

3D Semi-Landmarks-Based Statistical Face Reconstruction

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The aim of craniofacial reconstruction is to estimate the shape of a face from the shape of the skull. Few works in machine-assisted facial reconstruction have been conducted so far, probably due to technical (poor machine performance and data availability) and theoretical (complexity) reasons. Therefore, the main works in the literature consist in manual reconstructions. In this paper, an original approach is first proposed to build a 3D statistical model of the skull/face set from 3D CT scans. Then, a reconstruction method is introduced in order to estimate, from this statistical model, the 3D facial shape of one subject from known skull data.

Keywords: facial reconstruction, statistical model, elastic registration, missing data reconstruction.

1. Introduction

Craniofacial reconstruction is usually considered when confronted with an unrecognisable corpse and when no other identification evidence is available. In such cases, the skeletal remains are the only available information for creating a picture of that person. The aim of craniofacial reconstruction is then to produce a likeness of the face using the skeletalized remains. This reconstruction may hopefully provide a route to a positive identification.

Several 3D manual methods for facial reconstruction have been developed up to now and are currently used in practice. They consist of modeling a face on the remaining skull by use of clay and plasticine. However, manual reconstruction methods have several fundamental shortcomings, such as being highly subjective, time-consuming and requiring artistic talent. Computer-based methods have been developed to try to complement or even provide an answer to these shortcomings.

Some current machine-aided techniques fit a template skin surface to a set of interactively placed virtual dowels on a 3D digitised model of the remaining skull [1] — [5]. Other works propose to deform a reference skull in order to match the remaining skull, thanks to crest lines (lines of maximal local curvature) [6], control data sets [7] or feature points [8]. Then they apply an extrapolation of the calculated skull deformation to the template skin surface associated to the reference skull. For both techniques, the template skin or reference skull can either be a generic surface or a specific best look-alike according to the skull. However, the facial reconstruction is biased by the choice of the reference skull and the template skin. Recent works using multiple reference skulls [9], or a combined statistical deformable model of facial surfaces and tissue thickness [10], both addressed the facial reconstruction problem and discussed these biases.

Several works have addressed the problem of construction of statistical models. Input data are first registered in a common reference system by minimization of a cost function. Then, the model, often based on PCA, is computed. The cost function can be modeled on voxel intensities, [11], voxel labels [12], manual landmarks [13], features [14], or nearest points [15] in 2D images or 3D density maps. In craniofacial reconstruction, two objects, the skull and the skin, have to be registered. It is of utmost importance that the registration method does not modify the relationship between these objects. Most methods based on voxel intensities use

an implicit model of elastic deformation in the cost function, which can bias the relationship between skin and skull objects in the registered image. Other methods often use meshes to represent surfaces in 3D. The meshes must have the same connectivity (same number of vertices and same relationships among them) to build a statistical model. This is achieved by a parameterisation of the object [16], by an optimisation of the resulting statistical model [17], or by constructing template references [18]. In [12], the authors decimate the meshes to reduce the influence of noise and the processing time. Our model is closely related to these last methods [17, 18] and also follows tracks from [20] where the model is built from labelled images.

In this paper, a method to build a joint statistical 3D model of the skull and face is presented. This model is then used to reconstruct a face from available skull data. The idea is similar to [6-8], but uses a statistical shape model of both the skull and the face for the reconstruction task, instead of a sole extrapolation of the deformation field. A 3D-to-3D matching procedure propagates pseudo-landmarks from reference surfaces to the various surfaces of the skull and face of our database. Therefore, when applied to several individuals, a statistical model of the cross-variability of the skull and the face is built. The reconstruction of the face is then solved using the direct statistical relationship between skin and skull surface shapes given by the model. Face reconstruction can therefore be seen as a missing data problem.

This paper is organized as follows. Section 2 describes the elaboration of the normalized skull and face geometries obtained by a 3D-to-3D matching procedure. Section 3 presents the statistical model built upon the normalized faces and skulls. Finally, section 4 introduces the facial reconstruction method and presents results. Some open research lines for further improvements are also presented.

2. Skull and Face Database

2.1. Method

An entry (i.e. a sample) in our database consists of a skull surface coupled with a skin surface. For facial reconstruction, only the skull surface

is known. These surfaces are represented by 3D meshes (vertices and triangles). In order to construct the statistical model, each skull or skin shape must share the same mesh connectivity. This particular connectivity arises from a subject-shared reference mesh (also denoted as generic mesh in the following). For each individual in our database, original meshes are reconstructed from CT data of the subject (Figure 1). Each of these subject meshes has its own connectivity. The main problem is then to establish correspondences between the different meshes of the training set, so as to match the anatomically equivalent features. Each of these subject meshes needs to be registered in the subject-shared reference system. Like Fleute et al. [21] correspondence is established by elastic registration of template shapes (mandible, skull and face) with all the subject shapes (Figure 2). Joint propagation of mesh connectivity and geometry is performed from the generic mesh to match the subject shapes. The triangles for a region of the skull or the face are therefore supposed to be the same for all samples, while the variability of the position of the vertices will reflect the anatomical characteristics of each sample. These vertices can be considered as semi-

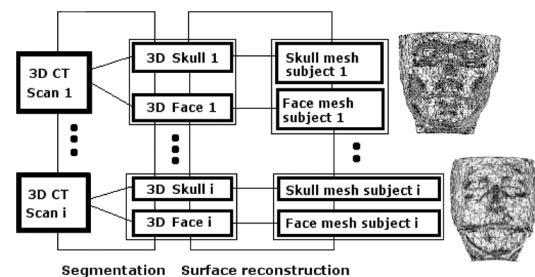


Fig. 1. Generation of the subject meshes.

