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Sex-specific cervical vertebral growth in height & depth: A study using computed tomography

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I. OBJECTIVE:

1. Identify the growth trend and type of cervical vertebral body heights and depths during the first two decades of life. 2. Identify if there are sex differences in cervical vertebral growth.

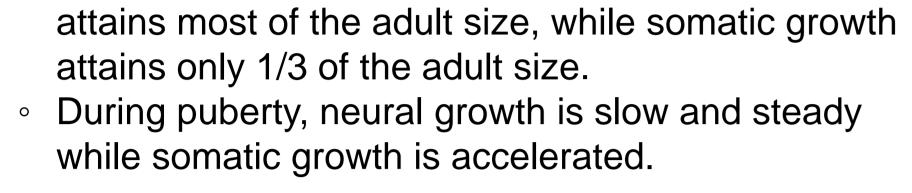
II. INTRODUCTION:

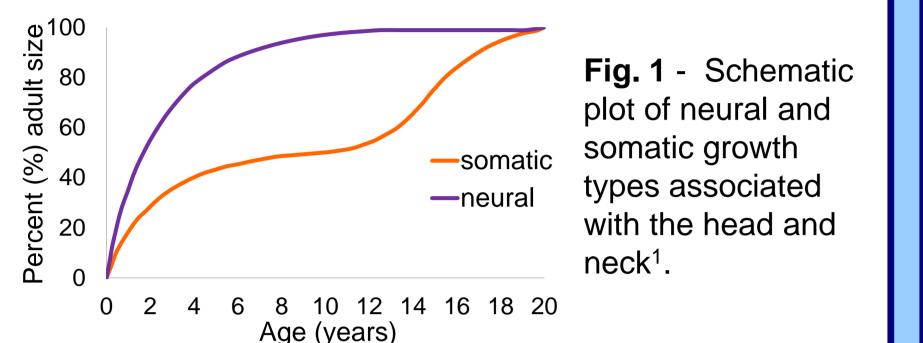
- The neck has a complex growth pattern. Scammon¹ noted its growth to follow both the general/somatic and neural growth types. As seen in Figure 1: Both growth types are accelerated during early childhood, however, by age 6 years neural growth
- V. RESULTS: Height & Depth Height Depth **C2** Male & Female Male & Female Female 0 2 4 6 8 10 12 14 16 18 20 Age (years) 6 8 10 12 14 16 18 20 Age (years) Age (years) Age (years) **C**3

VI. DISCUSSION:

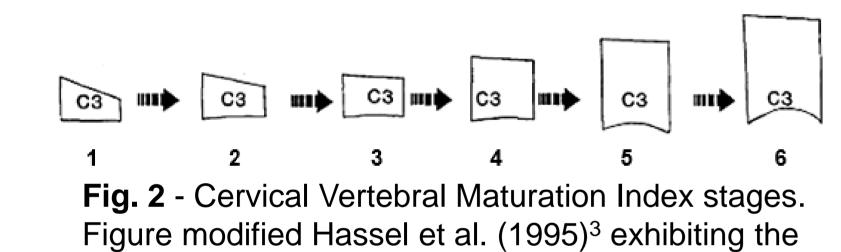
This study quantified sex-specific growth of the cervical vertebral bodies in height and depth during the first two decades of life. Findings reveal that:

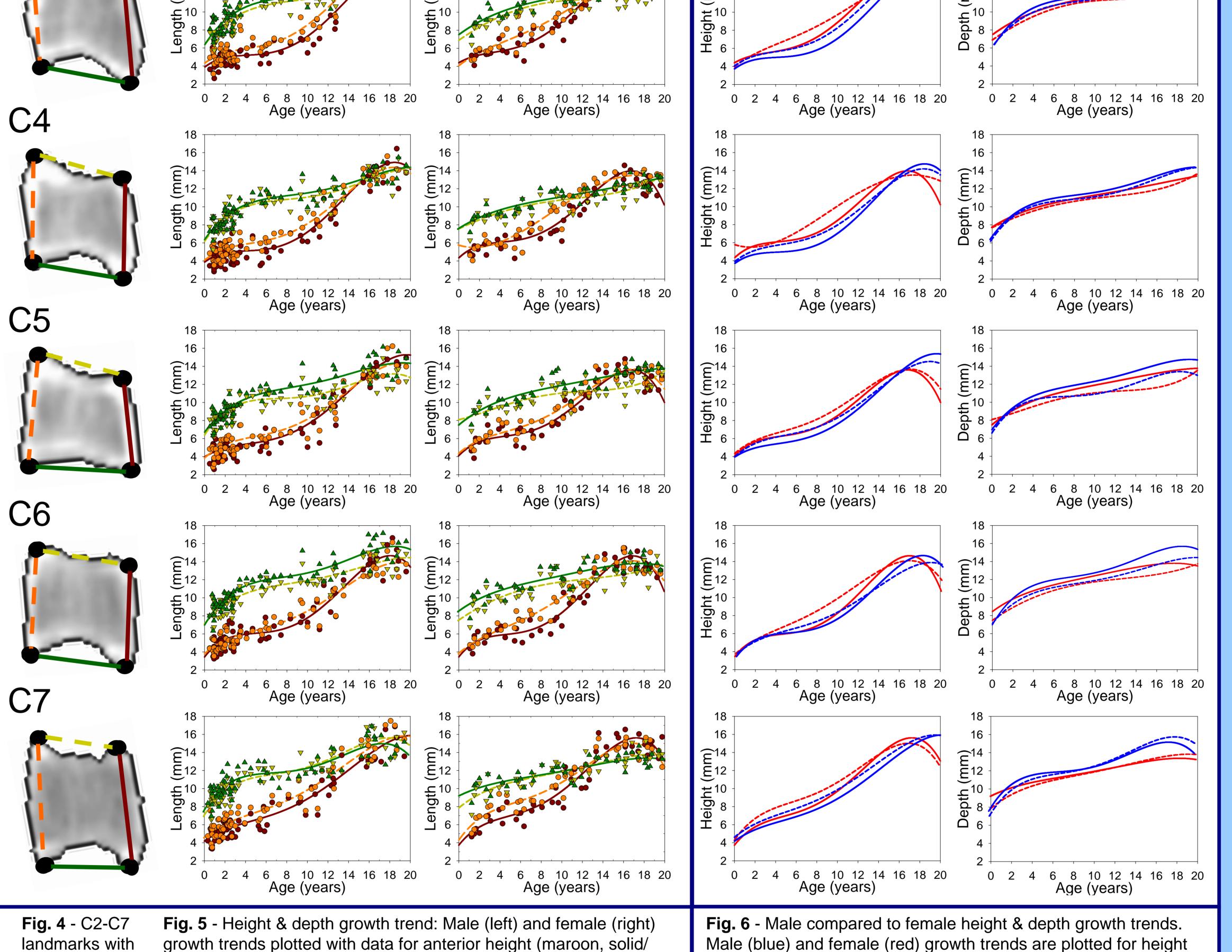
- In general, the growth type is related to the plane of growth. Specifically, growth in the vertical plane follows a somatic growth type while growth in the horizontal plane follows a neural growth type⁸.
- The accelerated growth in height during puberty based on previous studies revealed an increase in height of an average of 6 mm^{11,12}. This study found similar results for the anterior cervical vertebral body heights (female=6.5mm, male=6.2mm). However, the posterior height increased by an average of 5 mm (female=4.9 mm, male=5.5). Depth growth trends for all cervical vertebrae had neural growth where the majority of the growth is achieved (about 75%) by early childhood.





- Cervical Vertebral Maturation Index (CVMI)^{2,3} is an important method to qualitatively assess the morphological changes in the cervical vertebral body to determine skeletal maturation and when surgical intervention/treatment should occur in modern populations, as well as assess age-at-death in past populations⁴.
- The six CVMI stages of morphological changes of C2-C6 during puberty^{2,3} are depicted in Figure 2.





- The height and depth findings in this study quantify the six stages of CVMI changes in shape.
- Heights have accelerated growth during the period associated with CVMI, whereas depths have attained most of the adult size before the CVMI stages. Therefore, shape changes of CVMI are likely due to growth in height rather than depth.
- The slow and steady growth in depth suggest the changes in the inferior border of cervical vertebral bodies during CVMI stages 3-6 occur more due to concavity than growth in depth.
- Sexual dimorphism is present in height and depth growth trends even though both males and females follow a somatic growth type in height and neural growth type in depth.
- As seen in Figure 5, the intersection of the height and depth growth trends reflect equivalent lengths and imply a square shape.
- This intersection occurs at around 13 15 years in females, supporting Altan et al. (2011)¹² quantitative findings and Lamparski¹³ CVMI stage association with chronological age, while occurring in males around 16 – 18 years. The difference in age between the sexes when height and depth intersect, suggests females progress through the CVMI stages earlier than males⁶.

- six stages of morphological changes occurring in C3 associated with the pubertal growth spurt.
- CVMI has been found to have poor reproducibility⁵ given the qualitative nature of this method. Sexual dimorphism in size and shape of cervical vertebral bodies is present during growth⁶ as well as in adulthood⁷, however CVMI does not account for it⁶.

III. MATERIALS:

- **Subject** 115 medical CT studies (70 males, 45 females) from modern typically developing individuals between the ages of 6 months to 20 years.
- Image and data acquisition Retrospective medical imaging studies were acquired and data collected as specified in Miller et al. (2019)⁶, Vorperian et al. (2009⁸ and 2011⁹).

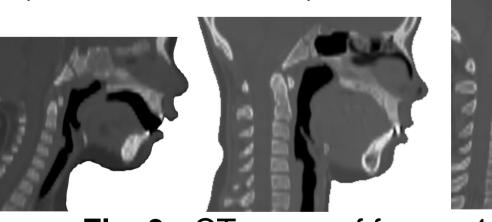


Fig. 3 - CT scans of from a 1 year old, 9 year old, 13 year old and 19 year old sequentially.



