Forensic facial reconstruction using CBCT – A systematic review

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Systematic Review

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Abstract

Objectives

This systematic review evaluated whether CBCT is a better diagnostic tool in facial forensic reconstruction. Forensic facial reconstruction is a technique to reconstruct human face from unidentified face from skull remains for human identification and facial recognition.

Materials and methods

Article selection and data extraction was done based on the inclusion and exclusion criteria devised for the study. The articles were screened from PubMed, ProQuest, Google scholar, Science direct and Scopus.

Result

Three hundred and thirty-nine articles were initially identified from which seven articles were full text reviewed and included in the review. All the articles included in this study suggest that the facial reconstruction done using CBCT are reliable.

Conclusion

The computerized 3D modeling method produces reliable facial reconstructions which involves the images scanned from CBCT and the combination method. The computerized 3D modeling method produces facial reconstruction which almost mimics the original resemblance.

Introduction

Forensic facial reconstruction is a technique to reconstruct human face from unidentified face from skull remains for human identification and facial recognition. These techniques are used as a last option and also when the human remains are of recent origin which has not been identified. In these scenarios, an attempt is made to produce a facial like appearance of the individual which can be used to collect information that can help in possible identification. It can't be used as a direct identification but can be used as a tool to assist in identification. Scientific and artistic skills are essential in facial reconstruction.

In order to recognize a non-identity person, face of the person plays a major role which has got exclusive features to identify. Once it is reconstructed it would be easier to publish in Televisions and Newspaper for the relatives of the person to identify them. In some scenarios, the victim may be completely deformed due to animal attack, bomb blast or due natural disasters, that is where Facial forensic reconstructions help to identify the person with little or no info.

The methods which are used in the facial reconstruction are two-dimensional, three-dimensional clay models and three-dimensional computerized modelling. The manual and the computerized technique are the two methods which are used in 3D forensic facial reconstruction. 3D computerized craniofacial forensic reconstructions (CCFR) has got various advantages over other techniques by use of computer which enhance the visualization of the tools that shows skin and bone together with adjustments. The other advantages of CCFR include easy assemble of the skull parts without damaging the skull and can easily replace the left out or empty areas. But some disadvantages are also encountered that is, it is very time consuming and experience is necessary for the reconstruction. The various 3D manual methods which are in practice are the Anatomical (Russian), Anthropometrical (American) and Combination Manchester (British) methods which were developed by Gerasimov, Krogman and Neave respectively. The main aim of this systematic review is to evaluate whether CBCT is a better diagnostic tool in facial forensic reconstruction.

Materials And Method

Ethical approval from the Institutional review board was obtained. The substructure of the systematic review is based on PRISMA Statement. The focused question is “Is CBCT a better investigation tool for forensic facial reconstruction?”

Study design

This systematic review evaluated whether CBCT is a better diagnostic tool in facial forensic reconstruction.

Eligibility criteria

Inclusion criteria

Studies in which the primary objective was to evaluate the accuracy of a facial reconstruction technique using CBCT data. No language or time restriction were applied.

Exclusion criteria
Exclusion criteria included case reports, studies which included samples of facial anomalies and samples of orthognathic surgeries, studies done on two-dimensional facial approximation, reviews, letters, personal opinions, book chapters, conference abstracts and studies using animal models.

**Information sources**

The following databases were incorporated in the systematic search for relevant literature: PubMed, ProQuest, Google scholar, Science direct and Scopus. All searches were conducted from December 20 to January 10 2021

**Search terms**

Following search terms were used forensic facial reconstruction, CBCT and forensic facial reconstruction, facial approximation, craniofacial reconstruction, role of CBCT in facial reconstruction.

**Study selection**

In the 1st phase of selection, the titles and abstracts were screened and evaluated.

In the 2nd phase of selection- Full text were screened and study which have the inclusion and exclusion criteria were selected