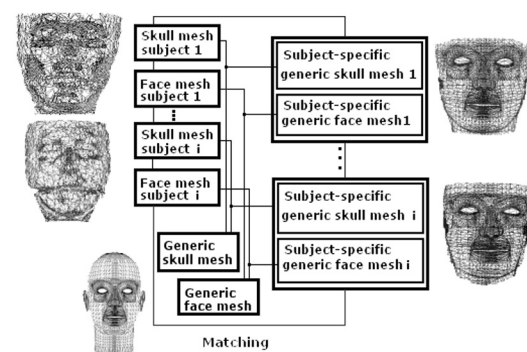


Fig. 2. Generation of the subject-specific generic meshes.

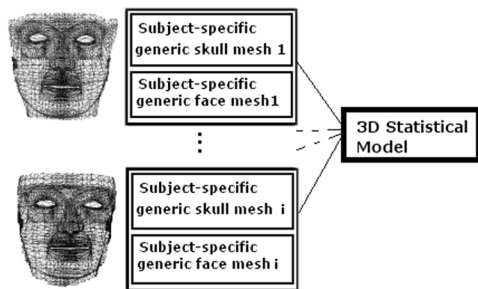


Fig. 3. Building the statistical model from the subject-specific generic meshes.

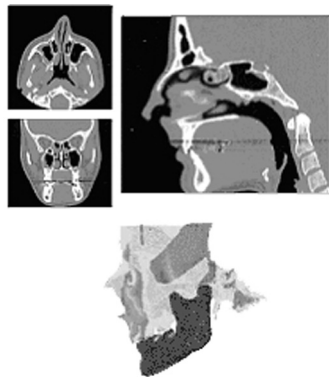


Fig. 4. (Top) 3D raw scan data (only axial slices were collected; midsagittal and coronal have been reconstructed here by image processing), (Bottom) subject-specific mesh reconstructed using the marching cube algorithm [23].

landmarks (or pseudo-landmarks), i.e. points that do not have names, but that match across all the samples of a data set under a reasonable model of deformation [22]. As each skull or skin shape (also denoted as subject-specific generic meshes) shares the same mesh connectivity, a statistical model can be built (Figure 3).

2.2. Generation of Subject Meshes

Axial CT slices (see Figure 4) were collected for the partial skulls and faces of 15 subjects (helical scan with a 1-mm pitch and slices reconstructed every 0.31 mm or 0.48 mm). Since these data were collected during regular medical exams, excitation of the brain volume was avoided if not necessary. So nearly all the skulls are partially scanned, and only two complete skull and face volume data were available. Bones and skin image volumes are first separated using intensity thresholding and morpho-

logical operators. Face volumes are then filled up, with metal artefacts, if any, being manually removed. The mandible and the skull have to be separated during the segmentation process because the subjects have different mandible apertures. Skull and mandible are semi-manually separated using seed-growing regions. At the end of the segmentation process, three binary volumes are obtained. The subject meshes are reconstructed for each volume (face, skull, mandible) using a standard Marching Cube algorithm [23] and a smooth decimation algorithm is applied to the resulting meshes. Each subject shapes are now described with a different connectivity. Moreover, undesired holes (such as the orbita wall, foramina, etc.) are still present in the subject meshes.

2.3. Subject-specific Generic Meshes Generation

Subject-specific generic (SSG) meshes are obtained by matching the subject meshes with generic meshes. Generic meshes (see Figure 5) have been taken from the Visible Woman Project [24] (skull, 3473 verts, and mandible, 1100 verts) and from [25] (face, 5828 verts). These meshes have been semi-manually obtained by their respective authors. The vertices of these meshes are located on crest lines and in [26] they are regularly distributed following facial animation needs. Moreover each of these generic meshes has no undesired holes.

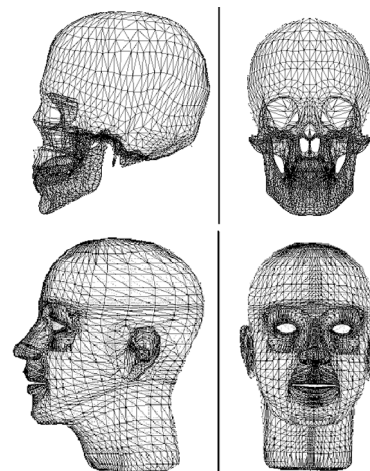


Fig. 5. Skull mesh from [24] (Top) and face mesh from [25] used as generic meshes (Bottom)

The matching procedure we use is the same as described in [26]: the elastic registration of the generic meshes to the subject meshes uses the matching algorithm proposed by Lavallée et al. [27] with a minimisation of the distances between the two shapes. It basically consists of the deformation of the initial 3D space by several trilinear transformations. These transformations are applied to all vertices of elementary cubes of the generic mesh towards the subject mesh. The problem of matching symmetry [12,19] is encountered, due to the vertices density dissimilarity between the subject and generic meshes. Indeed, the number of vertices is 30 to 70 times larger in the subject meshes than in the subject-specific meshes. Therefore, a symmetrized minimization function is used [28].

The distance computed for the quantitative analysis of the SSG and subject meshes is a point-to-surface distance from the subject-specific generic meshes to the subject meshes.

Maximal matching errors between the SSG mandible meshes and the subject mandible meshes are located on the teeth and on the coronoid process. The mean distance can be considered as the registration noise, partly due to the density dissimilarity (see Table 1.). Teeth will not be part of our model, due to the frequent metal artefacts in CT scans.

Distances (mm)	mean	Max
Mandible	2	8
Skull	4	36
Face	1	5

Table 1. Distance between the subject (subject CT data reconstructed through Marching Cube) and SSG meshes.

