Original Article

Radiographic position of mental foramen in selected urban population of Bangladesh.


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ABSTRACT

Purpose of this study was to investigate the most common accurate position of the mental foramen in selected Bangladeshi population which helps in several clinical procedure and nerve block anesthesia. The study sample included one hundred and one panoramic radiographs of selected urban population of Bangladesh taken in Out Patient Department, Update Dental College, Dhaka, Bangladesh. The most common horizontal position of the mental foramen was below the root of second premolar tooth (37.6%). In vertical axis, the location of MF in lower half of body of mandible was found in all OPGs (100%). In vertical distance, Position B, which is measured by distance between 1.0 mm to 1.5 mm, is the most common position of MF in all aspect as viewed in OPGs in Bangladeshi population. In this study, the difference of the location of the mental foramen in different ethnic groups was discussed. Clinicians and anthropologists should expect to find the position of the mental foramen to be symmetrical and below the root of second premolar tooth.

Introduction

Mental foramen is an important anatomical landmark. It is located on the anterolateral aspect of the body of mandible, lateral to and above the mental tubercle. It feels as a slight depression. It gives passage to the mental nerve and vessels. Mental foramen is located about 2.8-4 cm from the median fusion of the two halves of the mandible (Symphysis menti) and lies in lower half of the mandible in vertical axis. Mean diameter of mental foramen is reported to be 3.8 mm. Anatomically there is one mental foramen each on each side of mandible. Variation in number of mental foramina also been reported. More than one mental foramina in one side ranges from 2% to 10%, whereas up to 0.06% incidence of absence of mental foramina is also reported.

ORTHOPANTOGRAM (OPG) gives a panoramic view of the mandible and teeth. On an OPG, mental foramen is visible as a round or oval radiolucency. Generally it is situated in the lower half of the body of mandible in
vertical axis, 1-2 mm below the apices of the adjacent teeth. The aim of this study is identification of the accurate anatomical location of the MF helps in several clinical procedure and nerve block anesthesia. Identification of the accurate anatomical location of MF helps in endodontics surgery, periapical surgery, surgical orthodontics exodontia, perprosthetic surgery, implant surgery, management of trauma and fracture in mandibular body and nerve block anesthesia.

Methodology

This study was based on one hundred and one (OPGs) of adult patients. This was a non-probability convenient sampling, cross sectional study design. The study was conducted during a period of six months from 15th September 2011 to 14th March 2012 at Out Patient Department, Update Dental College, Dhaka, Bangladesh. All OPG were examined two times in a dark room on an X-ray viewer. Here the mental foramen was located as radiolucency, traced by following the inferior alveolar canal. The data was analyzed by (SPSS Version 16). Following some inclusion & exclusion criteria was used. 15, 19, 23

Inclusion criteria are (1) Age 15 and above (2) Film should show no radiographic exposure and processing artifacts. (3) OPG of adult patient of both sexes with permanent dentition at least having first molar teeth bilaterally. (4) Radiographs having bilaterally visible mental foramina taking by same machine.

Exclusion Criteria are (1) Radiograph of edentulous patients (2) Radiograph showing incomplete or mixed dentition (3) Radiograph with pathologic lesion (4) Unreadable and poor quality of OPG (5) Missing teeth, especially missing lower canine must be excluded when mesial premolar drift occur (6) Presence of supernumerary teeth in mandibular dentition (7) Presence of periodontal lesion in mandibular dentition that may cause dental mesial drift (8) Patients with previous and current orthodontic treatment.

Radiographic measurement:

The accurate position of mental foramen is observed by many researchers using data from different ethnic and racial groups. There both horizontal and vertical positions are described.

The horizontal position in relation to the apices of adjacent teeth is more emphasized in anatomical location of MF helps in different clinical procedures. Commonest position of mental foramen is described to be apical to the second premolar tooth \(13, 14, 15, 17\) and between the root apex of two mandibular premolar teeth. 18, 19 Most of the researchers classify the position of mental foramen in following

position 1: MF situated anterior to the first premolar tooth.  
position 2: MF situated in the line with the long axis of first premolar tooth.  
position 3: MF Situated between the apex apices of the first and second premolar tooth.  
position 4: MF situated in the line with the long axis of second premolar tooth.  
position 5: MF Situated between the apices of the second premolar and first molar teeth.  
position 6: MF situated in the line with the long of first molar tooth.

The vertical position mental foramen was viewed by two angles. One was vertical axis and another was vertical distance.

In vertical axis position 1: The location of MF in lower half of body of mandible.  
position 2: The location of MF in upper half of body of mandible.  
position 3: Distance between 0.4 mm to 0.9 mm.  
position 4: Distance between 1.0 mm to 1.5 mm.  
position 5: Distance between 1.6 mm to above.

position 1: MF situated anterior to the first premolar tooth.  
position 2: MF situated in the line with the long axis of first premolar tooth.  
position 3: MF Situated between the apex apices of the first and second premolar tooth.  
position 4: MF situated in the line with the long axis of second premolar tooth.  
position 5: MF Situated between the apices of the second premolar and first molar teeth.  
position 6: MF situated in the line with the long of first molar tooth.

