

Lay Person's Perception of Interdental Black Triangle Between Maxillary Central Incisors in the Local Population

Adeel Iftikhar^a, Arfan Ul Haq^b, Nayha Enver^c, Fasila Rashid^d, Shoaib Ahmad^e,
Muhammad Zahid Majeed^f

Abstract

Introduction: Smile esthetics are key component of general facial esthetics and thus require constant updating keeping in view of current trends and population preferences. Several components can affect smile esthetics and they should be in perfect harmony to obtain an esthetically pleasing smile such as tooth color, shape, size, position, smile arc, black triangles, gingival show, facio-dental midlines, incisor width/height ratio, the inclination of incisors, incisal edge discrepancy, overbite, occlusal plane and many others. The objective was to evaluate lay person's perception of interdental black triangle between maxillary central incisors in the local population

Materials and Methods: 150 patients from OPD of Punjab Dental Hospital, Lahore were included in the study. 8 images were modified with the help of software and patients were asked to score these images on visual analogue score.

Results: Mean age and standard deviation of a sample size n=150 patients was 40.53 ± 15.23 years. Males were 44.7%, while females were 55.3%. Image A-F had progressive increase in the size of black triangles and results showed that increasing the size of black triangle leads to decrease mean attractive score for that image.

Conclusions: Out of 150 participants, images without black triangles were perceived as more esthetic and images with largest black triangles (3.5mm) were perceived as least esthetic.

Keywords: Esthetic; Perception; Black Triangles

Introduction

An attractive face has been linked with many social benefits including popularity, acceptance and social competence. One of the motivation for patients and their parents to get orthodontic

treatment done is the improvement of dentofacial esthetics leading to more popularity and social acceptance.¹ Second most significant component of facial attributes after eyes is smile.² This states the value of having an attractive smile.

The idea of an ideal smile is based not only on the standardized smile design but also on the patient's individual preferences as well as the artistic skill of the clinician. Successful treatment planning addresses both the esthetic as well as functional concerns of the patients.^{3,4} Achieving ideal smile esthetics needs a very minute understanding of the balance between teeth, gingival scaffolding, and adjacent facial soft tissue.⁵

^aBDS, Ex Postgraduate Trainee Orthodontics, de'Montmorency College of dentistry, Lahore. Demonstrator, Orthodontics Department, Faryal Dental College.

^bBDS, MDS, FCPS (Orthodontics), MCPS (Operative Dentistry), Professor Orthodontics Department, de'Montmorency College of Dentistry, Lahore, Pakistan.

^cCorresponding Author: BDS, FCPS Orthodontics, Demonstrator, Orthodontics Department, de'Montmorency College of Dentistry, Lahore, Pakistan.

Email: nayha_100@hotmail.com

^de BDS, Ex-Postgraduate Trainee, Orthodontics Department, de'Montmorency College of Dentistry, Lahore, Pakistan.

^eBDS, MDS, Orthodontic Department, Shahida Islam Medical and Dental College, Lahore, Pakistan. Ex-Postgraduate Trainee, Orthodontics Department, de'Montmorency College of Dentistry, Lahore, Pakistan.

Black triangles are the open gingival embrasures present cervically to the interproximal contact and are devoid of gingival tissue. These triangles have been rendered as esthetic concern; whereby many patients need them to be corrected. They also facilitate the retention of food, thereby compromising the oral health. Both dentists and laypersons consider black triangles more than 3mm unesthetic. Consequently, black triangles leads to complex esthetic and functional problems.^{6,7} There are many causes of black triangles, which include aging, periodontal disease, excessive brushing, atypical dental crown shape, bone loss, accentuated dental tipping, length of embrasure area, and position of contact point/ area.⁸

Black triangles are found in about 18 percent of the population under 20 but these are more common in adults about 67 percent. Adults with bone loss are at more risk of developing black triangles. The patients with black triangles are frequently dissatisfied with their smiles and rate them as the third most concerning issue after caries and dark crown contours.⁹

With the advent of the soft tissue paradigm in orthodontics, there is now more emphasis on managing soft tissues and their impact on the esthetics of patients concerning perioral tissues.¹⁰ Using digitally modifying photographs to assess individuals' perceptions is well documented in orthodontics.¹¹⁻¹³ Visual analog scale (VAS) is a simple tool to access the esthetic perception of the populations.¹⁴ The VAS is commonly used in orthodontics literature to evaluate esthetics.¹⁵⁻¹⁸

Orthodontists usually emphasize the improvement of dento-skeletal relationships, but the improvement of the smile is usually the foremost concern of the patient. Patients frequently seek orthodontic treatment to improve their facial esthetics.¹⁹ Therefore, it is crucial to have the patient's perception of what is considered more attractive or satisfactory as it might differ from the

orthodontist's perception.²⁰ The current research focus more on the perception of orthodontists and dental professional on smile esthetics. Our research aims to provide insight into patient/laypersons perception of interdental black triangles between maxillary central incisors in the local population.

