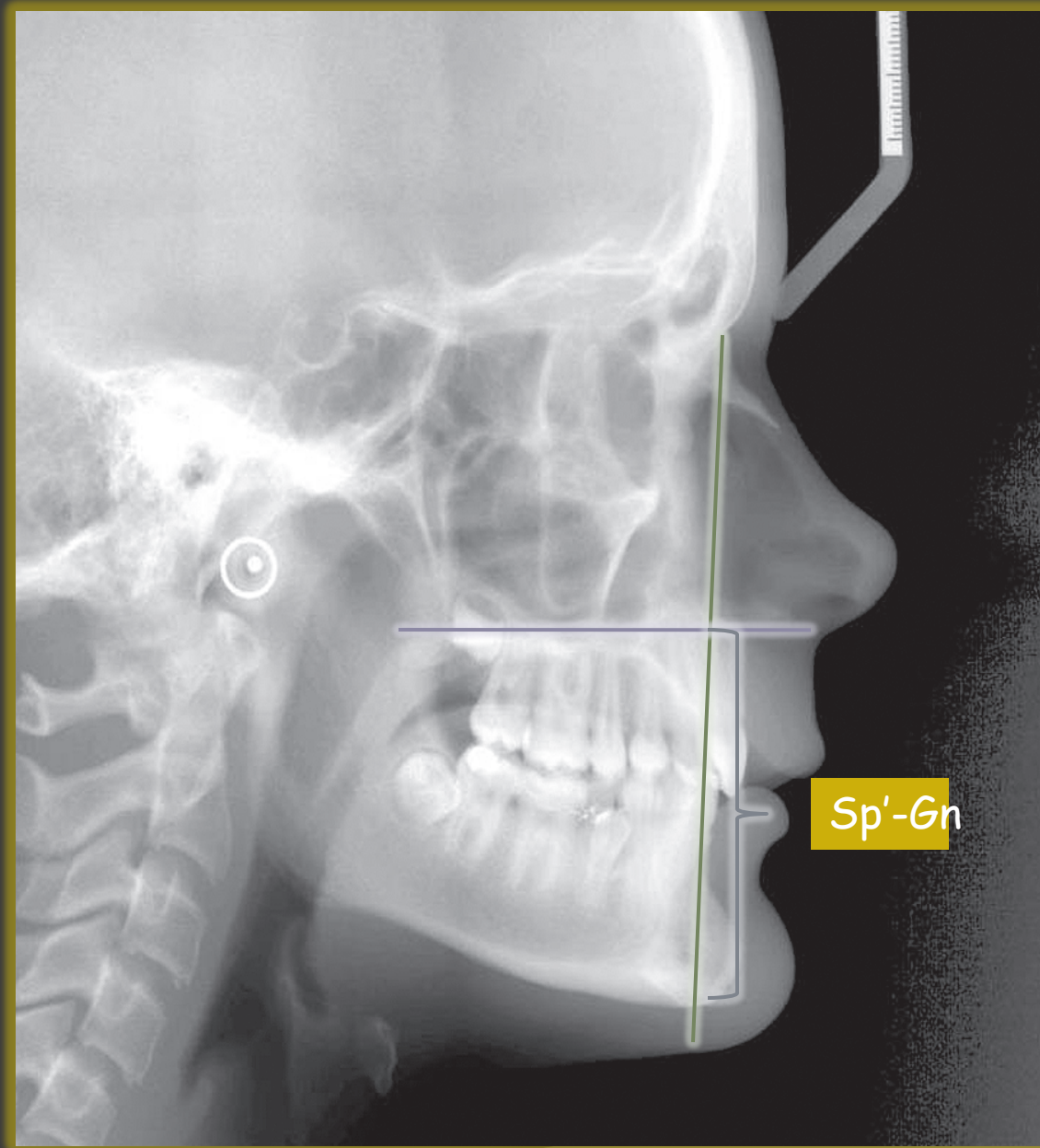


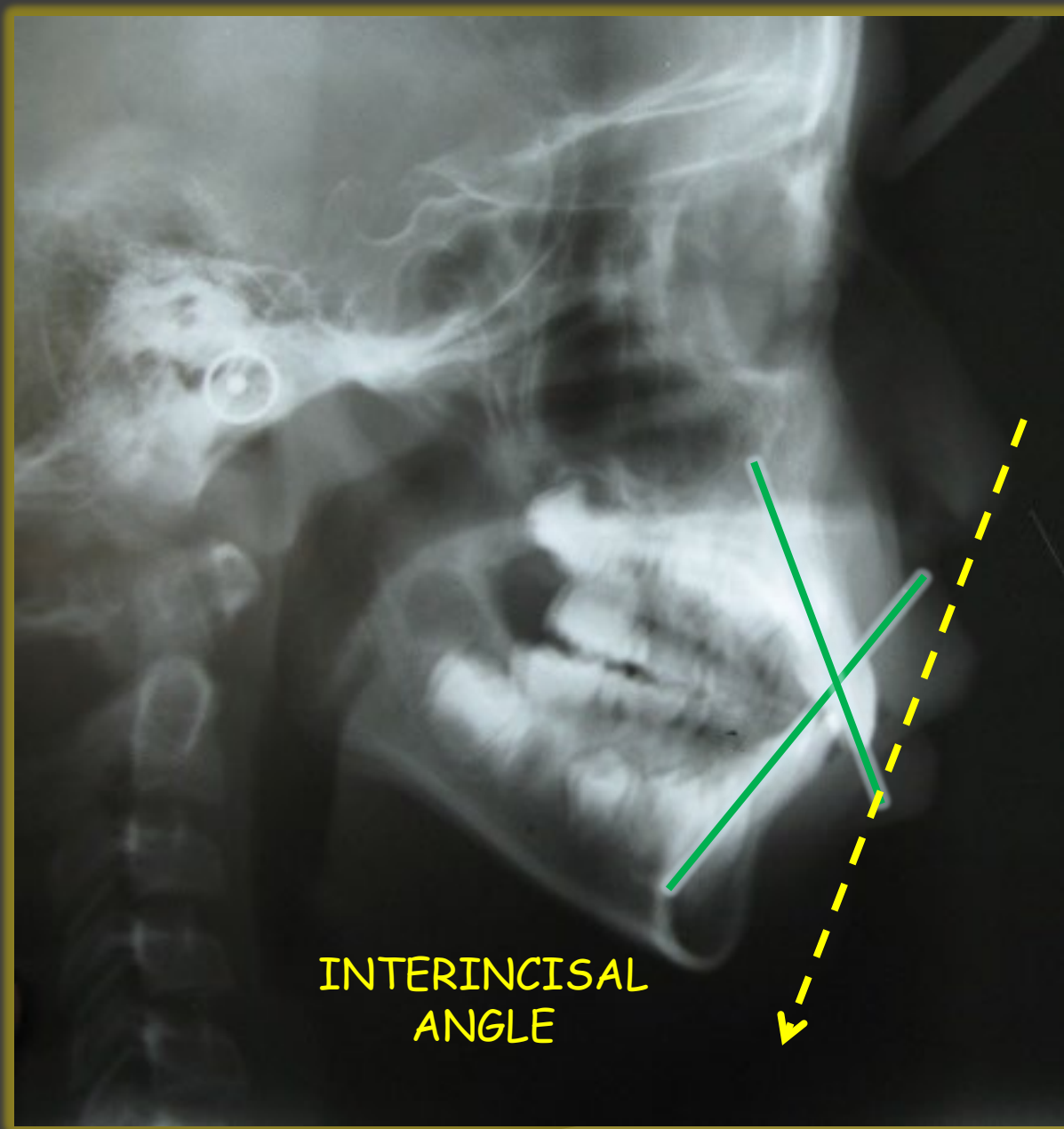




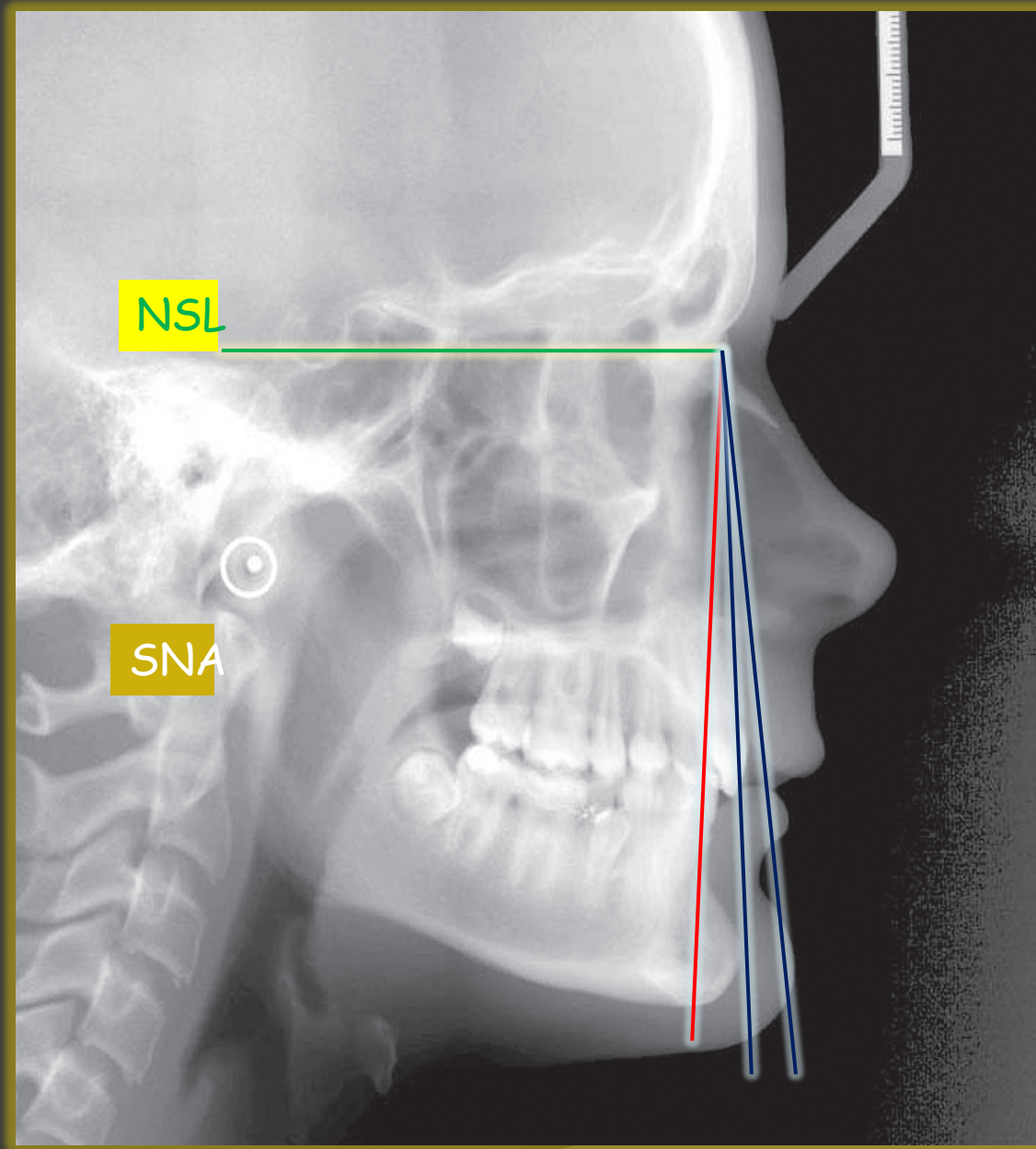
NL-NSL

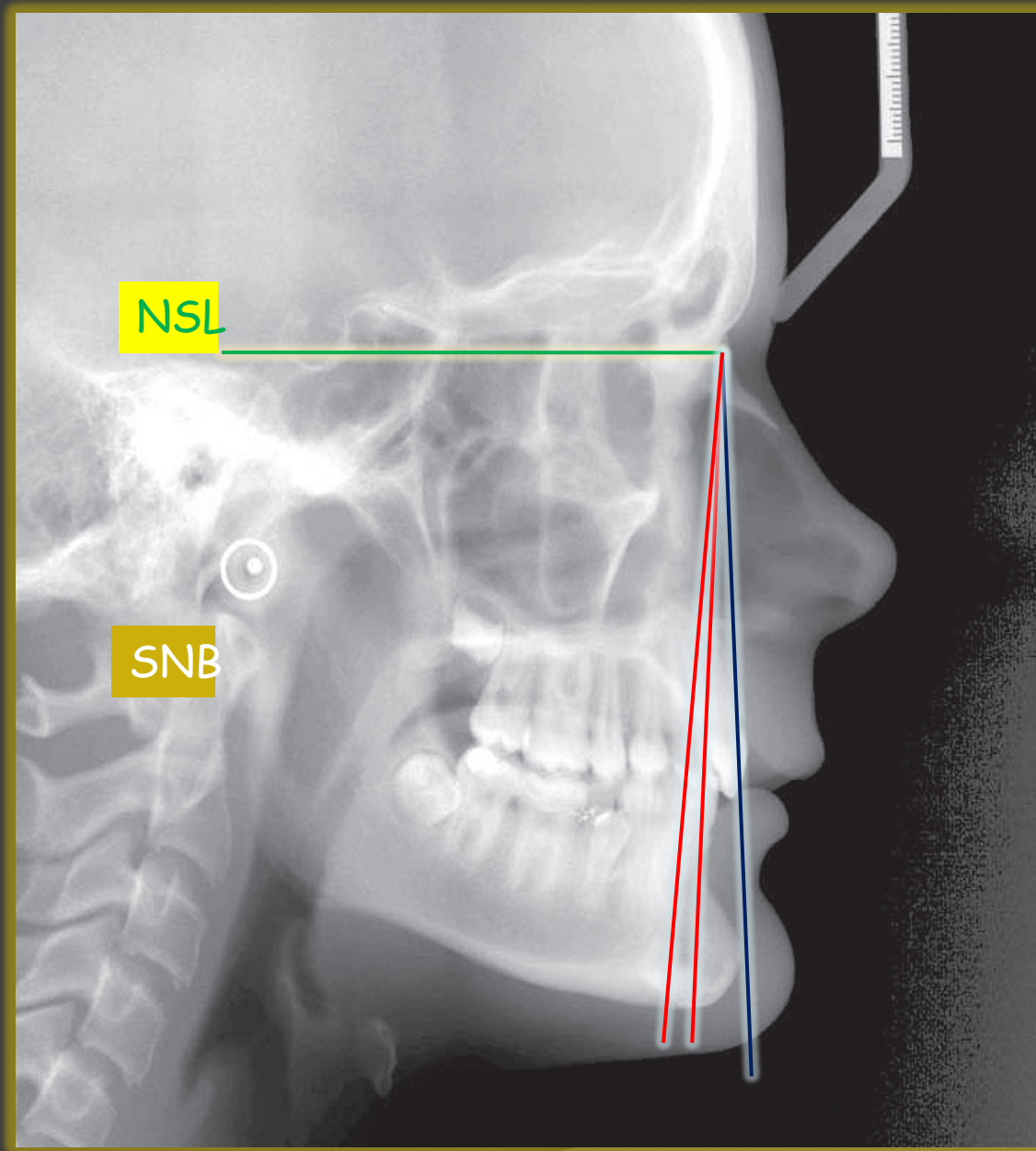






INTERINCISAL
ANGLE