Subject skull meshes are registered on the corresponding parts of the generic skull mesh, as most of the skulls were partially scanned. The maximal matching errors in the resulting SSG skull meshes are located in the spikes beneath the skull, where the individual variability and the surface noise are large due to segmentation errors. Only the minimum common subset of shapes will be used to build the statistical model (Figure 6).

Finally, SSG face meshes are obtained using the same procedure. In this case, the maximal matching errors between SSG and subject

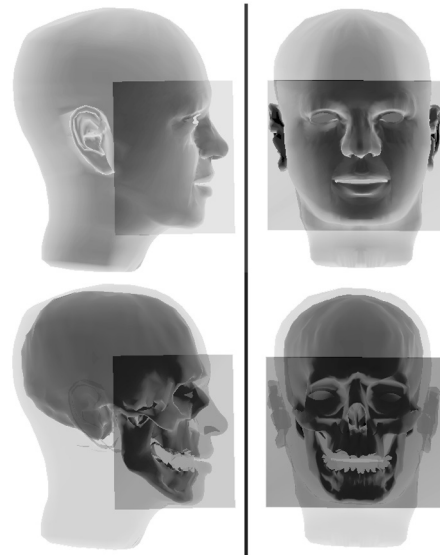


Fig. 6. Minimum common subset of shapes used to build the statistical shape model.

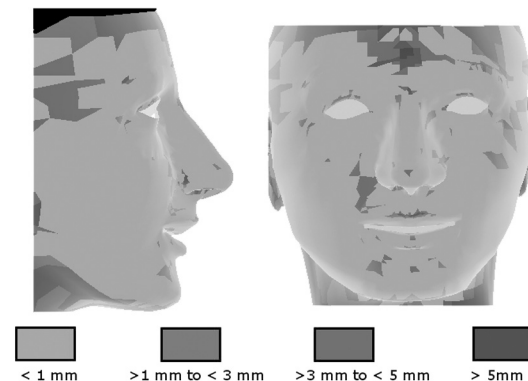


Fig. 7. Each vertex of the SSG meshes is considered as being at the same location reflecting thus the inter-individual variations of shape.

meshes are located around the eyes, that are part of the original data, but not part of the generic mesh (see Figure 7 for a distance map between a SSG mesh and a subject mesh). Again, only the minimum common subset of shapes will be used to build the statistical model. Figure 8 shows the 15 normalized shapes of the common subset of the face database.

The 15 subjects are now registered in a common shape space. These subset meshes have 3780 face vertices and 2900 skull vertices.



Fig. 8. The 15 face subsets forming the database.

3. Statistical Modelling

3.1. Building the Statistical Model

Each vertex of the SSG mesh is supposed to be a semi-landmark of the 3D surfaces — see Figure 9 — reflecting thus the inter-individual variations of shape. The statistical model is based on this assumption and is computed on the minimum common subset of the original data. The 15 matched skulls and faces are first fitted on the mean configuration of the skull using Procrustes normalization [29]. Seven degrees of freedom due to initial location and scale are retrieved by this fit (three due to translation along the axes, three due to rotations, one for scale adjustment). As the fitting is based on mean skull configuration, the relationships between each face and skull are conserved. A statistical model of the subset of skulls and faces is then built using Principal Component Analysis (PCA). The result of the PCA is a geometrically averaged skull and face template, which is computed together with a correlation-ranked

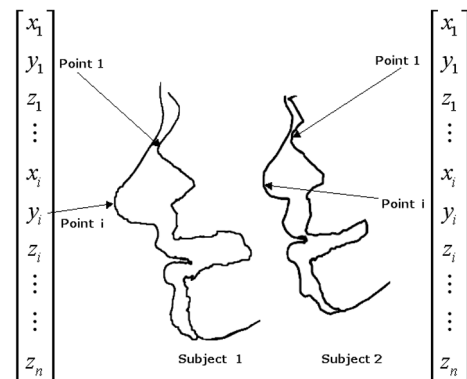


Fig. 9. Each vertex of the SSG meshes is considered as being at the same location reflecting thus the inter-individual variations of shape.

set of modes of principal variations based on inter-subjects variations.

Let $\{T_i; i = 1 \dots l\}$ denote l shapes ($l=15$). Each shape $T_i = (x_{i1}, y_{i1}, z_{i1}, \dots, y_{in+m}, z_{in+m}) \in \mathcal{R}^{3(n+m)}$

consists of the 6680 vertices ($n=2900$ skull verts., $m=3780$ face verts.) of the subset of meshes. Using PCA, we can write :

$$T = \tilde{T} + \Phi b \quad (1)$$

where \tilde{T} is the average shape vector, Φ is a matrix whose columns are the eigenvectors of the covariance matrix S of the centered data and b is the shape parameter vector of the model. If Φ contains the $t < \min\{l, 3(m+n)\}$ eigenvectors corresponding to the largest nonzero eigenvalues of S , we can approximate any shape of the training set using (1), where $\Phi = (\phi_1 | \dots | \phi_t)$ and b is a t -dimensional vector given by $b = \Phi^t (T_i - \bar{T})$. Any points of the training set can be represented or retrieved with the t values of the vector b by $T \approx \tilde{T} + \Phi b$.

By varying the parameters b , different instances of the skull and face can be generated. Assuming that the cloud of the meshes vertices follows a multidimensional Gaussian distribution and that shape parameters lie within the statistical boundaries of the model, the skulls and faces generated by varying the shape parameters are similar to those contained in the training set, resulting in new synthetic but plausible skulls and faces.

3.2. Results

In our case, with 15 subjects, a total of 13 variations modes can be computed, since a leave-one-out approach is used to test the generalization of the modeling procedure. Only the first eight modes of variations (see Table 2) are significant in terms of represented variance.

Mode number	1	2	3	4	5	6	7	8
Cumulative variance	36	51	64	73	79	84	88	91

Table 2. Percentage of cumulative variance explained for each part of the model (face, skull) for the first 6 modes.