Material and Methods

This study used the software altered computer generated smile and visual analog scale to assess laypersons' perceptions of black triangles. It is a cross-sectional survey of the layperson (i.e., untreated patients and attendants who reported to the hospital).

An extra-oral smiling photograph of a female subject was used with teeth occluded, healthy gums, and no dental-related problems taken with a digital camera (Rebel XTI; Canon, Tokyo, Japan). This colored photograph fulfilled the concept of the ideal smile in terms of teeth geometry, tooth shade, healthy hard and soft tissues and gingival contours.²¹ In the first step using Adobe Photoshop CS3 (San Jose, California, USA), the photograph was cropped to include only lips gingiva and maxillary teeth. In the second step using the same software, black triangles of varying sizes were introduced between maxillary central incisors. In this way eight photographic images depicting black triangles from 0mm to 3.5 mm at an interval of 0.5 mm were obtained. (Figure 1) The edited photographs were resized to represent the actual size of the teeth, then these photographs were printed to the middle of A4 size paper and marked A-H. These images were collected in the form of a booklet. 8 Visual analog Scales (VAS) of 10cm length were printed on a separate sheet of paper with no A-H representing each photograph. The VAS was scored 0-10, with 0 representing the least attractive smile and 10 representing the most attractive smile. All the participating patients and attendants were explained about the scoring before the survey.

A sample size of 150 is calculated at a 5% level of significance and 1% margin of error

with expected mean score of the black triangle (31.7 ± 26.8).

Inclusion criteria comprised of laypersons recruited from OPD of Punjab Dental Hospital/ de' Montmorency) who did not have any knowledge of dentistry or dentistry-related work. Both males and females falling in the age range of 15-65 years were included. Any person with a mental disability and visual impairment was excluded from the study.

Laypersons (patients or their attendants) were selected from outpatients at Punjab Dental Hospital, Lahore. The study, as well as the research protocol, was explained to all participants. Demographic information like name, age, gender and telephone was obtained. A questionnaire was given to the participants with a picture booklet and grading scale printed alongside. The scoring was explained to them and they were asked to score the attractiveness of each smile without any help on a visual analog scale of 0 to 10 (with 0 being least attractive and 10 being very attractive). Participants were forbidden from comparing pictures on different pages. This was ensured through a maximum of 60 seconds evaluation time per picture.

Data Analysis

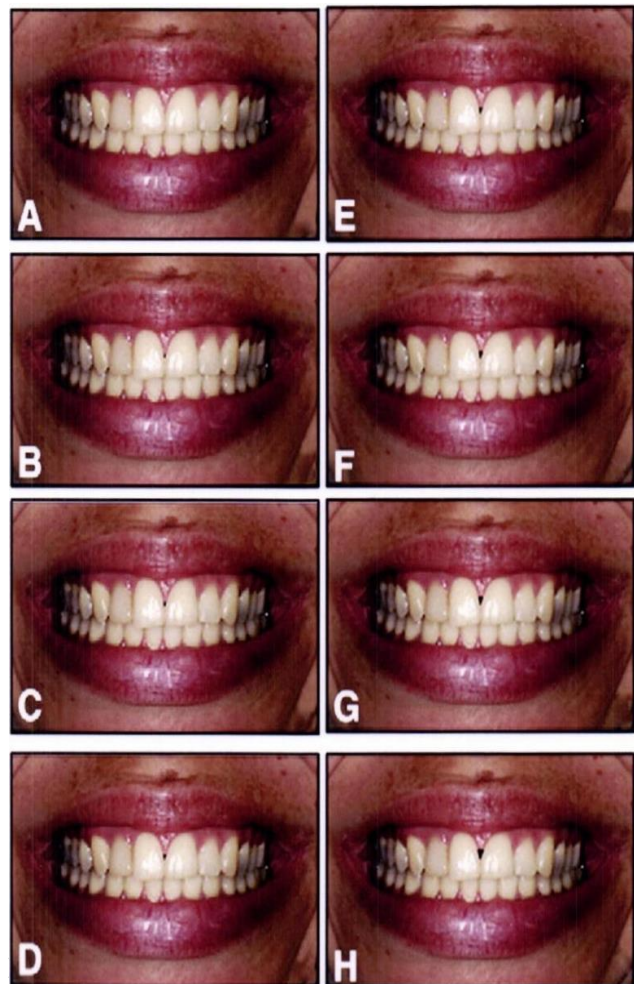
Data was entered and analyzed in SPSS version 21.0. Quantitative assessment included mean & SD. Data was stratified for effect modifiers like age, gender and educational status to see if these variables affect the perception of black triangles. Post stratification t-test was used and P-value of <0.05 is considered as significant.

