## The Development of the Curve of Spee in Australian Twins

Submitted in partial fulfilment for the degree of Doctor of Clinical Dentistry (Orthodontics)

by

# Antonio Gagliardi

B.H.Sc, B.D.S, B.Sc. Dent (Hons).



School of Dentistry Faculty of Health Sciences The University of Adelaide South Australia 5005

2013

### Table of Contents

# Page

1.	Su	mmary	6
2.	De	claration	7
3.	Ac	knowledgements	8
4. Literature review		10	
4	.1	Historical background	10
4	.2	Significance of the curve of Spee	13
4	.3	Modern interpretations and clinical significance	
		of the curve of Spee	15
4	.4	Measuring the curve of Spee	20
4	.5	Twin Models	31
4	.6	Describing dental arches- use of polynomials	33
5.	Sta	atement of purpose	36
6.	Ai	ms of the proposed study	37
6	.1	Paper 1	37
6	.2	Paper 2	37
6	.3	Hypotheses	38
7.	Ma	aterials and Methods	39
7	.1	Selection of subjects	39
7	.2	Evaluation of digital photographs	40
7	.3	Standardisation of dental casts	41
7	.4	Evaluation of photographs	45
7	.5	Variables studied	45
8.	Sta	atistical methods	46
9.	En	ror of the methods	48
10.	Pa	per 1: The development of the curve of Spee	50
1	0.1	Aims	50
1	0.2	Abstract	50
1	0.3	Introduction	51
1	0.4	Materials and methods	54
1	0.5	Results	56
1	0.6	Discussion	70

10.7 Conclusion	75
11. Paper 2: The genetic basis of the curve of Spee	78
11.1 Aims	78
11.2 Abstract	78
11.3 Introduction	79
11.4 Materials and methods	81
11.5 Results	82
11.6 MZ twin case examples	84
11.7 Discussion	88
11.8 Conclusion	92
12. Concluding remarks	93
13. References	96

# List of Figures

Figure 4.1: The curve of Spee.	11
Figure 4.2: The Curve of Monson.	13
Figure 4.3: Positive and negative angulations of the dentition.	14
Figure 4.4: Andrews description of the curve of Spee.	17
Figure 4.5: Measurement of the maximum depth of the curve of Spee.	22
Figure 4.6: Digital calipers vertically mounted on a dental surveyor used	
to measure the maximum depth on leveled study models.	23
Figure 4.7: Precision co-ordinate measuring machine.	24
Figure 4.8: 2D view of total arch circumference in relation to	
planar projection.	25
Figure 4.9: X-Y axis reference lines used for measurement	
of the curve of Spee.	26
Figure 4.10: Reference plane descriptions.	29
Figure 4.11: Arch shape described by an	
orthogonal fourth order polynomial	34
Figure 7.1: Occlusal plane leveling jig in position.	41
Figure 7.2: Adjustable thumb wheels to allow registration of the precision points.	42

Figure 7.3: Positioning of the occlusal plane levelling jig precision points	
to standardidise the occlsal plane.	42
Figure 7.4: Mounted model with standardised occlusal plane.	44
Figure 7.5: Illustrates the scale used.	44
Figure 7.6: Measurement plane with cusp tip landmarks.	45
Figure 10.1: The Curve of Spee.	52
Figure 10.2: Curve fitting.	55
Figure 10.3: Maximum mean curve depth to canine landmark.	63
Figure 10.4: Maximum mean curve depth to incisor landmark.	64
Figure 11.1: Case 1 Twin A at T1.	84
Figure 11.2: Case 1 Twin B at T1.	84
Figure 11.3: Case 1 Twin A at T2.	84
Figure 11.4: Case 1 Twin B at T2.	84
Figure 11.5: Case 1 Twin A at T3.	85
Figure 11.6: Case 1 Twin B at T3.	85
Figure 11.7: Case 2 Twin A at T1.	86
Figure 11.8: Case 2 Twin B at T1.	86
Figure 11.9: Case 2 Twin A at T2.	86
Figure 11.10: Case 2 Twin B at T2.	86
Figure 11.11: Case 2 Twin A at T3.	87
Figure 11.12: Case 2 Twin B at T3.	87

### List of Tables

Table 1	0.1. Test of fixed effects to the canine landmark using approach 1.	57
Table 1	0.2. Test of fixed effects to the canine landmark using approach 2.	57
Table 1	0.3. Test of fixed effects to the incisor landmark using approach 1.	58
Table 1	0.4. Test of fixed effects to the incisor landmark using approach 2.	58
Table 1	0.5. Post hoc test results.	59
Table 1	0.6. Average curve of Spee depth, right side canine landmark.	60
Table 1	0.7. Average curve of Spee depth, left side canine landmark.	61
Table 1	0.8. Average curve of Spee depth, right side incisor landmark.	62

Table 10.9. Average curve of Spee depth, left side incisor landmark.	63
Table 10.10. Curve fitting coefficient, right side canine landmark.	67
Table 10.11. Curve fitting coefficient, left side canine landmark.	68
Table 10.12. Curve fitting coefficient, right side incisor landmark.	69
Table 10.13. Curve fitting coefficient, left side incisor landmark.	70
Table 11.1. Heritability estimates.	82
Table 11.2. Twin A and B comparison case - example 1.	85
Table 11.3. Twin A and B comparison case - example 2.	87

#### Summary

The objectives of this study were to investigate the development of the curve of Spee in Australian twins as well as to quantify the genetic contribution to the shape of the curve of Spee. The material used in the following study is part of an ongoing project at the University of Adelaide, investigating teeth and faces of twins. The sample investigated comprised pairs of Australian twins from the primary dentition stage through to the permanent dentition stage.

Dental study models of the primary (T1), mixed (T2) and permanent (T3) dentitions for each twin pair were mounted and photographed. Landmarks were then digitized and a 2-dimensional interpretation of the curve was analysed. Linear distances were then taken as a representation of the depth of the curvature. By digitizing each landmark, orthogonal polynomials were then fitted to the curve to allow a description of the shape of the curvature. To further investigate the genetic contribution on the development of the curve of Spee a classical twin model was used, broad sense heritability estimates were derived to quantify the extent of genetic contribution to the observed phenotypic variation.

The result indicated that the greatest change in the depth of the curve of Spee occurred between mixed and permanent dentitions while the primary to mixed dentitions showed a relatively flat curve. Depth changes were found to be larger in males during the transition to a permanent dentition. Heritability estimates indicated that there is a moderate to high genetic influence on the phenotypic variation of the curve of Spee.

### Declaration

This work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text.

I give consent to this copy of my thesis when deposited in the University Library, being made available for loan and photocopying, subject to the provisions of the Copyright Act 1968.

I also give permission for the digital version of my thesis to be made available on the web, via the University's digital research repository, the Library catalogue, the Australasian Digital Theses Program (ADTP) and also through web search engines, unless permission has been granted by the University to restrict access for a period of time.

Dr Antonio Gagliardi

Dated

#### Acknowledgments

I would like to thank the following people for their support during the past three years.

Professor W. J. Sampson, P.R. Begg Chair in Orthodontics, The University of Adelaide, for his time, advice and expert opinion.

Associate Professor C. Dreyer, Orthodontics, The University of Adelaide, for his advice and expert opinion.

Professor G.C. Townsend, Professor of Dental Science, The University of Adelaide, for his advice and expert opinion.

Dr T. Hughes, School of Dentistry, The University of Adelaide, for his advice and expert opinion.

Thomas Sullivan, Statistician, Data Management & Analysis Centre, Discipline of Public Health, University of Adelaide for statistical advice and analysis.