The accuracy of this model is tested by reconstruction: for a given mesh, variation modes (b) are computed by minimization of the distance between the true real mesh (T) and the reconstructed mesh ($\tilde{T} + \Phi b$). The mean reconstruction errors (Figure 10) for the last three modes are below the millimeter for samples of the learning database. So the reconstruction is quite accurate with samples in the learning database. Reconstruction error for a test sample i.e. a sample which is not in the learning database, is around 3.85 mm for the skull and 3.25 mm for the face using the first four modes. The skull reconstruction is mostly determined by the first variation, as the reconstruction error is then around 4.2 mm. These two results

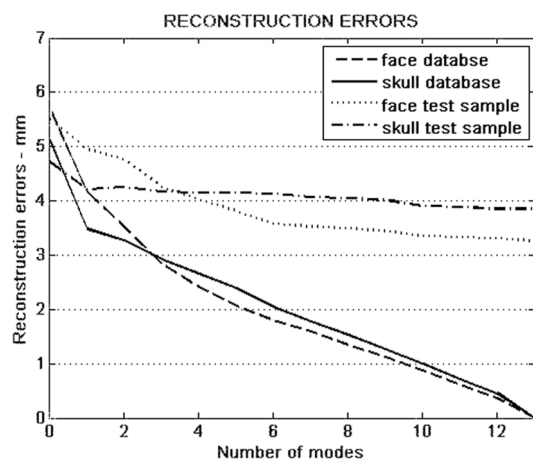


Fig. 10. Mean reconstruction errors of the skull and face using an increasing number of modes.

demonstrate that this method seems promising, but that the number of samples in the learning database is too small.

Except for the first variation mode, the principal variations of the shape explained by the model are a little more descriptive of the variation of the face shape than those of the skull shape. This can be linked to the greater number of vertices belonging to the face (3780) than to the skull (2900) (Table 3).

Mode number/ Cumulative variance	1	2	3	4	5	6
face	36	50	64	75	82	86
skull	39	48	59	66	72	79

Table 3. Variations of the skull shape according to the first 3 modes for parameters varying between +3 and -3 times the standard deviation.

Figures 11 and 12 present the variations of the skull and face shape according to the first modes for parameters varying between +3 and -3

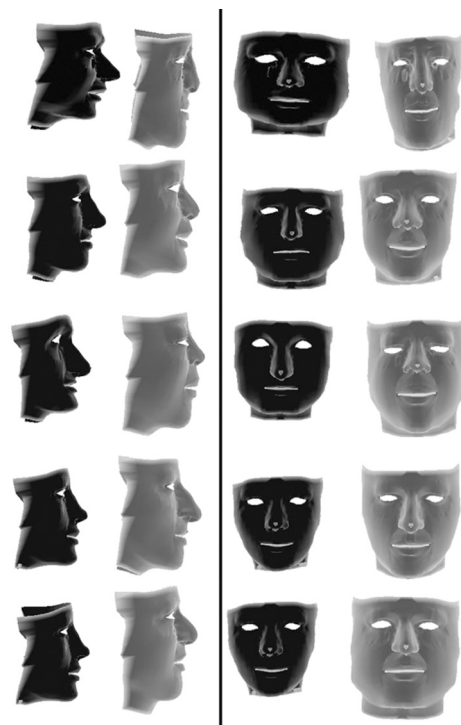


Fig. 11. Variations of the face shape according to the first 5 modes for parameters varying between +3 and -3 times the standard deviation.

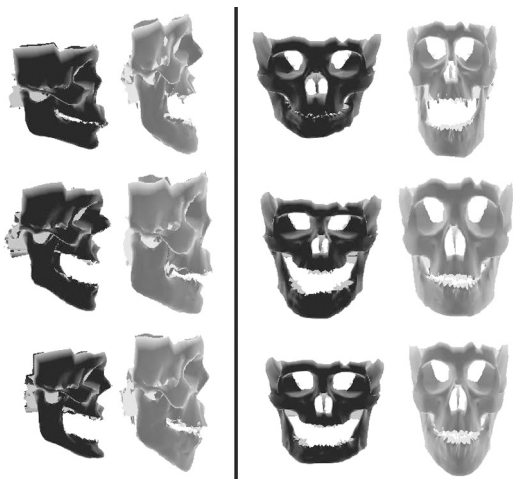


Fig. 12. Variations of the skull shape according to the first 3 modes for parameters varying between +3 and -3 times the standard deviation.

times the standard deviation. The first parameter influences variations of the face and skull width, while the second parameter models the face and skull height. The third parameter acts upon the shape of the nose, as well as the ratio between the upper and the lower parts of the face. Parameter four influences the shape of the nose and parameter five is linked to the shape of the jaw. The first five modes of variations represent 73 percent of the cumulative variance (Table 2). As the mandible position is different for each subject, each mode of variation models also the jaw aperture (Figure 12).