Results

150 laypersons participated in this study with the minimum age of 15 years to maximum age of 65 years with average age being 40.53 ± 15.23 . Males numbered 67/150 (44.7%), while females numbered 83/150 (55.3%). The minimum analog score of image A (0mm length) for not having black triangle was 5, and the maximum was 10 with mean and SD as 8.90 ± 1.45 . The minimum analog scale of

Image B (0.5mm length of black triangle) was 5, and the maximum was 10 with mean and SD as 8.68 ± 1.51 . The minimum analog scale of Image C (1mm length of black triangle) was 3, and the maximum was 10 with mean and SD as 8.31 ± 1.61 .

The minimum analog scale of Image D (1.5mm length of black triangle) was 4, and the maximum was 10 with mean and SD as 7.70 ± 1.55 . The minimum analog scale of Image E (2mm length of black triangle) was 2, and the maximum was 8 with mean and SD as 4.22 ± 1.43 . The minimum analog scale of Image F (2.5mm length of black triangle) was 1, and the maximum was 6 with mean and SD as 4.30 ± 1.15 .



Between the incisors. Image I (left): A, without space; B, space of 0.5 mm; C, space of 1.0 mm; D, space of 1.5 mm; E, space of 2.0 mm; F, space of 2.5 mm; G, space of 3.0 mm; H, space of 3.5 mm.

The minimum analog scale of Image G (3mm length of black triangle) was 0, and the maximum was 6 with mean and SD as 3.96±1.45. The minimum analog scale of Image H (3.5mm length of black triangle) was 0, and the maximum was 5 with mean and SD as 0.83±1.36. (Table I)

Using t-test, the mean attractive scores of black triangles for all images were found to be

significant regarding age except for image H which was found not to be attractive by both age groups.(Table II) Using t-test, the mean attractive score of any black triangle was not found as significant regarding gender.(Table III) Using a t-test, the mean attractive score of any black triangle was not found as significant regarding educational status.(Table IV)

Table I: Average VAS Score for each image

Images according to size of black triangle between central incisors	Minimum	Maximum	Mean	Std. Deviation
Size of black triangle Image A (0mm)	5.00	10.00	8.90	1.45
Size of black triangle Image B (0.5mm)	5.00	10.00	8.68	1.51
Size of black triangle Image C (1mm)	3.00	10.00	8.31	1.61
Size of black triangle Image D (1.5mm)	4.00	10.00	7.70	1.55
Size of black triangle Image E (2mm)	2.00	8.00	4.22	1.43
Size of black triangle Image F (2.5mm)	1.00	6.00	4.30	1.15
Size of black triangle Image G (3mm)	0	6.00	3.96	1.45
Size of black triangle Image H (3.5mm)	0	5.00	0.83	1.36

Table II: Effect of Age on Perception of Black triangle

Sizes of black triangles	Age groups	N	Scores mean±SD	P-value
Image A (0mm)	≥40 years	71	9.3662±0.94475	.000
	< 40 years	79	8.4810±1.70114	
Image B (0.5mm)	≥ 40 years	71	8.9718±1.28699	.016
	< 40 years	79	8.4177±1.65334	
Image C (1mm)	≥ 40 years	71	8.8873±0.87095	.000
	< 40 years	79	7.7975±1.93735	
Image D (1.5mm)	≥ 40 years	71	7.9155±1.27331	.000
	< 40 years	79	7.5190±1.75310	
Image E (2mm)	≥ 40 years	71	4.0563±1.68936	.001
	< 40 years	79	4.3797±1.15807	
Image F (2.5mm)	≥ 40 years	71	4.0423±1.40851	.000
	< 40 years	79	4.5316±0.79800	
Image G (3mm)	≥40 years	71	4.2254±1.09801	.002
	< 40 years	79	3.7215±1.68657	
Image H (3.5mm)	≥ 40 years	71	.8310±1.44406	.573
	< 40 years	79	.8354±1.30512	