The vertical position mental foramen was viewed by two angles. One was vertical axis and another was vertical distance.

In vertical distance, the distance between the mental foramen to the lower border of mandible was measured on both side of OPGs. Here distance was measured from lower border of mental foramen to the lower border of mandible and upper border of mental foramen to the lower border of mandible on both sides of OPGs. 20

Position A : Distance between 0.4 mm to 0.9 mm  
Position B : Distance between 1.0 mm to 1.5 mm  
Position C : Distance between 1.6 mm to above.
Results

Table 1: Age & Gender Distribution

<table>
<thead>
<tr>
<th>Age in years</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>11-20 yrs</td>
<td>10</td>
<td>9.9</td>
</tr>
<tr>
<td>21-30 yrs</td>
<td>34</td>
<td>33.7</td>
</tr>
<tr>
<td>31-40 yrs</td>
<td>31</td>
<td>30.7</td>
</tr>
<tr>
<td>41-50 yrs</td>
<td>13</td>
<td>12.9</td>
</tr>
<tr>
<td>51-60 yrs</td>
<td>9</td>
<td>8.9</td>
</tr>
<tr>
<td>61-70 yrs</td>
<td>4</td>
<td>4.0</td>
</tr>
</tbody>
</table>

Gender

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>69</td>
<td>32</td>
</tr>
<tr>
<td>%</td>
<td>68.3</td>
<td>31.7</td>
</tr>
</tbody>
</table>

The age of the subjects ranged from 15 years to 70 years (mean age 28.33). Highest age group from 21 to 30 years (33.7%), and lowest was 61 to 70 years (4.0%). Gender distribution shows male predominance with males being 68.3% (n=69) and females being 31.7% (n=32) as shown in Table 1.

Table 2. Location of Mental Foramen (in Horizontal axis)

<table>
<thead>
<tr>
<th>Horizontal position</th>
<th>Right side Frequency</th>
<th>Percent</th>
<th>Left side Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position 1</td>
<td>7</td>
<td>6.9</td>
<td>4</td>
<td>4.0</td>
</tr>
<tr>
<td>Position 2</td>
<td>9</td>
<td>8.9</td>
<td>10</td>
<td>9.9</td>
</tr>
<tr>
<td>Position 3</td>
<td>34</td>
<td>33.7</td>
<td>37</td>
<td>36.6</td>
</tr>
<tr>
<td>Position 4</td>
<td>38</td>
<td>37.6</td>
<td>38</td>
<td>37.6</td>
</tr>
<tr>
<td>Position 5</td>
<td>9</td>
<td>8.9</td>
<td>10</td>
<td>9.9</td>
</tr>
<tr>
<td>Position 6</td>
<td>4</td>
<td>4.0</td>
<td>2</td>
<td>2.0</td>
</tr>
<tr>
<td>Total</td>
<td>101</td>
<td>100.0</td>
<td>101</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Position 1 was found to be in 7 OPGs on the right side and 4 OPGs on the left side. Its frequency was reported as 6.9% on the right side and 4.0% on the left side. Position 2 was found to be in 9 OPGs and frequency was reported as 8.9% on the right side and in 10 OPGs on the left side where frequency was 9.9%. Position 3 was found to be in 34 OPGs and frequency is 33.7% on the right side and 37 OPGs on left side and frequency is 36.6%. Position 3 was the second most common location of MF as viewed in OPG. Position 4 was found to be in 38 OPGs on both sides. Its frequency was 37.6%. Hence, Position 4 is the most common position of MF as viewed in OPG. Position 5, was found to be in 9 OPGs on the right side and 10 OPGs on the left side. Its frequency was 8.9% on the right side and 9.9% on the left side. Position 5 and Position 2 is the third most common location of MF as viewed in OPGs. Position 6 was found to be in only 4 OPGs and 2 OPGs on the right and left side. Its frequency was reported as 4.0% and 2.0% for the right and left side. Position 6 is the least common position of MF as viewed in OPG as shown in Table 2.

Table 3. In Vertical axis Location of Mental Foramen

<table>
<thead>
<tr>
<th>Position</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position 1</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Position 2</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

In vertical axis Position 1, was found in all OPGs. Its frequency was 100%. While Position 2, was totally absent with 0% as shown in Table 3.19,23
Table 4: Vertical distance from lower border of mental foreman to the lower border of mandible

<table>
<thead>
<tr>
<th>Position</th>
<th>Right side Frequency</th>
<th>Percent</th>
<th>Left side Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position A</td>
<td>26</td>
<td>25.7</td>
<td>24</td>
<td>23.8</td>
</tr>
<tr>
<td>Position B</td>
<td>58</td>
<td>57.4</td>
<td>67</td>
<td>66.3</td>
</tr>
<tr>
<td>Position C</td>
<td>17</td>
<td>16.8</td>
<td>10</td>
<td>9.9</td>
</tr>
<tr>
<td>Total</td>
<td>101</td>
<td>100.0</td>
<td>101</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 5: Vertical distance from upper border of mental foreman to the lower border of mandible