4. Statistical Reconstruction

4.1. Missing Data Extension

The linear PCA model can be extended in an elegant way in order to take into account spatial relations between landmarks and to estimate an unknown part of a partially visible or occluded model [30].

$$\begin{bmatrix} C_1 \\ \vdots \\ C_n \\ X_1 \\ \vdots \\ X_m \end{bmatrix} = \begin{bmatrix} \bar{C}_1 \\ \vdots \\ \bar{C}_n \\ \bar{X}_1 \\ \vdots \\ \bar{X}_m \end{bmatrix} + \begin{bmatrix} \Phi_{1,1} & \cdots & \Phi_{1,n+m} \\ \vdots & \ddots & \vdots \\ \Phi_{n+m,1} & \cdots & \Phi_{n+m,n+m} \end{bmatrix} \begin{bmatrix} b_1 \\ \vdots \\ b_n \\ b_{n+1} \\ \vdots \\ b_t \end{bmatrix}$$

Under this hypothesis, if some points (says n points) are known, the remaining unknown points (says m points) are determined using PCA. The shape parameter vector b (of dimension $t = n + m$) will also be determined. Without any approximations, we can write the unknown vector $(b_1, \dots, b_t, X_1, \dots, X_m)$ in the following system:

$$\begin{bmatrix} C \\ 0 \end{bmatrix} = \begin{bmatrix} \Phi_C & 0 \\ \Phi_X & -Id \end{bmatrix} \begin{bmatrix} b \\ X \end{bmatrix} \text{ or } T = MZ$$

where $\Phi_C = \begin{bmatrix} \Phi_{1,1} & \cdots & \Phi_{1,t} \\ \vdots & \ddots & \vdots \\ \Phi_{n,1} & \cdots & \Phi_{n,t} \end{bmatrix}$

and $\Phi_X = \begin{bmatrix} \Phi_{n+1,1} & \cdots & \Phi_{n+1,t} \\ \vdots & \ddots & \vdots \\ \Phi_{n+m,1} & \cdots & \Phi_{n+m,t} \end{bmatrix}$ (2)

This is a linear system with $n + m$ equations and $n + 2m$ unknowns that cannot be resolved. Since PCA can represent the dataset with $t < n+m$ values, if we suppose $t = n$, the system has a direct solution. Notice that if we choose $t < n$, the system becomes overdetermined and a least square method can be used to resolve the system:

$$\min \left\| \begin{bmatrix} C \\ 0 \end{bmatrix} - \begin{bmatrix} \Phi_C & 0 \\ \Phi_X & -Id \end{bmatrix} \begin{bmatrix} b \\ X \end{bmatrix} \right\|^2 \quad (3)$$

The cost function is:

$$J(b, X) = \begin{bmatrix} C - \Phi_C * b & -X + \Phi_X * b \end{bmatrix} \begin{bmatrix} C - \Phi_C * b \\ -X + \Phi_X * b \end{bmatrix} \quad (4)$$

In matricial form, J can be rewritten as :

$$\begin{aligned} J(Z) &= J(b, X) = \|T - M * Z\|^2 \\ &= (T'T - T'MZ - Z'M'Y + Z'M'MZ) \quad (5) \\ &= (T'T - 2T'MZ + Z'M'MZ) \end{aligned}$$

As the matrix $[\Phi_C \ \Phi_X]'$ is an orthonormal basis, $M'M$ takes the following form and the cost function becomes:

$$\begin{aligned} M'M &= \begin{bmatrix} \Phi_C' & \Phi_X' \\ 0 & -Id \end{bmatrix} \begin{bmatrix} \Phi_C & 0 \\ \Phi_X & -Id \end{bmatrix} \\ &= \begin{bmatrix} Id & -\Phi_X' \\ -\Phi_X & Id \end{bmatrix} \\ J(b, X) &= C'C - 2b'\Phi_C'C + X'X - 2b'\Phi_X'X + b'b \quad (6) \end{aligned}$$

The derivatives with respect to X and b are null:

$$\frac{\partial J(b, X)}{\partial b} = -2\Phi'_C C + 2b - 2\Phi'_X X = 0 \quad (7)$$

$$b = \Phi'_C C + \Phi'_X X$$

$$\frac{\partial J(b, X)}{\partial X} = -2\Phi_X b + 2X = 0 \quad (8)$$

$$X = \Phi_X b$$

Reporting (6) in (5), the solution is :

$$b = (Id - \Phi'_X \Phi_X)^{-1} \Phi'_C C \quad (9)$$

$$X = \Phi_X (Id - \Phi'_X \Phi_X)^{-1} \Phi'_C C$$

Note that $(Id - \Phi'_X \Phi_X)$ is always invertible, since it is a symmetric positive defined matrix.

In this framework, a linear approximation of spatial relations between known and unknown points is explicitly determined from the eigenvectors of the covariance matrix. The determination of the unknown points is, in fact, the determination of the shape parameters given the known points (8). The determination of the shape parameters can be linked to the influence of each part on each shape parameter, described by Φ_C and Φ_X . As Φ_C and Φ_X depend only on the training set, new models must be built to act upon Φ_C and Φ_X . One way is to build a new model with a larger (or smaller) training set. Another way is to change the ratio between each part.

4.2. Results: Synthetic Data

A synthetic skull and face database is first built using one of the original individuals and a set of elastic transformations defined as an octree. Random transformations of the cube enclosing the two meshes were provided, thus transforming the two meshes. Five parameters are used to deform the meshes: three scaling parameters, and variations of the center of the X face and of the central axis of the cube (Z direction). Of course, these variations do not simulate the reality of the skulls and faces variability. However, it is a way to artificially verify the missing data formulation and the semi-landmark hypothesis.

Using the extension of the linear PCA defined above, the face of a synthetic subject can be reconstructed from his skull and from the statistical model built using synthetic data. The known

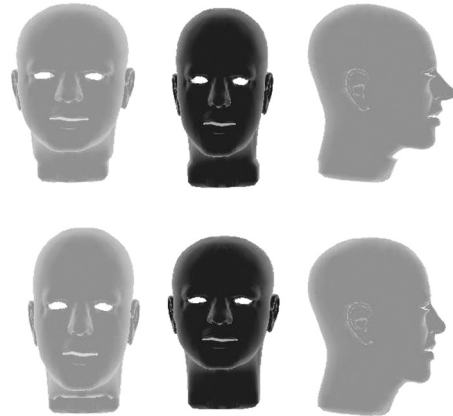


Fig. 13. Examples of synthetic meshes.

part (C_i) contains the skull vertices while the unknown part (X_i) contains the face vertices.