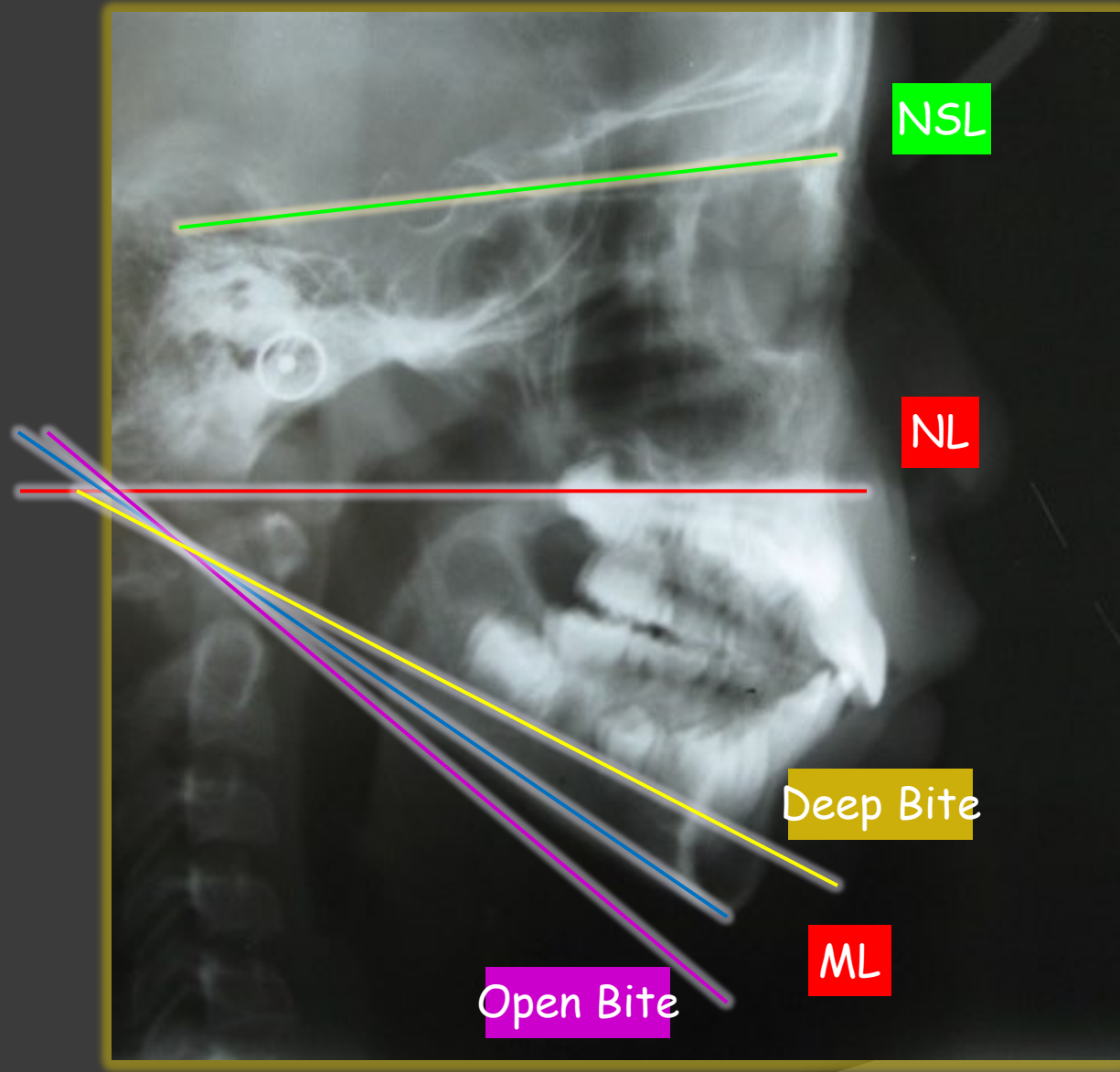




SAGITTAL

Angle	SD	Interpret
SNA	79°- 85°	Relationship of maxilla to cranial base
SNB	77°- 83°	Relationship of mandible to cranial base
ANB	0°- 4°	Relationship of mandible to maxilla

IF	Interpret
SNA > 85°	Excessive Maxilla
SNA < 79°	Deficiency Maxilla
SNB > 83°	Excessive Mandible
SNB < 77°	Deficiency Mandible
ANB > 4°	Distal Jaw Relationship (Class II)
ANB < 0°	Mesial Jaw Relationship (Class III)