<table>
<thead>
<tr>
<th>Position</th>
<th>Right side Frequency</th>
<th>Percent</th>
<th>Left side Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position A</td>
<td>7</td>
<td>6.9</td>
<td>5</td>
<td>5.0</td>
</tr>
<tr>
<td>Position B</td>
<td>53</td>
<td>52.5</td>
<td>61</td>
<td>60.4</td>
</tr>
<tr>
<td>Position C</td>
<td>41</td>
<td>40.6</td>
<td>35</td>
<td>34.7</td>
</tr>
<tr>
<td>Total</td>
<td>101</td>
<td>100.0</td>
<td>101</td>
<td>100.0</td>
</tr>
</tbody>
</table>

In Vertical distance, **Position A** was found to be in 26 OPGs on the right side and 24 OPGs on the left side from lower border of mental foreman to the lower border of mandible. Its frequency was 25.7% on the right side and 23.8% on the left side and 7 OPGs on the right side and 5 OPGs on the left side from upper border of mental foreman to the lower border of mandible. Its frequency was 6.9% on the right side and 5.0% on the left side. **Position B** was found to be in 58 OPGs on the right side from lower border of mental foreman to the lower border of mandible and 67 OPGs on the left side from lower border of mental foreman to the lower border of mandible. Its frequency was 57.4% on the right side and 66.3% on the left side and 53 OPGs on the right side from upper border of mental foreman to the lower border of mandible and 61 OPGs on the left side from upper border of mental foreman to the lower border of mandible. Its frequency was 52.5% on the right side and 60.4% on the left side. **Position C** was found to be in 17 OPGs on the right side and 10 OPGs on the left side from lower border of mental foreman to the lower border of mandible. Its frequency was 16.8% on the right side and 9.9% on the left side and 41 OPGs on the right side and 35 OPGs on the left side from upper border of Mental foreman to the lower border of mandible. Its frequency was 40.6% on the right side and 34.7% on the left side. Hence; Position B is the most common position of MF in all aspect as viewed in OPGs shown in Table 4 & Table 5.

**Discussion**

Determination of position of mental foramen has been a topic of great interest for the investigators emphasizing on important anatomical landmarks of the maxillofacial region. Radiography is the only available non-invasive method for diagnosis and treatment planning of major surgical procedures of the mandible.

We utilized panoramic radiographs because they have certain advantages over intra-oral radiography. It includes a greater area of hard and soft tissues and also the visualized area in continuity, thus allowing for a more accurate location of the mental foramen in both and the horizontal and vertical dimensions. On the other hand, periapical radiographs may not show several positions of the mental foramen if it is below the edge of the film.

In the research literature the mental foramen is frequently described as situated in the region of the second premolar in the fully developed mandible. Sample size of the studies above varied between 40 to 2000. In our study our sample size was 101 people. The weighted frequency of the location of the mental foramen in the above studies was in position 3. But in our study most common
position in horizontal axis is position 4. Position 3 is the second most common position. Our study design and results were similar with Gungor ‘s and Jasser’s study design26,34 shown (Table 6).

In vertical axis, position 1 was found in all OPGs (100%) is similar to another Pakistani study19.

In vertical distance, Position B is the most common position of MF in all aspect as viewed in OPGs.

<table>
<thead>
<tr>
<th>Reference</th>
<th>Population</th>
<th>Sample size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jasser and Nwoku</td>
<td>Saudis</td>
<td>794</td>
<td>0.6</td>
<td>5.3</td>
<td>42.7</td>
<td>45.3</td>
<td>5.2</td>
<td>0.9</td>
</tr>
<tr>
<td>K Gungor et al</td>
<td>Turkish</td>
<td>722</td>
<td>1.2</td>
<td>3.2</td>
<td>71.5</td>
<td>22.4</td>
<td>1.7</td>
<td>0.0</td>
</tr>
<tr>
<td>Present study</td>
<td>Bangladeshi</td>
<td>101</td>
<td>6.9</td>
<td>4.0</td>
<td>8.9</td>
<td>9.9</td>
<td>33.7</td>
<td>36.6</td>
</tr>
</tbody>
</table>

Table 6, Summary data on the Horizontal position of the mental foreman (K. Gungor et al.: Location of Mental Foramen in Turkish Population, Coll. Antropol. 30 (2006) 4: 801–805) and (Jasser and Nwou1998, Gungor et al)

Conclusion
In conclusion, according to our results the location of the mental foramen on the panoramic radiographs of selected Bangladeshi population was most commonly in the line with the long axis of second premolar tooth. In majority of cases there was bilateral symmetry in the position. Location of mental foramen is studied in cadavers, interaapeutically and radiographically. Ethical issues, limitation of sample size and procedural difficulties have limited the cadaveric and interaoperative studies a lot. Whereas, radiographic studies have made a large account of studies of position of mental foramen, as these are easily accessible, large sample sizes available and non-invasive. Clinicians and anthropologist should expect to find the positions of the mental foramen to be symmetrical and in the line with the long axis of second premolar tooth.

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