

Comparison Of Interpupillary Distance Between Different Ethnicities - A Cross-Sectional Observational Study

Dhivya Sarathi, Dr. Gheena.S, Dr. Sandhya.

¹Saveetha Dental College and Hospitals, Saveetha Institute of Medical and Technical Sciences (SIMATS), Saveetha University, Chennai – 600077, Tamil Nadu, India

Email ID: dhivyasarathi173@gmail.com

²Professor, Department of Oral Pathology, Saveetha Dental College and Hospitals, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai-77, India

Email Id: gheena@saveetha.com

³Senior lecturer, Department of Oral Pathology, Saveetha Dental College and Hospitals, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai-77, India

Email Id: sandhyas.sdc@saveetha.com

Abstract

Background: Interpupillary distance (IPD) is the distance between the centers of two pupils. This measurement is necessary for replacing maxillary central incisors in the field of dentistry. **Aim:** To assess and compare the interpupillary distance between the different ethnic populations. **Materials and methods:** The cross sectional study was conducted among undergraduate students of a private dental college and hospital. The anatomical IPD was measured by using a digital vernier caliper. The digital vernier caliper needle was placed on the center of eyebrows and the measurement was taken between two eyebrows which are straight above the center of pupils. Statistical analysis was performed using SPSS Software version 23 by one way anova test. **Result:** There were 149 participants in the study. About 16% of them were males and 75% of them were females. The mean inter pupillary distance in south Indian population was assessed to 62.72 +or- SD. The mean interpupillary distance in North Indian Population was 62.52 +or- SD. although it is not significant (P= 0.310). **Conclusion:** The present study records the varied interpupillary distance observed between different ethnicities. Interpupillary distance variations were observed not only by ethnicities but also with different age groups.

Key words: Interpupillary Distance, ethnicities, South Indian population, North Indian population, innovative technology.

Running title: Interpupillary distance between different ethnicities.

INTRODUCTION:

Interpupillary distance is said to be the distance between the center of two pupils(1). It varies from age, gender, race and ethnicities(2)(3,4). It also varies on how you look(looking at closer and far away objects).

In general in myopic and hypermetropic patients the Inter Pupillary Distance differs . Therefore this measurement is taken to match with a perfect optic lens to get a perfect image(5). The IPD is used to correct the ophthalmic lens before the eyes to avoid the strain on eyes due to other lenses(6). IPD is also important for several clinical specialties like oculoplastic surgery, genetics and traumatology. The IPD is also used to find the mesiodistal width of maxillary central incisor in the field of dentistry.

The average Interpupillary Distance in adults is 54-74 mm and in kids is 43-58mm. When IPD decreases it leads to eye pain, headache and nausea. Patients with tropia, cornea disorders, iris anomalies, pupil shape disorders, cataract, lens disorders, vitreous hemorrhage disorders(etc) are excluded from this study(5). There are different ways to measure the interpupillary distance of an

individual out of which there exists two common ways either manually or digitally. The digital vernier is more advantageous than the manual as the digital is more accurate than the manual measurement. IPD can be measured as the distance between the centers of pupils (anatomical IPD) or visual axes (physiologic IPD) on both sides. For guidance in selecting the maxillary central incisors, the interpupillary distance can serve as a guide(3). Our team has extensive knowledge and research experience that has translated into high quality publications (7-26). The aim of this study was to determine and compare the normal anatomical Interpupillary distance values for people of different ethnicities and to ascertain whether a ethnic disparity existed.

MATERIALS AND METHODS:

A cross sectional, observational study was performed by involving students visiting saveetha dental college within the age group of 17-25 years. The given study adopted the anatomical interpupillary distance method. The anatomical IPD was measured by using a digital vernier caliper. The study subject was asked to look straight ahead while the digital vernier caliper needs to be placed on the center of eyebrows. The measurement was taken between two eyebrows which is straight above the center of pupils. After the measurements were taken the subjects were divided as age, gender, ethnicities and measurements. Patients with tropia, cornea disorders, iris anomalies, pupil shape disorders, cataract, lens disorders, vitreous hemorrhage disorders(etc) are excluded from this study(5). . The measurements were done again if there were any mistakes in the device adjustments or if students move or blink their eyes. The data obtained was tabulated and statistical analysis was performed using SPSS Software Version 23.