A set of one hundred meshes is generated using these random transformations (see Figure 13 for examples of generated faces). To further increase the variability on the face, a Gaussian noise is added to each point. The level of this noise (2 mm) is chosen so that we still remain in the semi-landmark paradigm. Indeed, a large level of noise could change the relative positions of the vertices of the mesh, thus making the concept of semi-landmark not valid any more.

Figures 14 and 15 plot the reconstruction results. Test samples are reconstructed with a mean accuracy of 1 mm. The missing data error is in the same range. It is important to note

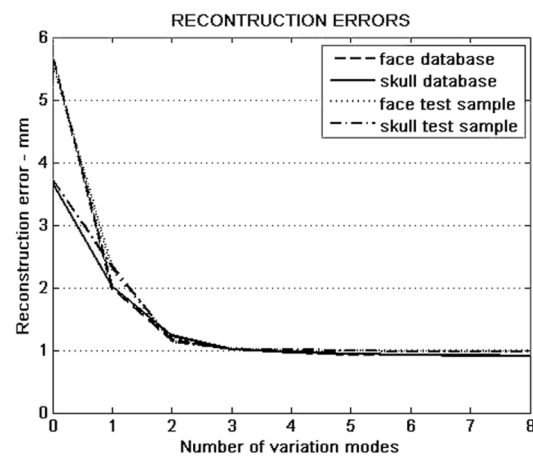


Fig. 14. Mean facial reconstruction errors of the skull and face using an increasing number of modes for the synthetic database model.

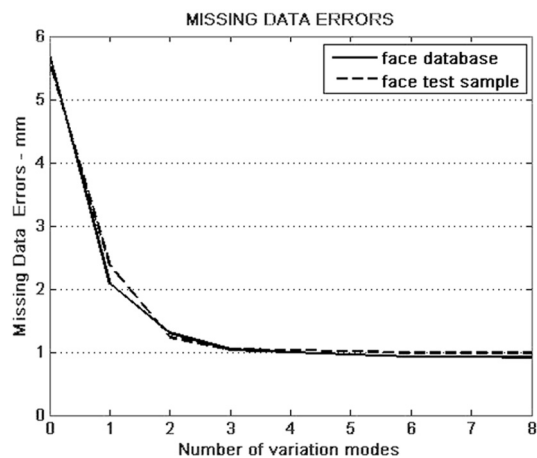


Fig. 15. Mean facial reconstruction errors using an increasing number of modes for the synthetic database model.

that the missing data error converges to the reconstruction error for the known part of the test sample (the skull) as well as for the unknown part (the face). If the subject-specific meshes are used as test samples on the synthesis database, bad reconstructions are obtained for each individual as the variations of the shapes used are too simple

4.3. Statistical Facial Reconstruction

The face of a subject can be reconstructed from his skull and from the statistical model defined previously (in 3.2), using the missing data extension of the model. The known part (C_i) contains the skull vertices while the unknown part (X_i) contains the face vertices.

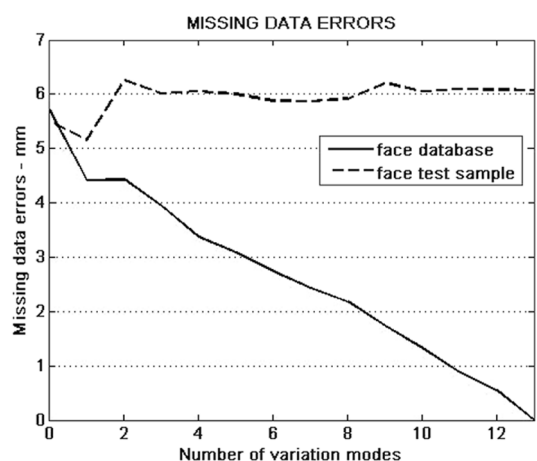


Fig. 16. Mean facial reconstruction errors using an increasing number of modes.

Again, a leave-one-out approach is used to test the accuracy of the facial reconstruction. The learning database is composed of all subjects minus one, which is the test sample. Every subject becomes the test sample in turn. Figure 16 gives the mean reconstruction error of the test sample. It also gives the reconstruction error for the samples of the learning database.

In all cases the global reconstruction is correct. The face and skull are reconstructed with an accuracy of 0.5 mm for the samples in the learning database. Test face sample is reconstructed with a mean accuracy of 6 mm. Clearly, these results show that the method is promising, but suffers from the size of the learning database. The first parameter offers a better approximation of the reconstructed face with a mean reconstruction error of 5.2 mm. As the skull provides essentially the first mode of variation (see Figure 10) and the other modes are mostly related to variations of the face for our test sample, only the performance for the first parameter should be considered. For each additional variation mode the prediction should not be considered as it infers variations of the face from variations not taken into account for the skull, the values of the variations modes being not accurate. As these parameters do not correspond to variation modes with null eigenvalues, a large error in their prediction results in a large error in reconstruction.