P-value<0.05 = Significant

Table III: Effect of gender on the Perception of Black triangles

Sizes of black triangles	Gender	N		P-Value
Image A (0mm)	Male	67	9.134±1.289	0.077
	Female	83	8.710±1.565	
Image B (0.5mm)	Male	67	8.716±1.475	0.792
	Female	83	8.650±1.549	
Image C (1mm)	Male	67	8.552±1.351	0.105
	Female	83	8.120±1.790	
Image D (1.5mm)	Male	67	7.791±1.692	0.552
	Female	83	7.638±1.436	
Image E (2mm)	Male	67	4.029±1.546	0.133
	Female	83	4.385±1.332	
Image F (2.5mm)	Male	67	4.223±1.165	0.469
	Female	83	4.361±1.143	
Image G (3mm)	Male	67	4.119±1.285	0.229
	Female	83	3.831±1.575	
Image H (3.5mm)	Male	67	0.850±1.384	0.889
	Female	83	0.819±1.362	

P-value<0.05 = Significant

Table IV: Effect of Education on the Perception of Black triangles

Sizes of black triangles	Educational status	N	Mean±SD	P-Value
Image A (0mm)	< Bachelors	77	8.909±15.23	0.938
	≥ Bachelors	73	8.890±14.00	
Image B (0.5mm)	< Bachelors	77	8.571±16.09	0.368
	≥ Bachelors	73	8.794±14.03	
Image C (1mm)	< Bachelors	77	8.272±16.59	0.753
	≥ Bachelors	73	8.356±15.84	
Image D (1.5mm)	< Bachelors	77	7.857±14.93	0.224
	≥ Bachelors	73	7.547±16.07	
Image E (2mm)	< Bachelors	77	4.350±13.15	0.280
	≥ Bachelors	73	4.095±15.56	
Image F (2.5mm)	< Bachelors	77	4.116±12.56	0.156
	≥ Bachelors	73	4.493±10.01	
Image G (3mm)	< Bachelors	77	3.857±13.34	0.376
	≥ Bachelors	73	4.068±15.75	
Image H (3.5mm)	< Bachelors	77	0.792±13.31	0.707
	≥ Bachelors	73	0.8767±14.13	

P-value<0.05 = Significant

Discussion

In this study, 150 patients were selected after fulfilling the selection criteria. The age range was from 15-65 years with an average of 40.53 ± 15.23 years. Males were 44.7%, while females were 55.3%.

In one of the published study Almorai and his colleagues rated the attractiveness of the different smile parameters among the different dental specialties and lay persons. They compared black triangles position of zenith of gingiva, color and pigmentation of gingiva, occlusal cant and gingival positions. The result of the study indicated that black triangle was the most negatively perceived smile character overall. Our study showed similar results which showed that presence of black triangles and size is negatively perceived by lay persons with increase in size led to lower score on visual analogue scale.²²

Similarly, Sriphadungporn calculated differences between the age groups regarding tolerance of black triangles in laypersons. It was found that older population was more tolerant of black triangles as opposed to younger population. 2mm and 2.5 mm black triangles received least score in their study while images without black triangles were rated highest. In our study, all the scores between age groups were significant, with younger population being more critical towards black triangles. Image H (3.5mm in

length) was scored worse for having a black triangle with no significant differences between age groups.²³

In another study comparing the images with or without black triangles, 98 percent of the laypersons preferred images with interdental papilla present. In contrast, in the treatment of black triangles, 70 percent of persons preferred the presence of interdental papilla as opposed to the extended contact area. Our study showed the same results with interdental papilla perceived as the most esthetic.²⁴

Regarding the age-related changes in smile, three variables associated with anterior maxillary teeth esthetics have received substantial attention including the incisal edge position of the maxillary central incisors²⁵⁻²⁷, the gingival display of maxillary arch²⁸⁻³¹ and the maxillary central incisor black triangle presence. Regarding the presence of black triangles, these were found to be more acceptable by older age group than younger age group.^{8,32-34} Our study has taken care of the esthetic perception of back triangles in laypersons which is one of the components of smile esthetics. In future esthetic perception of other smile parameters should also be studied for the better understanding of laypersons preferences for ideal smile.