RESULTS:

A total of 149 subjects participated in the study. About 27 were males(16 % participants in total) and 122 were females (75% participants in total) About 79.86% were of age groups 17-20, about 6.04% were of age groups 21-23 and about 10.08% were of age groups above 23 years.

Table 1:

	Value	df	Asymptotic significance(2-sided)
Pearson Chi- Square	26.003	5	.000
Likelihood ratio	24.621	5	.000
Linear by Linear association	11.031	1	.001
N of valid cases	149		

Table 2 :

Group Statistics

	Ethnicity	N	Mean	Std. Deviation	Std. Error Mean
Interpupillary Distance	South indian population	78	62.9242	5.03208	.56977
	North indian population	71	62.5177	4.63391	.54994

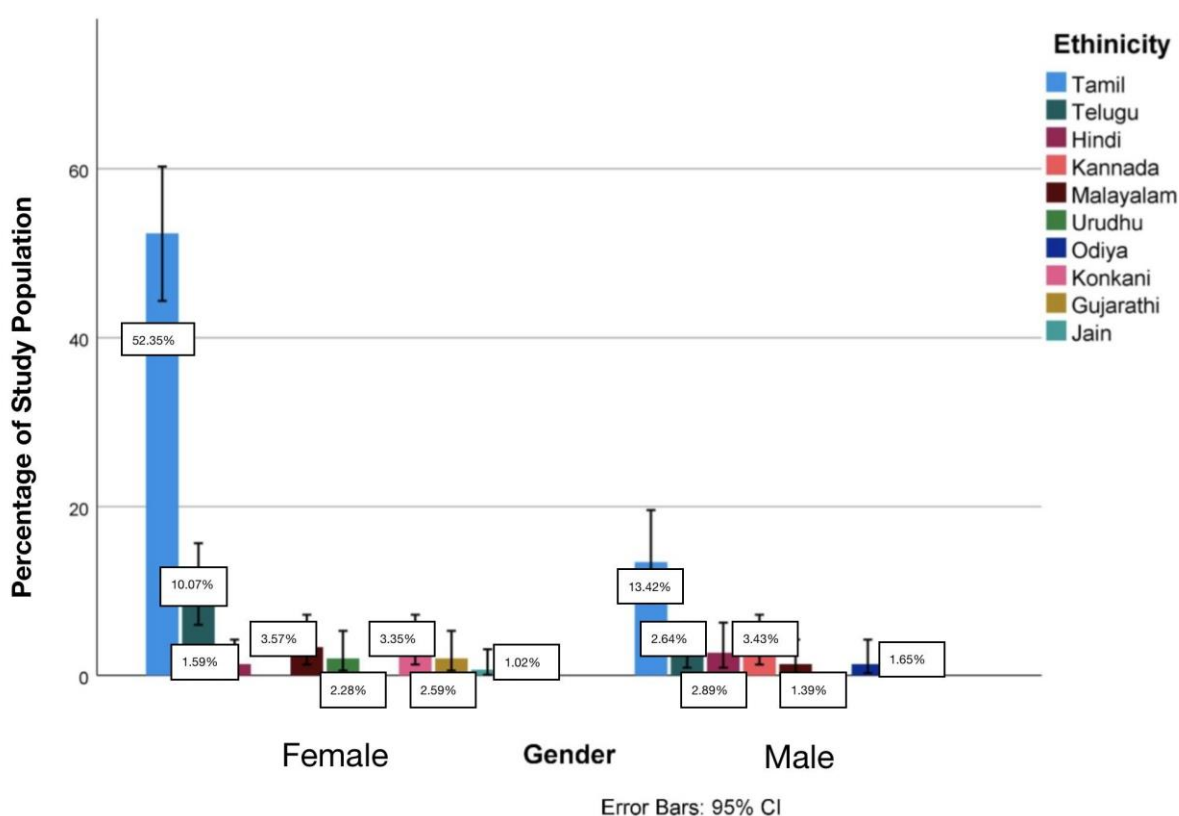


Figure 1: The bar graph depicting the comparison between gender and ethnicity. The x axis depicts gender and y axis depicts the ethnicity. We obtained that the South Indian population has high IPD (Mean=62.92) compared to that of the North Indians (Mean= 62.51) although it is statistically insignificant ($p=0.31$) (>0.05) (Table 2) .

