Virtual Incision Pattern Planning using Three-Dimensional Images for Optimization of Syndactyly Surgery

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INTRODUCTION

Three-dimensional (3D) stereophotogrammetry imaging was recently introduced into the hand surgery field.1,2 The advantages of this technique are its lack of radiation, cost-effectiveness, and good patient tolerance. It allows for accurate, immediately available 3D soft-tissue hand images.

To demonstrate its usefulness in clinical practice, we used 3D hand images during the preoperative planning process of a desyndactylization procedure. Syndactyly is a congenital abnormality, in which the fingers are fused. Preoperative evaluation of the soft and bony tissue elements in the syndactylized hand is necessary in every patient and done using conventional radiology images and computed tomography (CT) scan images.3 Hynes et al.3 found that CT angiographically guided release of adjacent webspaces benefits the patient. However, CT imaging has numerous disadvantages, like radiation, costs, and need for anesthesia when used for children.4,5 Until now, no harmless imaging technique exists that evaluates the soft tissues in a 3D method. The goal of this study was to implement the use of this technique in hand surgery, by designing a virtual planning tool for a desyndactylization procedure based on 3D hand images. A 3D image of a silicon syndactyly model was made on which the incision pattern was virtually designed. A surgical template of this pattern was printed, placed onto the silicon model and delineated. The accuracy of the transfer from the virtual delineation toward the real delineation was calculated, resulting in a mean difference of 0.82 mm. This first step indicates that by using 3D images, a virtual incision pattern can be created and transferred back onto the patient successfully in an easy and accurate way by using a template. Thereafter, 3D hand images of 3 syndactyly patients were made, and individual virtual incision patterns were created. Each pattern was transferred onto the patient by using a 3D printed template. The resulting incision pattern needed minor modifications by the surgeon before the surgery was performed. Further research and validation are necessary to develop the virtual planning of desyndactylization procedures. (Plast Reconstr Surg Glob Open 2018;6:e1694; doi: 10.1097/GOX.0000000000001694; Published online 12 March 2018.)
hand. This was used as a reference to create a silicon syndactyly model, and a new 3D image of this model was created. All images were obtained with the 3dMD cranial system (3dMD cranial system, Atlanta, Ga.), which consists of 5 pods with a total of 15 cameras. The obtained 3D image was loaded into 3ds Max 2016 (Autodesk Inc, San Rafael, Calif.). Thereafter, the incision pattern was virtually planned on the dorsal side by an experienced hand surgeon (T.W.) in 3ds Max (Fig. 1). Using a transparent filter setting of the model, the surgeon was able to plan the palmar side using the dorsal side as a reference (Fig. 2). To transfer the virtual planning to the silicon model, a patient-specific surgical template was designed and printed using the Laser-Sinter-System EOS P 396 3D printer (Oceanz, Ede, Netherlands). This template could then be placed exactly onto the silicon syndactyly model (Fig. 3), after which the planning could be marked with a marker pen. To evaluate the transfer of the virtual planning onto the model, another 3D image of this model with the markings was obtained. This image was loaded into Maxilim (Medicim, Leuven, Belgium) and matched with the virtual planning using an Iterative Closest Point algorithm. Thereafter, landmarks were placed at the corners of the virtually planned and real delineation to calculate the accuracy. Next, 3D images of 3 patients (2 male, 1 female, average age, 3.2 years) were obtained, and a virtual incision pattern was planned by the surgeon (T.W.). This planning was transferred onto the patient preoperatively. Postoperatively, the experiences of the surgeon using this template were obtained.

**RESULTS**

The virtual planning process was simple to perform, because the model could be viewed from any possible an-

**Fig. 1.** Drawing of incision pattern on a 3D image. This figure shows the virtually planned incision pattern, drawn on the dorsal side of a 3D image of a syndactyly model in 3ds Max.

**Fig. 2.** Drawing of palmar incision pattern on 3D transparent image. The 3D image was made transparent as shown in this figure. By using this transparent model, the surgeon was able to plan the palmar side with reference of the dorsal side.

**Fig. 3.** Template fitted to the silicon syndactyly model. The custom-made template was placed onto a silicon syndactyly model. Thereafter, the planning could be marked with a marker pen.
The computer program for future delineations. The ex-

ordinarily used. This was corrected preoperatively, and in

plate, resulting in broader markings on the patient than

ning, minor modifications were necessary due to the

avoided, leading to less scarring.

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