**Collection process**

For all the included studies, following descriptive characteristics were recorded Author, year of study, location, ancestry, sample size, mean age of the patients included in the study, 3D manual methods used in the study for facial construction, type of machine used, sample type- live or deceased patients and results of the included study. One reviewer collected all the required information for the systematic review and other reviewer verified its accuracy.
| Author                  | Year of study | Location     | Ancestry  | Sample size | Mean age | Method                                      | CBCT machine                        | Sample type                  | Measurements analyzed in the study                                                                 | Result                      |
|-------------------------|---------------|--------------|-----------|-------------|----------|--------------------------------------------|-------------------------------------|------------------------------|---------------------------------------------------------------------------------|-----------------------------|
| Hwang et al.,           | 2010          | Korea        | Korean    | 20          | 28.1     | Computerized 3D CT images                  | Alphard Vega; Asahi Roentgen Co., Kyoto, Japan | Department data base | 31 landmarks (10 midline and 21 bilateral) were identified according to De Greef et al., | The reproducil of the facial thickness was reliable but some showed low reproducility. The landmarks of the 3D images can reproduce facial features reliably compared to the cadaver faces. |
| Zacharias Fourie et al.,| 2010          | Netherlands  | Netherlands | 7           | -        | Computerized 3D CT images                  | KaVo 3D exam (KaVo Dental GmbH, Bismarbring, Germany) CBCT scanner | Cadaver                     | Facial soft tissue thickness at 11 different sites (soft tissue landmarks were measured) | Overall, result of study confirms that the measured can be used to create soft tissue data thickness. |
| Won-Joon Lee            | 2012          | Korea        | Korea     | 3           | 28.4     | Combination methods                        | Alphard Vega; Asahi Roentgen Co., Kyoto, Japan | 3 student volunteers | the deviation errors between the reconstructed and target faces were measured. | Reconstructed of the unidentified face can be reconstructed. |
| Wuyang Shui             | 2019          | China        | Han Chinese | 140         | -        | Computerized 3D CT images                  | A Konica Minolta VIVID 910 laser scanner | 140 living individuals (70 females and 70 males) | Skull digitization, geometric measurements, sex classification, and computerized CFR | Reconstructed of the unidentified face can be reconstructed. |
| Yang Wen et al.,        | 2020          | China        | Han Chinese | 200         | 17-75    | Region fusion strategy                     | CT scanner                          | Volunteers                  | -                                                                               | The result of this study confirms that the use of facial reconstruction mentioned in the paper used in study. |
| Clemente Maia S. Fernandes | 2012          | Brazil       | Brazilian female | 1           | -        | Computerized 3D CT images                  | -                                   | Volunteer                  | 10 midline points and 11 bilateral points                                    | The result of this study confirms that the use of facial reconstruction mentioned in the paper used in study. |
| Geraldo Elias Miranda et al., | 2017          | Brazil       | Brazilian Caucasian | 4           | 21-49    | Computerized 3D CT images                  | -                                   | 4 volunteers donated existing CT Data                                      | Geometric comparison of the CCFR to the subject 3D face model (obtained from the CT data) | The two CCFRs were matched correctly with accuracy levels of facial reconstruction, programs produce 3D CCFRs and can be used in forensic applications. |

List of included studies and its main characteristics (Table -1)

Result Of Systematic Review

A total of 6754 articles were found in the various scientific database with search expressions relevant to this study. Of these, 339 articles were selected for initial screening and from those 339 articles duplicates were excluded and the remaining was 159 articles. After abstract and text screening a total of 7
articles were finally selected for the study with the inclusion and exclusion criteria of the systematic review. The selection process of the include study is shown in Fig − 1.

Out of 7 studies which were included in the systematic review 5 studies used 3D computerized craniofacial forensic reconstructions, one study used combination method in facial reconstruction and one study used Region fusion strategy in facial reconstruction. The sample size of each study ranged from 1 to 200. The facial reconstruction in the included studies was done in live patients, existing CT data and cadavers.

The included studies analyzed various measurements which includes skull digitization, geometric measurements, sex classification and computerized CFR, Facial soft tissue thickness at different sites and the deviation errors between the reconstructed and target faces were measured. Majority of included studies analyzed facial soft tissue landmarks.

The result of the included studies indicates that the facial features of the reconstructions using CBCT data demonstrated good levels of accuracy.

**Discussion**

Facial soft tissue reconstruction plays a main role in identifying a deformed person with little or no information. It is very essential to know the average values of the facial soft tissue thickness of certain sites of the face to reconstruct the skull to some extent. Various studies on facial reconstruction have generated data base of soft tissue thickness related to BMI, gender, race and ethnicity. With the help of the database available on various ethnicity and productive use of CBCT, facial reconstruction is more reliable in individual identification and also can be used for archeological research.15,18.

CBCT produces feasible 3D craniofacial reconstructions, with a minimal radiation exposure. It is mainly appertaining to maxillofacial region. Its different field of views (FOV) produces excellent images of the skull and also the landmarks used in cephalometric analysis along with a 3D volumetric of external facial surface.16

The various advantages of CBCT are as follows, can obtain the images in upright positions, lower radiation dose compared to CT, maximum tissue depth, can repeat the scans, editing of the images can be done on the go such as rotation and zoom views.17

There are different types of methods in facial reconstruction, which is manual and computerized 3D method. The manual method of facial reconstruction includes,

1. Anthropometrical American Method/ Tissue Depth Method

Krogman in 1946 developed Tissue Depth Method. The law enforcement agencies most commonly use this method of facial reconstruction. The needles, X-rays and/or ultrasound are used for taking the measurements. Highly trained personnel is needed for this technique to record the facial muscles in correct anatomic position, hence this technique is not preferred now a days.

2. Anatomical Russian Method

Gerasimov in 1971 introduced this method of facial approximation. The soft tissue depth data is not necessary for this technique. The approximation is performed by shaping the muscles, glands and cartilage onto the skull layer by layer. This method is not used now a days since it requires deeper anatomical acknowledge on performing the facial construction. Reconstruction of fossilized skulls can be done using this method.

3. Combination Manchester Method/ British Method

This method was introduced by Neave in 1977. This is the most accepted method and most widely used than the other two. It uses both the tissue depth and muscles.

Computerized 3D facial reconstruction

The 3D computerized models can be fabricated using both the manual clay and 3D animation software techniques and virtual sculpture system can also be used. In this method multiple images of the same face can be created most effectively.18,20.