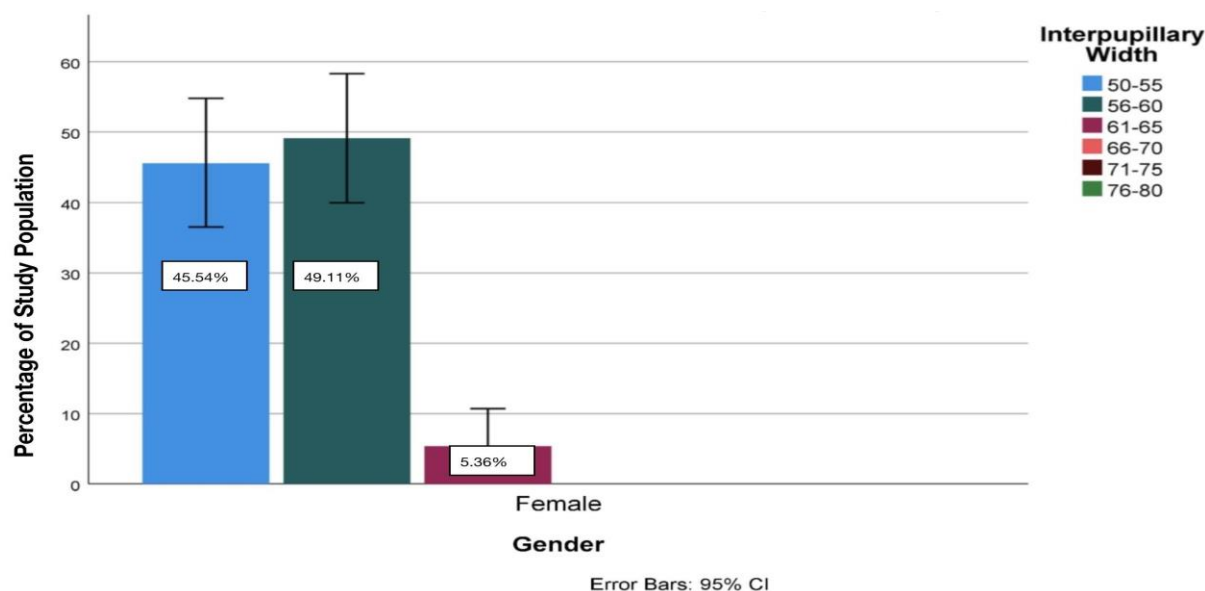


Figure 2: Bar graph depicting the comparison of female gender with the interpupillary distance. The x axis represents gender and the y axis represents Inter Pupillary Distance. About **45.54%** of female students have IPD ranging from 50-55 ,**49.11%** of females have IPD ranging from 56-60 ,**5.36%** of females have IPD ranging from 61-65.