The repartition of the missing data errors on the face is shown Figure 17. Large errors are located on the cheeks, on the neck and on the sides of the nose. It is important to note that the cheeks are not attached to the skull and that the database provides different mandible positions. So, it is very difficult to predict correctly the position of the vertexes of the cheeks. Moreover, the density of vertexes for the cheeks region is quite low, which authorizes a possible sliding of those points on the skin surface. The neck is unconnected to the skull, so large errors are inescapable. Finally, it is known that prediction of the shape of the nose from the shape of the skull is very difficult [31, 32]. The links between the two organs are complex. These errors located on the sides of the nose are probably due to this lack of regularity. The good reconstruction of the tip of the nose can be conversely associated

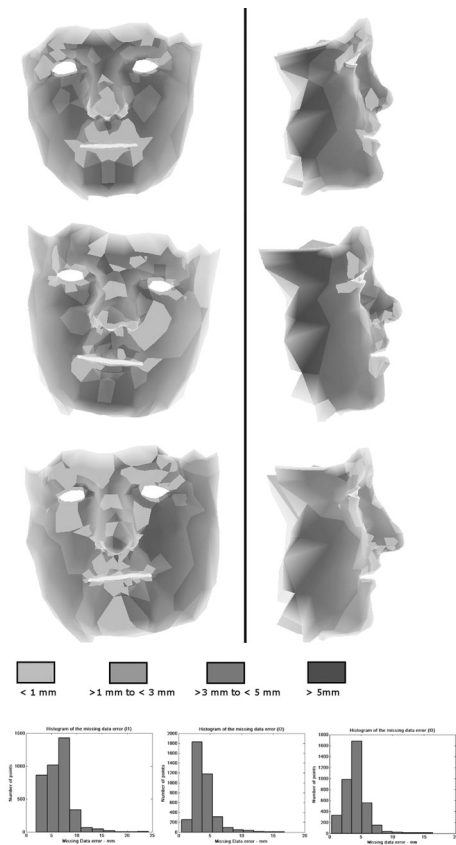


Fig. 17. Distance maps and histograms of the facial reconstruction error for 3 reconstructed faces.

to the template used during the creation of the database.

When using a smaller bounding box that excludes the tip of the nose and the neck, we gain half a millimeter in the accuracy of the prediction (to 4.6 mm). The maximal error is reduced to 3 mm as seen in Figure 18.

Two limitations of the current database are its small size, the non homogeneity of the face mesh (the regions of the nose and the lips are much more dense than the rest of the mesh) and the coarseness of the skull mesh. The following section presents a way of compensating for these limitations. Using a decimated mesh of the face (with a more homogenous distribution of the vertices), we indirectly give more weight to the skull vertices in the statistical model. The skull is then more accurately parameterised by the model and errors on the estimation of the skull shape interfere less with the prediction of the face.

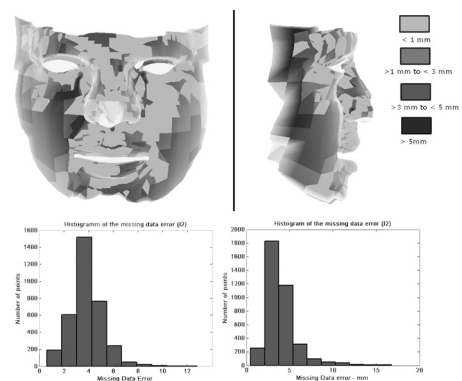


Fig. 18. Distance maps and histograms of the facial reconstruction error for a reconstructed face using the enclosed model (no neck or tip of the nose) (left) and original model (right).

4.4. Decimated Facial Reconstruction

A decimated face mesh (929 vertices) is extracted from the original mesh (3780 vertices) (Fig. 19). As the decimated mesh is a subpart of the original mesh, every entry of the database can be expressed with only the vertices belonging to the decimated mesh. Each vertex of the decimated mesh represents a larger area of the face. The skull vertices now represent 75% of the vertices of the model. They have now more influence on the eigenvectors emerging from statistical modelling.

The accuracy of this decimated model is first tested by global reconstruction. The mean reconstruction errors (Figure 20) for the last three modes are below the millimeter for samples of the learning database as with the original mesh. The reconstruction is quite accurate with sample in the learning database. Reconstruction error for a test sample is around 3.6 mm for the last four modes. These results are similar to those of the non-decimated mesh. The reconstruction of the skull test sampled is now determined essentially by the first three modes of variations: the cumulative explained variance is now more

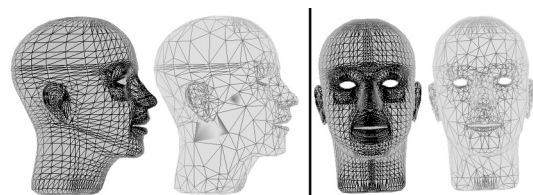


Fig. 19. Original and decimated face meshes.

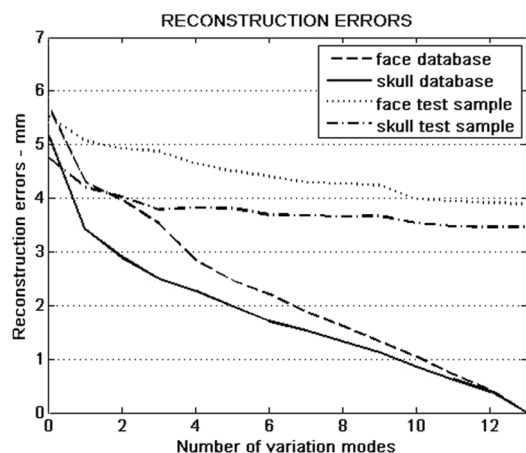


Fig. 20. Mean reconstruction errors of the skull and face using an increasing number of modes for the decimated model.

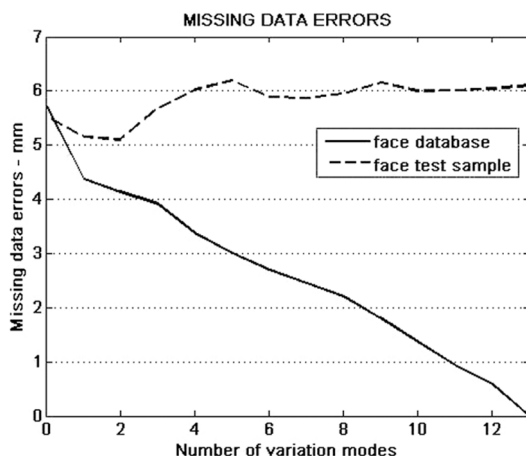


Fig. 21. Mean facial reconstruction errors using an increasing number of modes for the decimated model.

descriptive of the skull shape variations than the face shape variations (Table 4).