VERTICAL

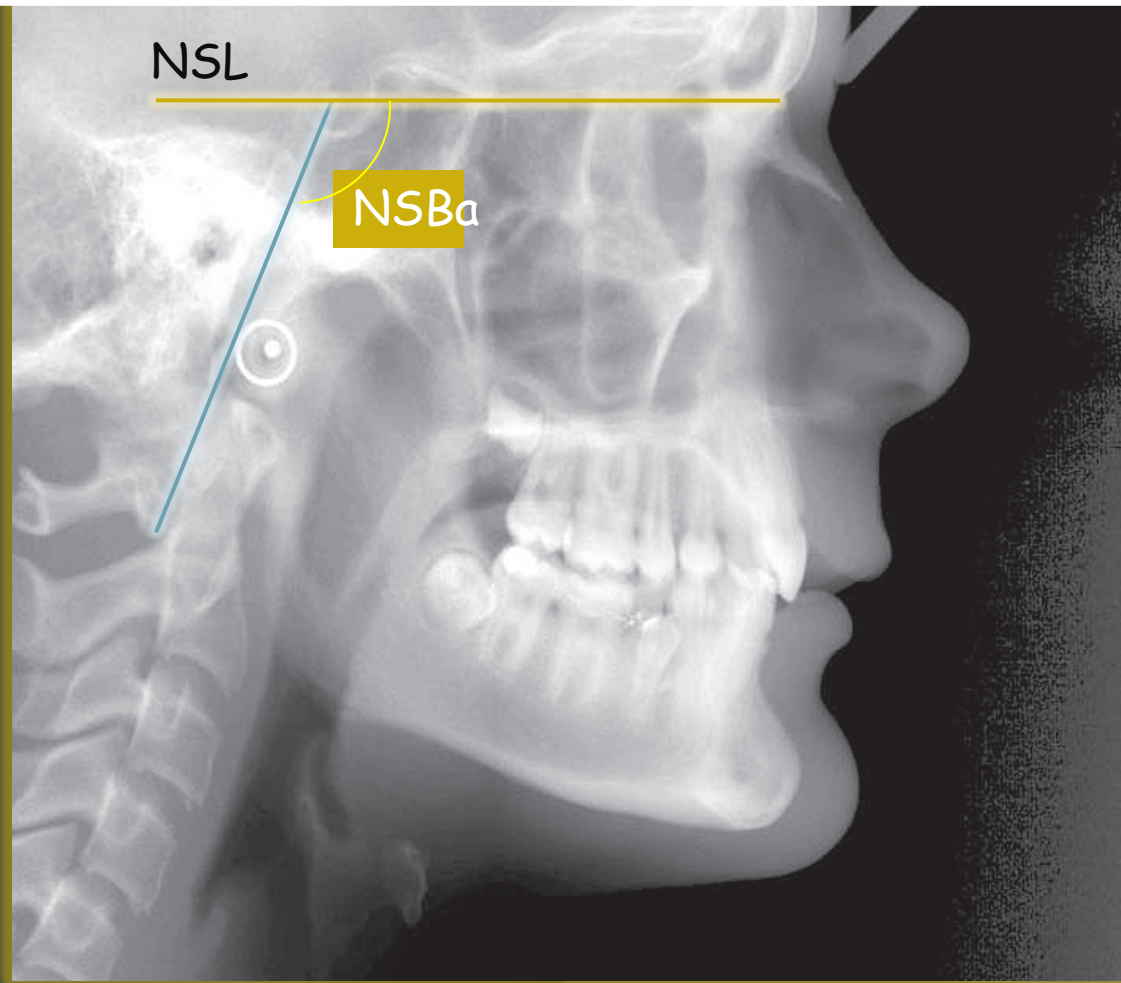
Angle	SD	Interpret
ML-NSL	32°	Relationship of mandible to cranial base
NL-NSL	8.5°	Relationship of maxillae to cranial base
ML-NL	23.5°	Relationship of mandible to maxilla

IF	Interpret
ML-NSL > 32°	Posterior rotation of mandible
ML-NSL < 32°	Anterior rotation of mandible
NL-NSL > 8.5°	High angle of Maxilla
NL-NSL < 8.5°	Low angle of Maxilla
ML-NL > 23.5°	Open Jaw Relationship (Open bite)
ML-NL < 23.5°	Close Jaw Relationship (Deep bite)

NSBa

130°

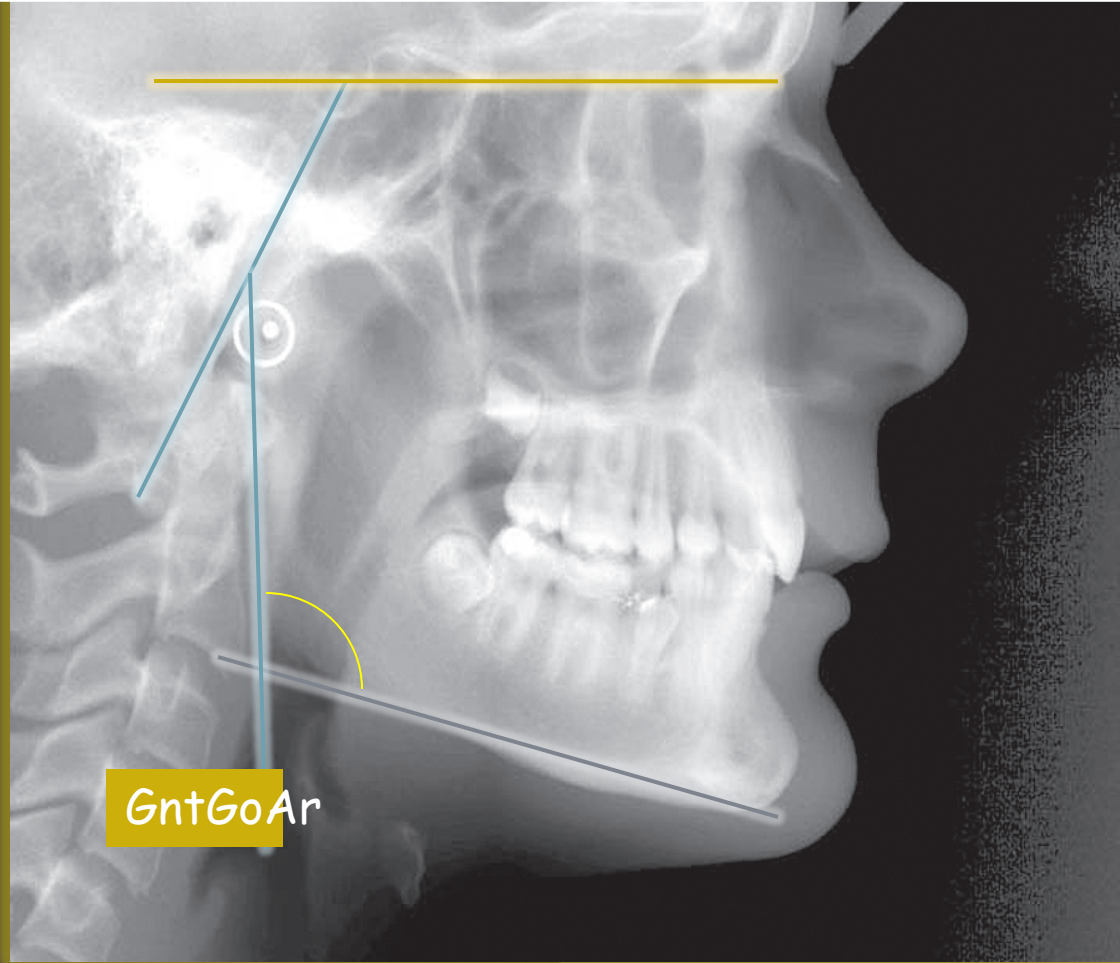
Describes the Clivus inclination to cranial base