Conclusion

1. Increasing size of black triangles was associated with increasingly more unattractive smile on visual analogue scale.
2. From 150 patients, by using t-test, the Mean Attractive scores of all black triangles were found as significant regarding age with younger population group being more intolerant of black triangles as opposed to older population group.
3. The effect of gender and educational background was found to be insignificant on mean attractiveness score.

Ethical Approval

The study was approved by the Institutional Review Board of de'Montmorency college of Dentistry, Lahore.

Conflict of Interest

No conflict of interest

Authors' Contribution

AI: Main author

AH: Supervisor

NE: Data collection/ Corresponding Author

FR: Data collection/ Statistics

SA: Data collection/ Statistics

ZM: Data collection/ Statistics

References

1. Mares SHW, de Leeuw RNH, Scholte RHJ, Engels RCME. Facial Attractiveness and Self-Esteem in Adolescence. *J Clin Child Adolesc Psychol*. 2010 Aug 17;39(5):627-37.
2. Hickman L, Firestone AR, Beck FM, Speer S. Eye fixations when viewing faces. *J Am Dent Assoc*. 2010;141(1):40-6.
3. Sharma PK, Sharma P. Dental Smile Esthetics: The Assessment and Creation of the Ideal Smile. *Semin Orthod*. 2012;18(3):193-201.
4. Edler RJ. Background considerations to facial aesthetics. *J Orthod*. 2001;28(2):159-68.
5. Gill DS, Naini FB, Tredwin CJ. Smile Aesthetics. *Dent Update*. 2007 Apr 2;34(3):152-8.
6. Van der Geld P, Oosterveld P, Van Heck G, Kuijpers-Jagtman AM. Smile Attractiveness: Self-perception and Influence on Personality. *Angle Orthod*. 2007 Sep 1;77(5):759-65.
7. Pithon MM, Bastos GW, Miranda NS, Sampaio T, Ribeiro TP, Nascimento LEAG do, et al. Esthetic perception of black spaces between maxillary central incisors by different age groups. *Am J Orthod Dentofac Orthop*. 2013;143(3):371-5.
8. Pugliese F, Hess R, Palomo L. Black triangles: Preventing their occurrence, managing them when prevention is not practical. *Semin Orthod*. 2019;25(2):175-86.
9. Ikbal A, Siddiqui ZR, Fatima T. Black Triangle and Vitiated Esthetic Vis-à-Vis Management: A Review. *The Traumaxilla*. 2022;4(1-3):26-31.
10. Ackerman JL, Proffit WR, Sarver DM. The emerging soft tissue paradigm in orthodontic diagnosis and treatment planning. *Clin Orthod Res*. 1999;2(2):49-52.
11. Krishnan V, Daniel ST, Lazar D, Asok A. Characterization of posed smile by using visual analog scale, smile arc, buccal corridor measures, and modified smile index. *Am J Orthod Dentofac Orthop*. 2008;133(4):515-23.
12. Paiva TT de, Machado RM, Motta AT, Mattos CT. Influence of canine vertical position on smile esthetic perceptions by orthodontists and laypersons. *Am J Orthod Dentofac Orthop*. 2018;153(3):371-6.
13. Haerian A, Rafiei E, Tehrani PF, Toodehzaeim MH. The effect of torque and vertical position of maxillary canine on smile esthetics. *Am J Orthod Dentofac Orthop* 2023.164(1):89-96
14. Yang JW, Jia PY, Qiu LX, Lu C, Jiang T. [Feasibility analysis of visual analogue scale in esthetic evaluation of anterior implant-supported single crown in maxilla]. *Zhonghua Kou Qiang Yi Xue Za Zhi*. 2021;56(4):324-8.
15. Dourado GB, Volpato GH, de Almeida-Pedrin RR, Pedron Oltramari PV, Freire Fernandes TM, de Castro Ferreira Conti AC. Likert scale vs visual analog scale for assessing facial pleasantness. *Am J Orthod Dentofac Orthop*. 2021;160(6):844-52.
16. Wang C, Hu W, Liang L, Zhang Y, Chung K-H. Esthetics and smile-related characteristics assessed by laypersons. *J Esthet Restor Dent*. 2018 Mar 1;30(2):136-45.
17. Kawamura N, Murakami T, Sobue K, Kobayashi S, Yamazaki A, Nakao Y, et al. Esthetics of Orthodontic Appliances: Objective Evaluation by Spectrophotometry vs Subjective Evaluation Using the Visual Analog Scale Method. *J Contemp Dent Pract*. 2022;22(10):1160-6.
18. Kiani HG, Naureen S, Asad S, Hasan SR. Smile esthetics: A comparative study between dental students and laypersons using visual analogue scale. *Pakistan Orthod J*. 2022;14(1):13-20.
19. Felemban OM, Alharabi NT, A Alamoudi RA, Alturki GA, Helal NM. Factors influencing the desire for orthodontic treatment among patients and parents in Saudi Arabia: A cross-sectional study. *J Orthod Sci*. 2022;11:25.