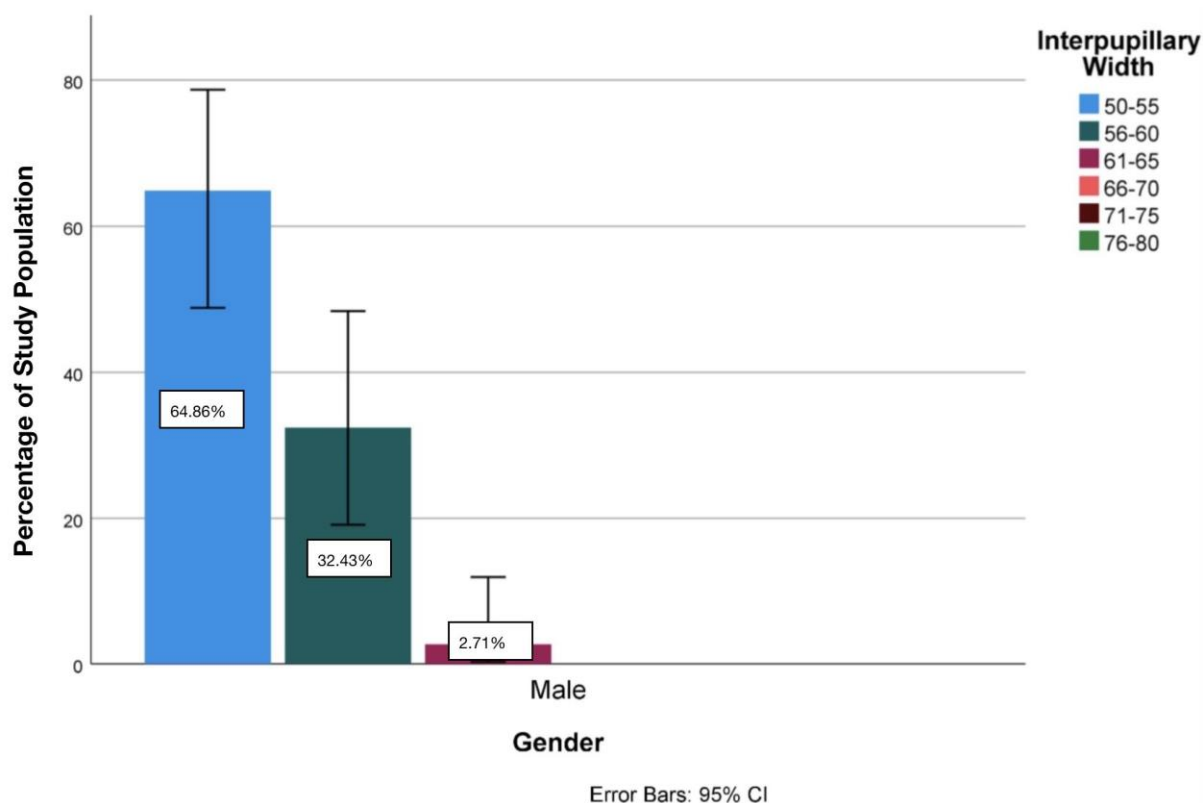


Figure 3: Bar graph depicting the comparison of male gender with the interpupillary distance. The x axis represents gender and the y axis represents Inter Pupillary Distance. About **64.86%** of male have IPD ranging from 50-55 ,**32.43%** of male have IPD ranging from 56-60 and **2.71%** of male have IPD ranging from 61-65.

DISCUSSION:

The present study showed that the IPD of South Indian population is greater than North Indian population although it is not significant. This could be due to the larger number of South Indian population compared to North Indian population and also is done within a particular geographic location. In the evaluation of interpupillary distance in Turkish population it has been proved that establishing of normal values in a population subgroup may be useful in studying orbito-cranial growth patterns, syndrome diagnosis, surgical management of cranio-facial deformities and trauma, and manufacturers of optical frames and lenses to get a perfect image(27). In the comparison of interpupillary distance the mean IPD value of Azerbaijani Turks in both males and females were greater than those of the observed Turkish population in all age groups. The mean IPD values of the Azerbaijani population were found to be greater than those of other ethnic groups based on age, sex, ethnicity, geographical and environmental factors influenced far IPD values(28). The survey on Interpupillary distance in the Egyptian population showed normative data on far IPD and near IPD by different methods in Egyptian people. The study also showed that sex and age had significant effects on IPD. Knowledge of normal values in this population may be useful in studying orbito-cranial growth patterns, syndrome diagnosis, surgical management of cranio-facial deformities and trauma, and manufactures of optical frames and lenses(29). The study on Normal Interpupillary distance in an Iranian population observed increase in IPD after the age of 30 years indicates that factor other than skeletal growth may affect this parameter(5). In the study of the reliability, validity and normative data of Interpupillary Distance and Pupil diameter using Eye-Tracking Technology the results proved that infrared eye tracking and Right eye IPD/PD test stimuli, accurate measurements of IPD and PD were found. The result of the study obtained from normative data showed an adequate comparison for people with normal vision development(30).

CONCLUSION:

The present study proved that IPD varies not only by ethnicities but also by gender. The difference is not statistically significant due to the small sample size, being unequal in ethnicity and restricted to a particular geographic location. Therefore the given research work needs to be done for a longer time period, in a different geographic location with more number of samples to arrive at a normative data which will help in teeth selection and optimum esthetics.

AUTHOR'S CONTRIBUTION:

Author 1: Dhivya sarathi, carried out the study by collecting data and drafted the manuscript after performing the statistical analysis and in the preparation of the manuscript.

Author 2: Dr. S Gheena and Dr. Sandhya, aided in conception of the topic, designing the study and supervision of the study, correction and final approval of the manuscript.

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CONFLICT OF INTEREST:

The author declares that there was no conflict of interest in the present study.