Gn-
tgo-Ar

126°

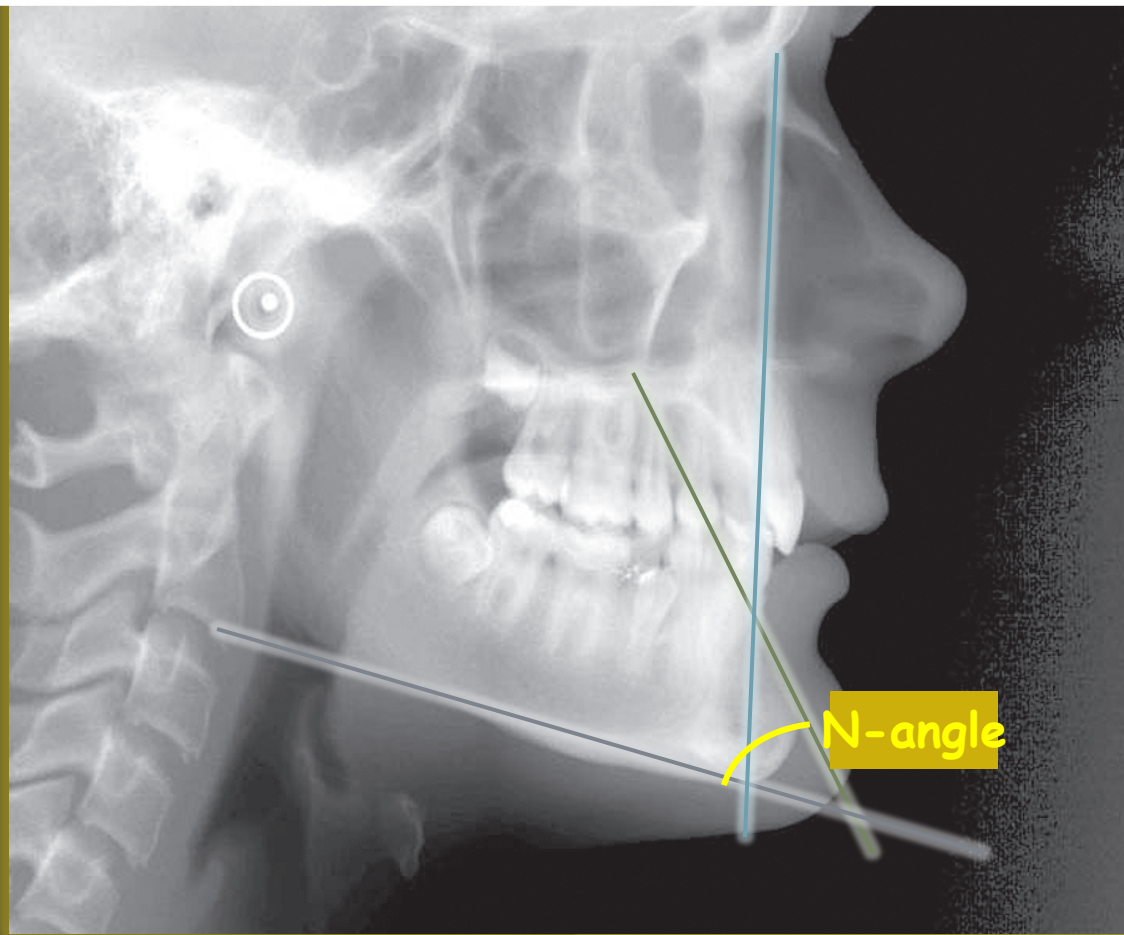
The angle of Mandibular to
Ramus



Nordeval

58°

Relationship of bony chin prominence to mandible



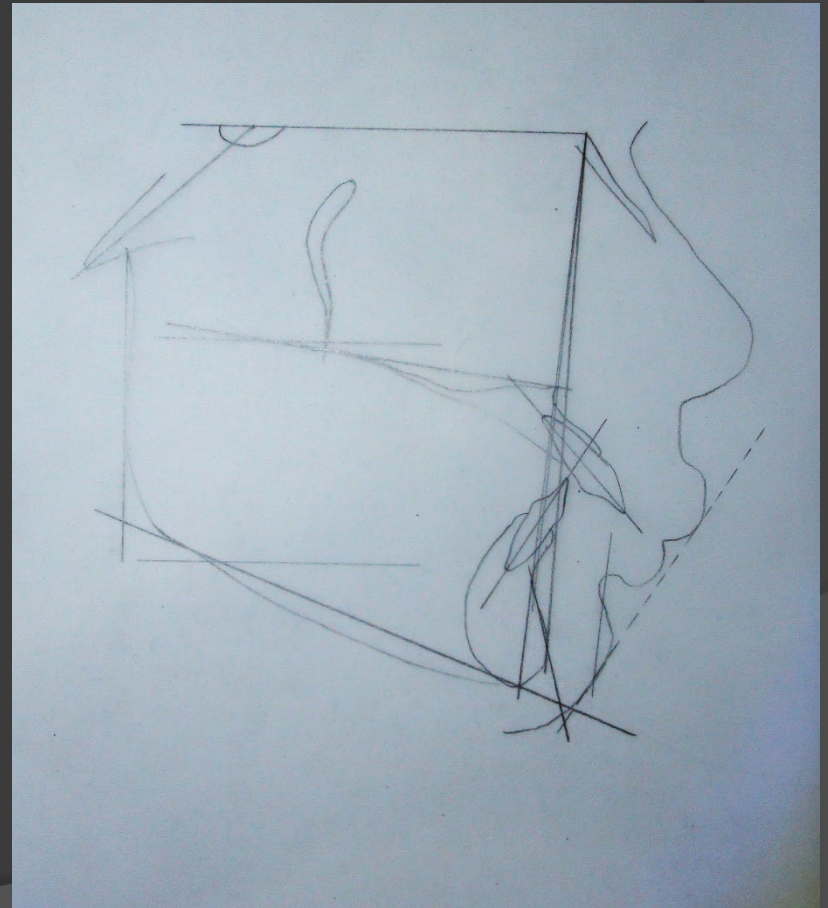
ROTATIONAL

Angle	SD	Interpret
NSBa	130°	Describes the Clivus inclination to cranial base
Gn-tgo-Ar	126°	The angle of Mandibular to Ramus
Nordeval	58°	Relationship of bony chin prominence to mandible.

IF	Interpret
NSBa > 130°	Posterior rotation of mandible
NSBa < 130°	Anterior rotation of mandible
Gn-tgo-Ar > 126°	Posterior rotation of mandible
Gn-tgo-Ar < 126°	Anterior rotation of mandible
Nordeval > 58°	Retrognathic chin (Class II)
Nordeval < 58°	Prognathic chin (Class III)