20. Thomas M, Reddy R, Reddy BJ. Perception differences of altered dental esthetics by dental professionals and laypersons. *Indian J Dent Res.* 2011;22(2):242.
21. Alikhasi M, Yousefi P, Afrashtehfar KI. Smile design: Mechanical considerations. *Dent Clin.* 2022;66(3):477-87.
22. Alomari SA, Alhajja ESA, AlWahadni AM, Al-Tawachi AK. Smile microesthetics as perceived by dental professionals and laypersons. *Angle Orthod.* 2022 Jan;92(1):101-9.
23. Sriphadungporn C, Chamnannidiadha N. Perception of smile esthetics by laypeople of different ages. *Prog Orthod.* 2017;18(1):8.
24. Hochman MN, Chu SJ, da Silva BP, Tarnow DP. Layperson's Esthetic Preference to the Presence or Absence of the Interdental Papillae in the Low Smile Line: A Web-based Study. *J Esthet Restor Dent.* 2019 Mar 1;31(2):113-7.
25. Chou J-C, Nelson A, Katwal D, Elathamna EN, Durski MT. Effect of smile index and incisal edge position on perception of attractiveness in different age groups. *J Oral Rehabil.* 2016 Nov 1;43(11):855-62.
26. Wolfart S, Lawrenz B, Schley J-S, Kern M, Springer I. Composite Images of Upper Front Teeth—Judgment of Attractiveness and Gender-Specific Correlation. *J Esthet Restor Dent.* 2014 Nov 1;26(6):394-402.
27. Machado AW, McComb RW, Moon W, Gandini Jr LG. Influence of the Vertical Position of Maxillary Central Incisors on the Perception of Smile Esthetics Among Orthodontists and Laypersons. *J Esthet Restor Dent.* 2013 Dec 1;25(6):392-401.
28. Narayanan M, Laju S, Erali SM, Erali SM, Fathima AZ, Gopinath P V. Gummy Smile Correction with Diode Laser: Two Case Reports. *J Int Oral Health.* 2015;7(Suppl 2):89-91..
29. Pandey V. Correction of gummy smiles with botulinum toxin: case report and review. *J Adv Med Dent Scie Res.* 2014;2(3):137-41.
30. Espinoza-Barco K, Ríos-Villasis K, Liñán-Durán C. Influence of buccal corridor and gingival display in the perception esthetic of the smile. *Rev Estomatol Hered.* 2015;25(2):133-44.
31. Taki AA, Khalesi M, Shagmani M, Yahia I, Kaddah FA. Perceptions of altered smile esthetics: a comparative evaluation in orthodontists, dentists, and laypersons. *Int J Dent.* 2016;2016:1-11.
32. Ahmad I. Anterior dental aesthetics: Gingival perspective. *Br Dent J.* 2005;199(4):195-202.
33. Cunliffe J, Pretty I. Patients' ranking of interdental" black triangles" against other common aesthetic problems. *Eur J Prosthodont Restor Dent.* 2009;17(4):177-81.
34. Al-Zarea BK, Sghaireen MG, Alomari WM, Bheran H, Taher I. Black triangles causes and management: A review of literature. *Br J Appl Sci Technol.* 2015;6(1):1.