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REFERENCE:

1. Esomonu UG, Taura MG, Anas IY, Modibbo MH. Anthropometric Studies of the Interpupillary Distance among the Igbos of South Eastern Nigeria. *Bayero Journal of Pure and Applied Sciences* [Internet]. 2012 Sep 7 [cited 2021 Mar 11];5(1). Available from: https://www.researchgate.net/publication/272561011_Anthropometric_Studies_of_the_Interpupillary_Distance_among_the_Igbos_of_South_Eastern_Nigeria
2. Barman J, Serin S. Comparison of interpupillary distance and combined mesiodistal width of maxillary central incisor teeth in two ethnic groups of Northeast India: An in vivo study. *Indian J Dent Res.* 2018 Mar 1;29(2):155.
3. Osuobeni EP, al-Fahdi M. Differences between anatomical and physiological interpupillary distance. *J Am Optom Assoc* [Internet]. 1994 Apr [cited 2021 Mar 11];65(4). Available from: <https://pubmed.ncbi.nlm.nih.gov/8014368/>
4. AlAnazi SA, AlAnazi MA, Osuagwu UL. Influence of age on measured anatomical and physiological interpupillary distance (far and near), and near heterophoria, in Arab males. *OPHTH.* 2013 Apr 16;7:711–24.
5. Fesharaki H, Rezaei L, Farrahi F, Banihashem T, Jahanbakhshi A. Normal Interpupillary Distance Values in an Iranian Population. *J Ophthalmic Vis Res.* 2012 Jul;7(3):231.
6. Ben Kumah D, Akuffo KO, Abaka-Cann JE, Ankamah E, Osae EA. Interpupillary Distance Measurements among Students in the KumasiMetropolis. *Optometry: Open Access.* 2016 Jan 18;1(1):1–4.
7. Princeton B, Santhakumar P, Prathap L. Awareness on Preventive Measures taken by Health Care Professionals Attending COVID-19 Patients among Dental Students. *Eur J Dent.* 2020 Dec;14(S 01):S105–9.
8. Mathew MG, Samuel SR, Soni AJ, Roopa KB. Evaluation of adhesion of *Streptococcus mutans*, plaque accumulation on zirconia and stainless steel crowns, and surrounding gingival inflammation in primary molars: randomized controlled trial. *Clin Oral Investig.* 2020 Sep;24(9):3275–80.

9. Sridharan G, Ramani P, Patankar S, Vijayaraghavan R. Evaluation of salivary metabolomics in oral leukoplakia and oral squamous cell carcinoma. *J Oral Pathol Med.* 2019 Apr;48(4):299–306.
10. R H, Hannah R, Ramani P, Ramanathan A, Jancy MR, Gheena S, et al. CYP2 C9 polymorphism among patients with oral squamous cell carcinoma and its role in altering the metabolism of benzo[a]pyrene [Internet]. Vol. 130, *Oral Surgery, Oral Medicine, Oral Pathology and Oral Radiology.* 2020. p. 306–12. Available from: <http://dx.doi.org/10.1016/j.oooo.2020.06.021>
11. Antony JVM, Ramani P, Ramasubramanian A, Sukumaran G. Particle size penetration rate and effects of smoke and smokeless tobacco products - An invitro analysis. *Heliyon.* 2021 Mar 1;7(3):e06455.
12. Sarode SC, Gondivkar S, Sarode GS, Gadbail A, Yuwanati M. Hybrid oral potentially malignant disorder: A neglected fact in oral submucous fibrosis. *Oral Oncol.* 2021 Jun 16;105390.
13. Hannah R, Ramani P, WM Tilakaratne, Sukumaran G, Ramasubramanian A, Krishnan RP. Author response for “Critical appraisal of different triggering pathways for the pathobiology of pemphigus vulgaris—A review” [Internet]. Wiley; 2021. Available from: <https://publons.com/publon/47643844>
14. Chandrasekar R, Chandrasekhar S, Sundari KKS, Ravi P. Development and validation of a formula for objective assessment of cervical vertebral bone age. *Prog Orthod.* 2020 Oct 12;21(1):38.
15. Subramanyam D, Gurunathan D, Gaayathri R, Vishnu Priya V. Comparative evaluation of salivary malondialdehyde levels as a marker of lipid peroxidation in early childhood caries. *Eur J Dent.* 2018 Jan;12(1):67–70.
16. Jeevanandan G, Thomas E. Volumetric analysis of hand, reciprocating and rotary instrumentation techniques in primary molars using spiral computed tomography: An in vitro comparative study. *Eur J Dent.* 2018 Jan;12(1):21–6.
17. Ponnulakshmi R, Shyamaladevi B, Vijayalakshmi P, Selvaraj J. In silico and in vivo analysis to identify the antidiabetic activity of beta sitosterol in adipose tissue of high fat diet and sucrose induced type-2 diabetic experimental rats. *Toxicol Mech Methods.* 2019 May;29(4):276–90.
18. Sundaram R, Nandhakumar E, Haseena Banu H. Hesperidin, a citrus flavonoid ameliorates hyperglycemia by regulating key enzymes of carbohydrate metabolism in streptozotocin-induced diabetic rats. *Toxicol Mech Methods.* 2019 Nov;29(9):644–53.
19. Alsawalha M, Rao CV, Al-Subaie AM, Haque SKM, Veeraraghavan VP, Surapaneni KM. Novel mathematical modelling of Saudi Arabian natural diatomite clay. *Mater Res Express.* 2019 Sep 4;6(10):105531.
20. Yu J, Li M, Zhan D, Shi C, Fang L, Ban C, et al. Inhibitory effects of triterpenoid betulin on inflammatory mediators inducible nitric oxide synthase, cyclooxygenase-2, tumor necrosis factor-alpha, interleukin-6, and proliferating cell nuclear antigen in 1, 2-dimethylhydrazine-induced rat colon carcinogenesis. *Pharmacogn Mag.* 2020;16(72):836.