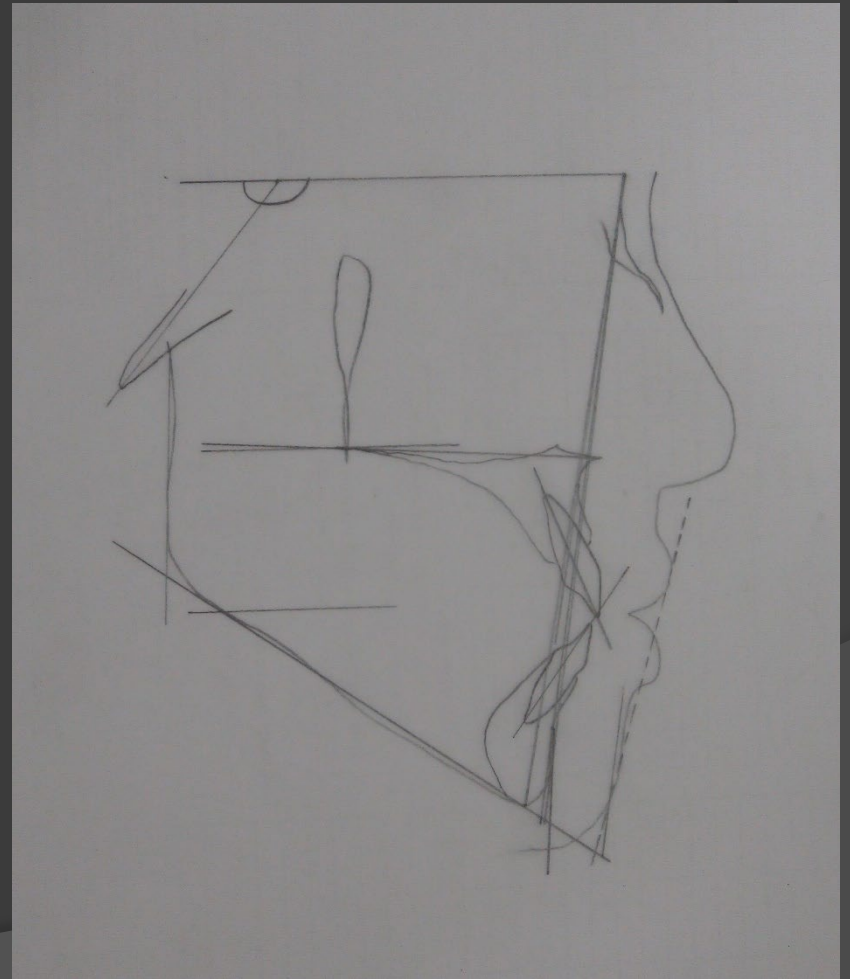
Sample Cases to try

CASE 1



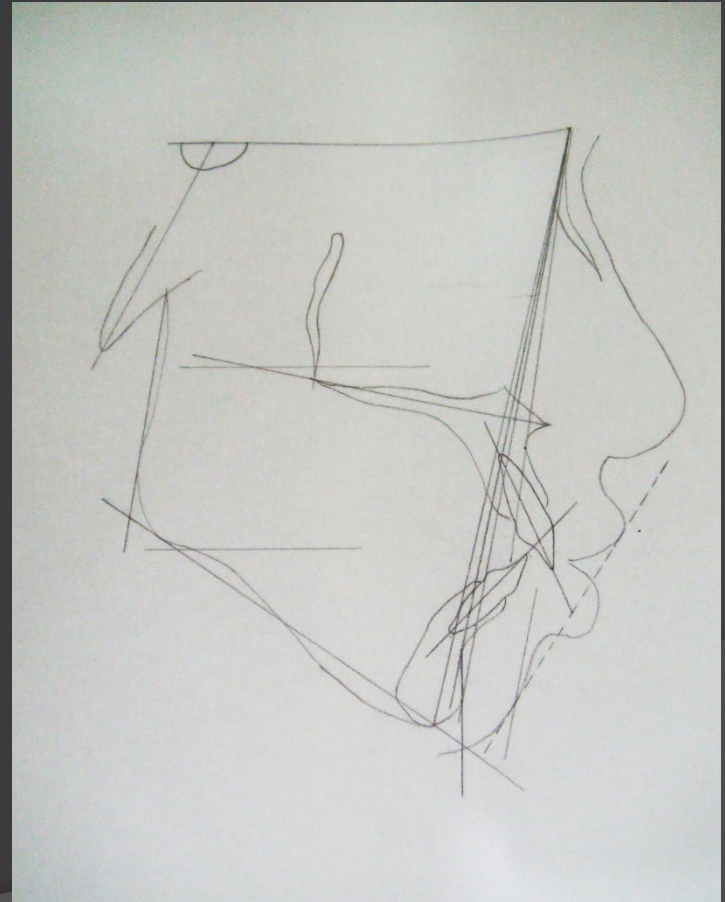
Sample Cases to try

CASE 2



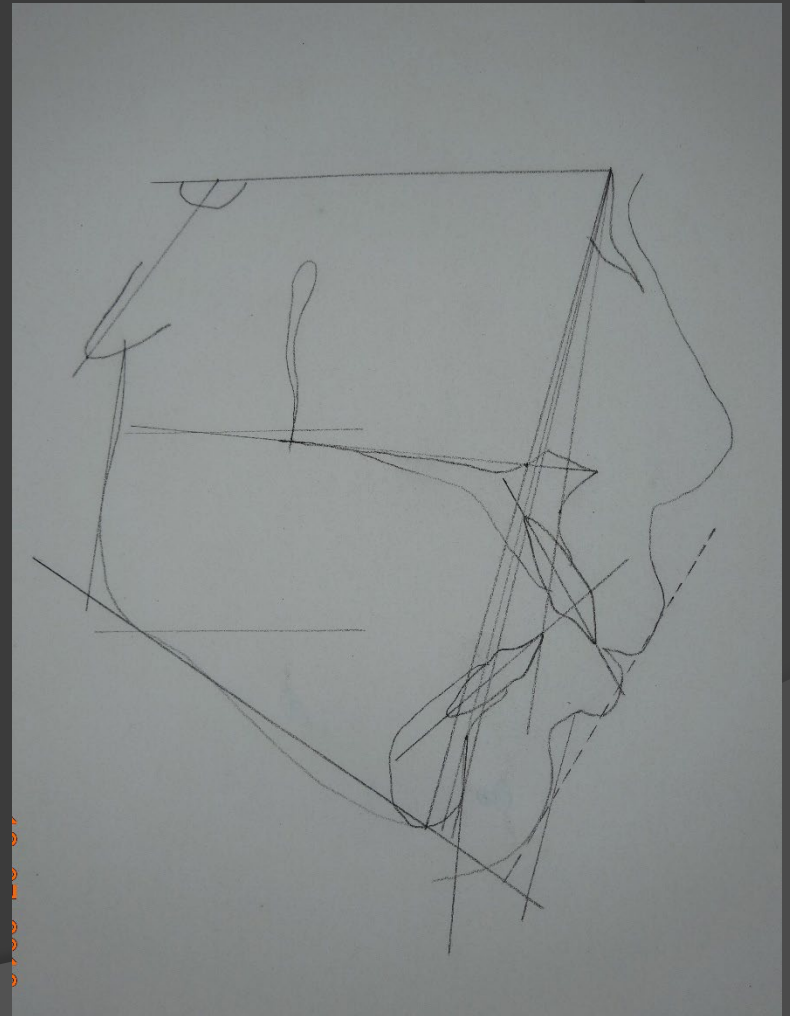
Sample Cases to try

CASE 3



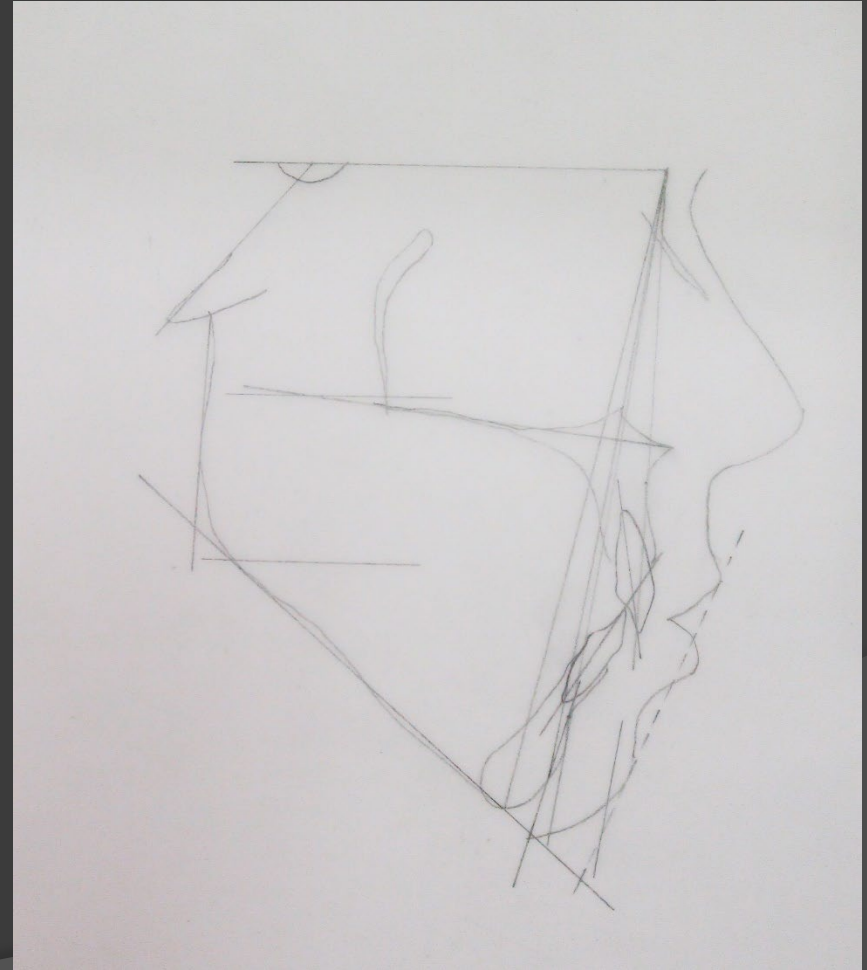
Sample Cases to try

CASE 4