The included studies in this systematic review used either the manual or computerized 3D facial reconstruction, but majority of the included studies opted computerized 3D forensic facial reconstruction method. The included studies in this systematic review suggest that the facial construction using CBCT are reliable.

**Conclusion**

The computerized 3D modeling method produces reliable facial reconstructions which involves the images scanned from CBCT and the combination method. The computerized 3D modeling method produces facial reconstruction which almost mimics the original resemblance.

**References**

1. Strapasson RA, Costa C, Melani RF. Forensic Facial Approximation: Study of the Nose in Brazilian Subjects. Journal of forensic sciences. 2019 Nov;64(6):1640–5.

2. Maheswari TU, Krishnan M. Forensic facial reconstruction. International Journal of Forensic Odontology. 2019 Jan 1;4(1):1.
3. Gietzen T, Brylka R, Achenbach J, zum Hebel K, Schömer E, Botsch M, Schwanecke U, Schulze R. A method for automatic forensic facial reconstruction based on dense statistics of soft tissue thickness. PloS one. 2019 Jan 23;14(1):e0210257.

4. Mahoney G, Wilkinson C. Computer-generated facial depiction. Craniofacial Identification. 2012 May 3:222–37.

5. Wilkinson C. Computerized forensic facial reconstruction. Forensic Science, Medicine, and Pathology. 2005 Sep 1;1(3):173-7.

6. Kreutz K, Verhoff MA. Forensic facial reconstruction-identification based on skeletal findings. DEUTSCHES ARZTEBLATT-KOLN-. 2007;104(17):985.

7. Short LJ, Khambay B, Ayoub A, Erolin C, Rynn C, Wilkinson C. Validation of a computer modelled forensic facial reconstruction technique using CT data from live subjects: a pilot study. Forensic science international. 2014 Apr 1;237:147-e1.

8. Hwang HS, Kim K, Moon DN, Kim JH, Wilkinson C. Reproducibility of facial soft tissue thicknesses for craniofacial reconstruction using cone-beam CT images. Journal of forensic sciences. 2012 Mar;57(2):443–8.

9. Fourie Z, Damstra J, Gerrits PO, Ren Y. Accuracy and reliability of facial soft tissue depth measurements using cone beam computer tomography. Forensic science international. 2010 Jun 15;199(1–3):9–14.

10. Lee WJ, Wilkinson CM, Hwang HS. An accuracy assessment of forensic computerized facial reconstruction employing cone-beam computed tomography from live subjects. Journal of forensic sciences. 2012 Mar;57(2):318–27.

11. Lee WJ, Wilkinson CM, Hwang HS. An accuracy assessment of forensic computerized facial reconstruction employing cone-beam computed tomography from live subjects. Journal of forensic sciences. 2012 Mar;57(2):318–27.

12. Wen Y, Mingquan Z, Pengyue L, Guohua G, Xiaoning L, Kang L. Craniofacial Reconstruction Method Based on Region Fusion Strategy. BioMed Research International. 2020 Dec 4;2020.

13. Fernandes CM, da Costa Serra M, da Silva JV, Noritomi PY, de Sena Pereira FD, Melani RF. Tests of one Brazilian facial reconstruction method using three soft tissue depth sets and familiar assessors. Forensic science international. 2012 Jan 10;214(1–3):211-e1.

14. Miranda GE, Wilkinson C, Roughley M, Beaini TL, Melani RF. Assessment of accuracy and recognition of three-dimensional computerized forensic craniofacial reconstruction. PLoS One. 2018 May 2;13(5):e0196770.

15. Kim KD, Ruprecht A, Wang G, Lee JB, Dawson DV, Vannier MW. Accuracy of facial soft tissue thickness measurements in personal computer-based multiplanar reconstructed computed tomographic images. Forensic science international. 2005 Dec 1;155(1):28–34.

16. Nodahi D, Pahlevankashi M, Moghaddam MA, Nategh B. Cone beam computed tomography functionalities in dentistry. Int J Contemp Dent Med Rev. 2015;2015:1–8.

17. De Donno A, Sabline S, Lauretti C, Mele F, Martini A, Introna F, Santoro V. Facial approximation: Soft tissue thickness values for Caucasian males using cone beam computer tomography. Legal Medicine. 2019 Mar 1;37:49–53.

18. Baldasso RP, Moraes C, Gallardo E, Stumvoll MB, Crespo KC, Strapasson RA, de Oliveira RN. 3D forensic facial approximation: Implementation protocol in a forensic activity. Journal of Forensic Sciences. 2021 Jan;66(1):383–8.

19. Sunil MK, Handa R, Raina A, Lehri S. Facial Reconstruction: Solving Mysteries and Rewriting Histories. Medico Legal Update. 2020 Nov 18;20(4):307–10.

20. Wilkinson C. Computerized forensic facial reconstruction. Forensic Science, Medicine, and Pathology. 2005 Sep 1;1(3):173-7.

Declarations

Competing interests: The authors declare no competing interests

Figures
Selection process of the included studies