21. Shree KH, Hema Shree K, Ramani P, Herald Sherlin, Sukumaran G, Jeyaraj G, et al. Saliva as a Diagnostic Tool in Oral Squamous Cell Carcinoma – a Systematic Review with Meta Analysis [Internet]. Vol. 25, Pathology & Oncology Research. 2019. p. 447–53. Available from: <http://dx.doi.org/10.1007/s12253-019-00588-2>
22. Zafar A, Sherlin HJ, Jayaraj G, Ramani P, Don KR, Santhanam A. Diagnostic utility of touch imprint cytology for intraoperative assessment of surgical margins and sentinel lymph nodes in oral squamous cell carcinoma patients using four different cytological stains. *Diagn Cytopathol.* 2020 Feb;48(2):101–10.
23. Karunakaran M, Murali P, Palaniappan V, Sivapathasundharam B. Expression and distribution pattern of podoplanin in oral submucous fibrosis with varying degrees of dysplasia – an immunohistochemical study [Internet]. Vol. 42, Journal of Histotechnology. 2019. p. 80–6. Available from: <http://dx.doi.org/10.1080/01478885.2019.1594543>
24. Sarode SC, Gondivkar S, Gadbail A, Sarode GS, Yuwanati M. Oral submucous fibrosis and heterogeneity in outcome measures: a critical viewpoint. *Future Oncol.* 2021 Jun;17(17):2123–6.
25. Raj Preeth D, Saravanan S, Shairam M, Selvakumar N, Selestin Raja I, Dhanasekaran A, et al. Bioactive Zinc(II) complex incorporated PCL/gelatin electrospun nanofiber enhanced bone tissue regeneration. *Eur J Pharm Sci.* 2021 May 1;160:105768.
26. Prithiviraj N, Yang GE, Thangavelu L, Yan J. Anticancer Compounds From Starfish Regenerating Tissues and Their Antioxidant Properties on Human Oral Epidermoid Carcinoma KB Cells. In: PANCREAS. LIPPINCOTT WILLIAMS & WILKINS TWO COMMERCE SQ, 2001 MARKET ST, PHILADELPHIA ...; 2020. p. 155–6.
27. Yildirim Y, Sahbaz I, Kar T, Kagan G, Taner MT, Armagan I, et al. Evaluation of interpupillary distance in the Turkish population. *Clin Ophthalmol.* 2015;9:1413.
28. Sahbaz I. A comparison of interpupillary distances between Turkish and Azerbaijani populations. 2020 May 5 [cited 2021 Mar 11]; Available from: <https://www.researchsquare.com/article/rs-20461/v1.pdf>
29. Elrazky MK, Abdallah TM, Roshdy MM, Farweez YAT. Survey of Interpupillary Distance in Egyptian People. *QJM* [Internet]. 2020 May 5 [cited 2021 Mar 11];113(Supplement_1). Available from: https://academic.oup.com/qjmed/article-pdf/113/Supplement_1/hcaa058.029/33163592/hcaa058.029.pdf
30. Murray NP, Hunfalvay M, Bolte T. The Reliability, Validity, and Normative Data of Interpupillary Distance and Pupil Diameter Using Eye-Tracking Technology. *Transl Vis Sci Technol* [Internet]. 2017 Jul [cited 2021 Mar 12];6(4). Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5497600/>