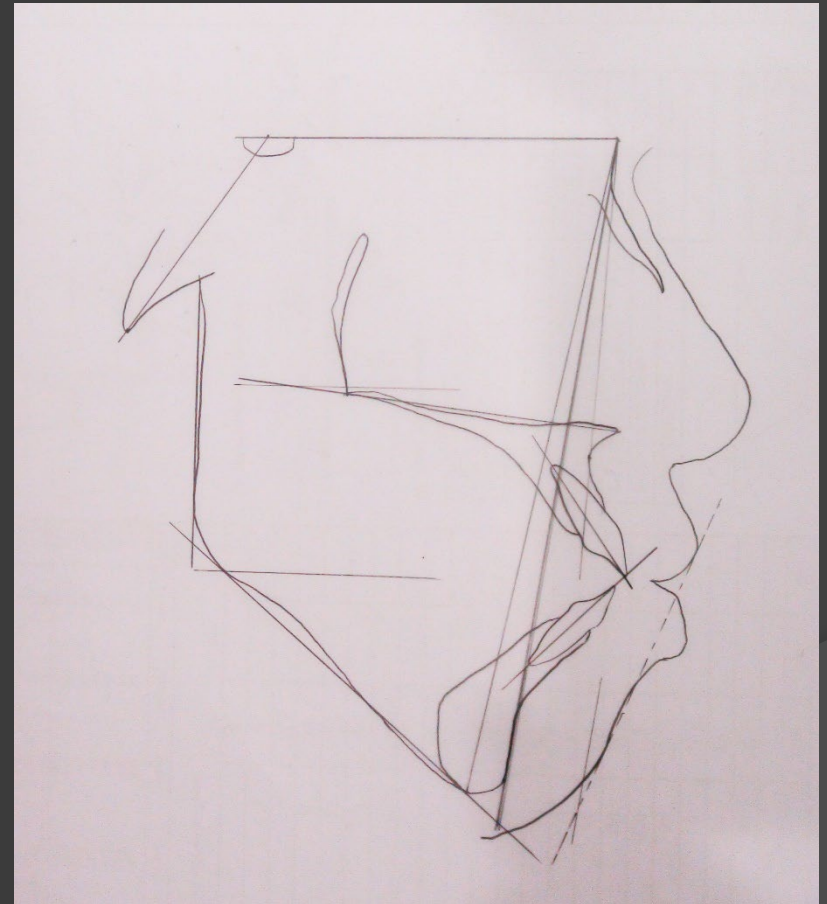
Sample Cases to try

CASE 5



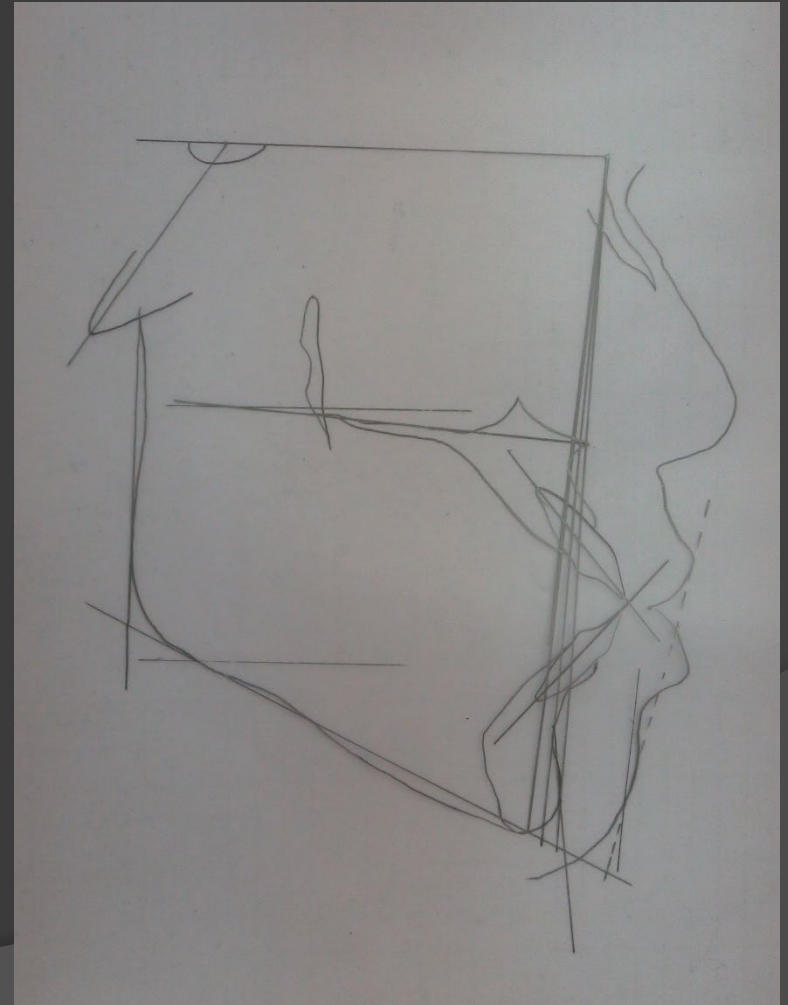
Sample Cases to try

CASE 6



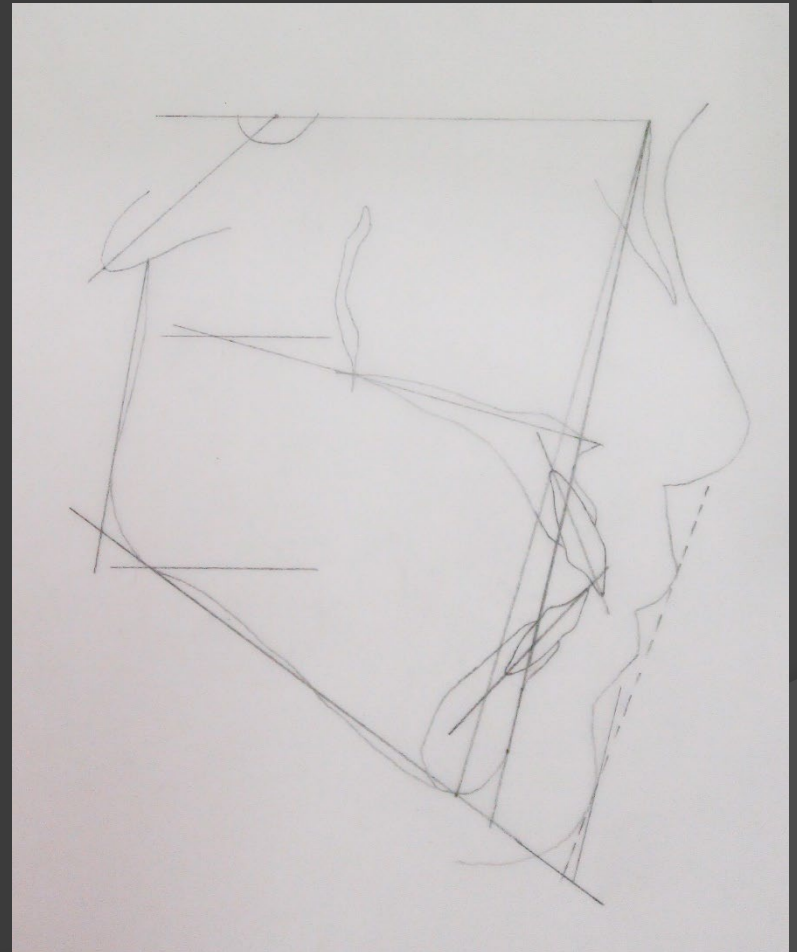
Sample Cases to try

CASE 7



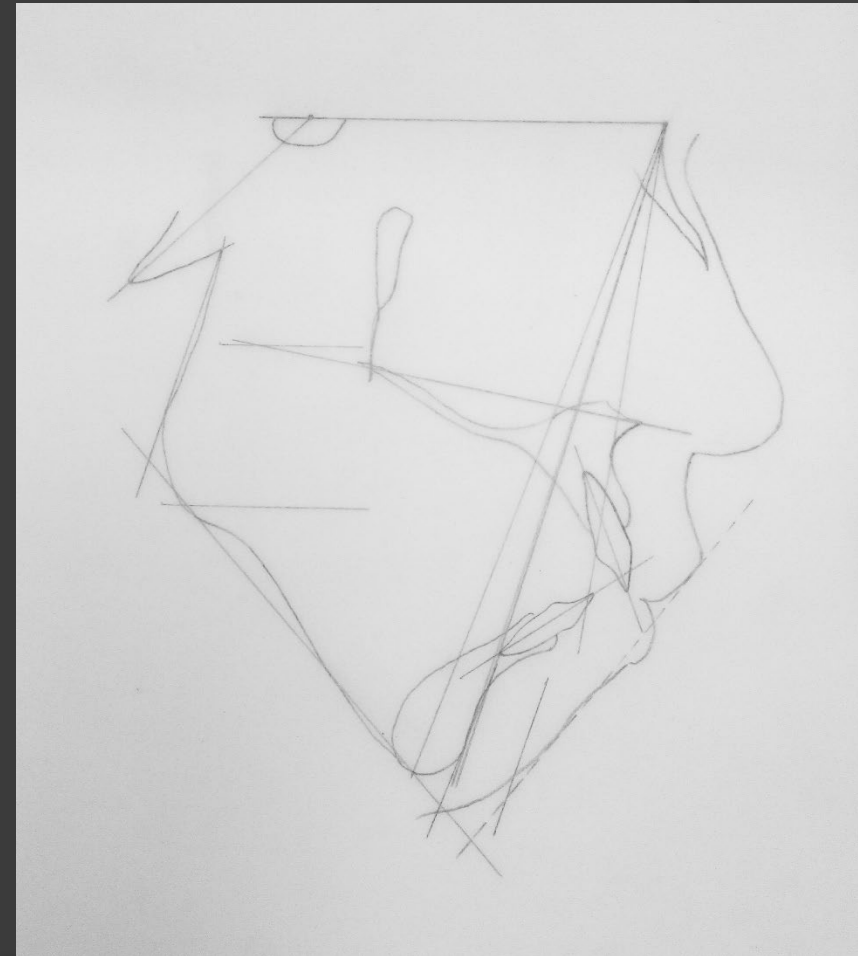
Sample Cases to try

CASE 8