Male (blue) and female (red) growth trends are plotted for height (left; superior-dashed and inferior solid) and depth (right; posterior dashed and anterior solid).

Sex

Male

Male

Female

Male

Female

Male

Depth

C3S

C4S

C5S

C6S

Somatic Neural

(%)

16

27

25

25

(%)

84

93

73

99

75

100

75

Growth

Туре

Neural

Neural

Neural

Neural

Neural

Neural

Neural

- As seen in Figure 6, larger depths in males at all ages support previous research findings of sex differences in shape⁶.
- The poor reproducibility and reliability of CVMI is likely due to sexual dimorphism as evidenced by timing differences in growth/maturation between males and females as seen as Figure 5, and sex differences in height and depth as seen in Figure 6.

VII. CONCLUSION:

- Cervical vertebral body (C3-C7) growth in height and depth follow different growth types, somatic and neural respectively. C2 growth in height and depth are both neural.
- Sex differences are present as evidenced by differences in age of maturation with females maturing sooner than males; also, the cervical vertebrae depth is greater in males than females

Growth Types:

 Height follows somatic growth type with the exception of C2 while depth follows neural growth type. See Table 1 and Figure 5.

circle), posterior height (orange, dashed/circle), inferior depth (dark

green, solid/triangle) and superior depth (light green, dashed/triangle)

Anterior

Height

C2A

C3A

C4A

C5A

Sex

Male

Female

Male

Female

Male

Female

Male

Growth Trends:

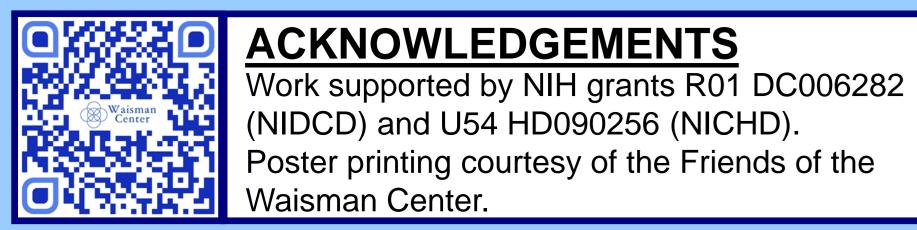
height & depth

measurements

- The posterior height is larger than the anterior height until puberty when they become equal in size. See Figure 6, height panel. • The inferior depth is always larger than the superior depth with the exception of C7 between 8-10 years when the depths are equal. See Figure 6, depth panel
- Landmark-based measurements were calculated from 23 landmarks placed in the midsagittal plane of each cervical vertebra⁶. See first panel, Figure 4. • Using the 23 landmarks the 3D Euclidean distance was calculated for each cervical vertebral body in anterior height, posterior height, superior depth, and inferior depth.

Statistical Analysis

- The height and depth measures were plotted as a function of age for each variable with sex-specific 4th degree polynomial fits.
- Growth type percentages of neural and somatic growth were quantitatively assessed using the composite growth model by Wang et al. $(2013)^{10}$.



- **Sex Differences:**
- Height in females is larger than in males until around age 16 where females reach maturity but males continue to grow and become larger than females.
- Males have more depth than females at all ages.
- Table 1: Percentages of somatic versus neural growth: Anterior height (upper left), posterior height (lower left), superior depth (upper right), and inferior depth (lower right) percentages of somatic versus neural growth were calculated. Growth type was designated when the percentage was > 60% otherwise denoted as somatic/neural.

COA	Female	93	7	Somatic	605	Female	1	99	Neural
C6A	Male	100	0	Somatic	C7S	Molo	48	52	Somatic/
	Female	92	8	Somatic		Male			Neural
C7A	Male	100	0	Somatic		Female	20	80	Neural
	Female	98	2	Somatic					
Posterior Height	Sex	Somatic (%)	Neural (%)	Growth Type	Inferior Depth	Sex	Somatic (%)	Neural (%)	Growth Type
C2P	Male	6	94	Neural	C2I	Male	8	92	Neural
	Female	17	83	Neural		Female	4	96	Neural
C3P	Male	99	1	Somatic	C3I	Male	11	89	Neural
	Female	99	1	Somatic		Female	4	96	Neural
C4P	Male	100	0	Somatic	C4I	Male	17	83	Neural
	Female	98	2	Somatic		Female	11	89	Neural
C5P	Male	100	0	Somatic	C5I	Male	19	81	Neural
	Female	99	1	Somatic		Female	4	96	Neural
C6P	Male	98	2	Somatic	C6I	Male	21	79	Neural
	Female	100	0	Somatic		Female	19	81	Neural
C7P	Male	98	2	Somatic	C7I	Male	30	70	Neural
	Female	100	0	Somatic		Female	64	36	Somatic

Somatic Neural Growth Superior

Туре

Neural

Neural

Somatic

Somatic

Somatic

Somatic

Somatic

(%)

93

68

3

6

3

9

(%)

32

97

94

97

91

99

at all ages.

Based on the strong evidence of sexual dimorphism, reassessment of the CVMI stages accounting for sex differences is needed to improve determination of skeletal maturation and better serve for clinical guidance.

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