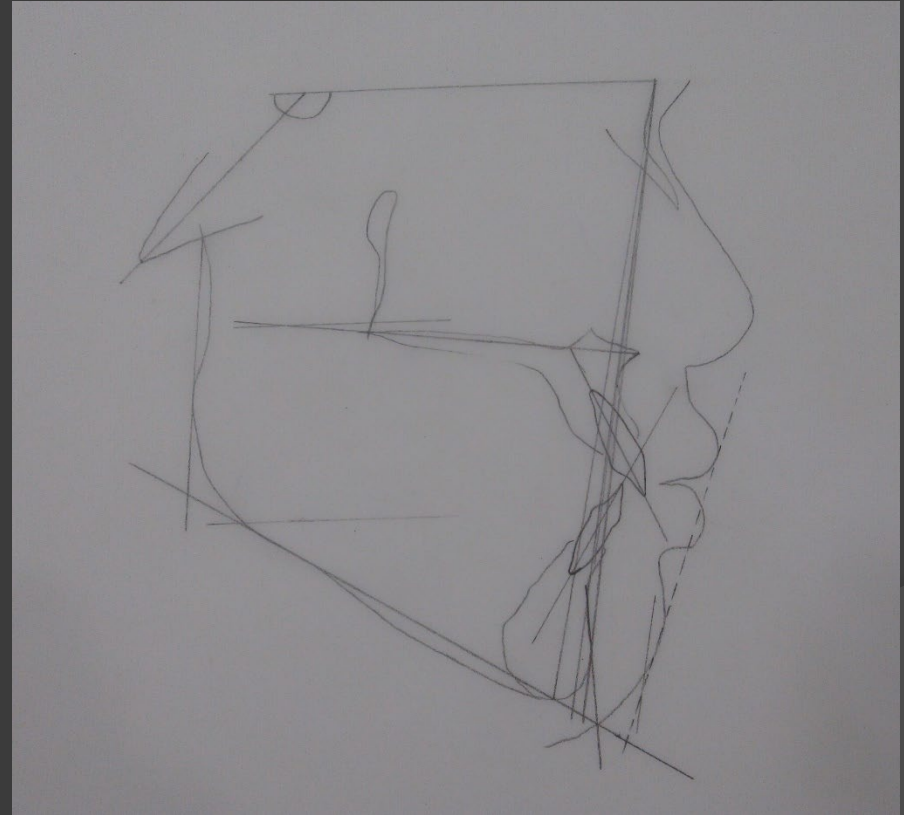
Sample Cases to try

CASE 9



Sample Cases to try

CASE 10



Benefit from the WinCeph App.

1. Saving time in Tracing the Ceph
2. Knowing all the concerned anatomical landmarks
3. Understanding all the value of the Lines and Angles





**THANK YOU
FOR YOUR
ATTENTION**