Mode number/ Cumulative variance	1	2	3	4	5	6
Face + skull	38	55	65	72	78	83
face	31	40	50	63	71	76
skull	41	59	68	72	78	83

Tab. 4. Percentage of cumulative variance explained for each part of the model (face, skull) for the first 6 parameters.

Here again, the reconstruction of the face using the missing data extension of the PCA is promising (Fig. 21). The face is reconstructed

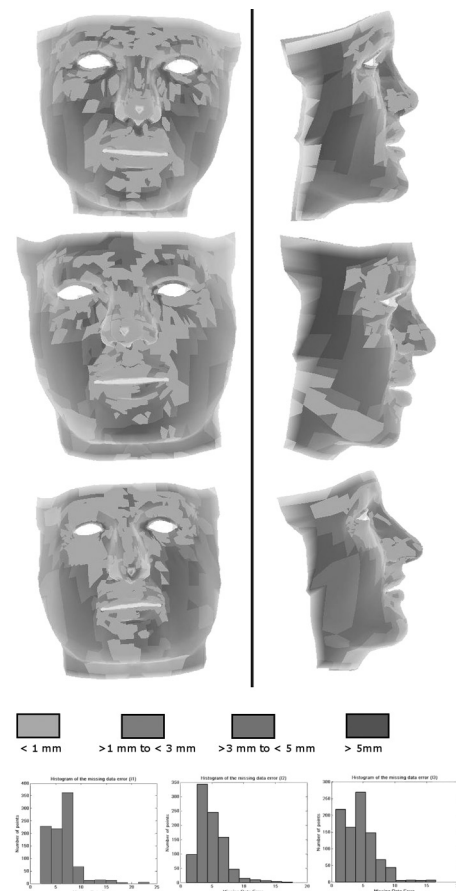


Fig. 22. Distance maps and histograms of the facial reconstruction error for 3 reconstructed decimated faces.

with an accuracy of 0.6 mm for the samples in the learning database. Test samples are reconstructed with a mean accuracy of 6.0 mm. As with the original model, the first variation mode offers a better approximation of the reconstructed face with an error of 5.1 mm. But now the second parameter also gives an adequate information for the prediction of the face. The distribution on the face of the facial reconstruction error is similar to the original model (see Figure 22).

In conclusion, the “decimated” model gives similar results to the “global” model (the gain is 0.1 mm for the facial reconstruction with 2 valid modes). However these results show that the more accurately the skull will be parameterised by the model (i.e. the greater the number of valid variation parameters), the more accurately the face will be predicted, as the error in these parameters determining the skull will not interfere with the prediction of the face.

5. Conclusion

In this paper, a face and skull statistical model is proposed for 3D machine-aided facial reconstruction. To build this statistical model, a 3D-to-3D matching procedure delivers subject-specific meshes of the skull and face with the same number of vertices. A shared normalized space for the faces and skulls is therefore built. The direct statistical relationships between the face and the skull included in the statistical model are used to reconstruct the missing data of the face when the skull is the only available information. For this, a missing data extension of the Principal Component Analysis is used.

Results are visually correct and mean measured errors show that the method is promising as it will be probably more efficient for larger learning database. One way of increasing the efficiency of the model is presented. It consists in decimating the face mesh in order to adjust its density to the skull mesh density, thus giving a higher weight to the known part of the problem, i.e. skull data. The corresponding results are similar to the ones provided by the original model (at least in terms of facial reconstruction), but a slightly more efficient modeling of the skull was observed.

We will test this statistical approach using data acquired with a more adequate experimental protocol and using data from subjects with varied age and sex. The approach presented here may be extended towards relevant covariation between shape and appearance as well as between shape and range of motion. Aesthetic and rehabilitation surgery may thus also benefit from such anatomy-aware and subject-informed statistical models.

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References

- [1] P. VANEZIS, Application of 3-D computer graphics for facial reconstruction and comparison with sculpting techniques, *Forensic Science International*, 42 (1989), pp. 69–84.
- [2] P. VANEZIS, M. VANEZIS, G. MCCOMBE AND T. NIBLET, Facial reconstruction using 3-D computer graphics, *Forensic Science International*, 108 (2000), pp. 81–95.
- [3] R. EVENHOUSE, M. RASMUSSEN AND L. SADLER, Computer-aided Forensic Facial Reconstruction, *Journal of BioCommunication*, 19.2 (1992), pp. 22–28.
- [4] A.W. SHAHROM, P. VANEZIS, R.C. CHAPMAN, A. GONZALES, C. BLENKINSOP, M.L. ROSSI, Techniques in facial identification : computer-aided facial reconstruction using laser scanner and video superimposition, *International Journal of Legal Medicine*, 108 (1996), pp. 194–200.
- [5] A.J. TYRELL, M.P. EVISON, A.T. CHAMBERLAIN AND M.A. GREEN, Forensic three-dimensional facial reconstruction : historical review and contemporary developments, *Journal of Forensic Science*; vol. 42.4 (1997), pp. 653–661.
- [6] G. QUATREHOMME et al, A fully three-dimensional method for facial reconstruction based on deformable models, *Journal of Forensic Science*, 42.4 (1997), pp. 649–652.
- [7] L.A. NELSON AND S.D. MICHAEL, The application of volume deformation to three dimensional facial reconstruction : a comparison with previous techniques, *Forensic Science International*, 94 (1998), pp. 167–181.
- [8] M.W. JONES, Facial reconstruction using volumetric data, *Proceedings of the 6th International Vision Modeling and Visualisation Conference*, (2001), pp. 21–23, Stuttgart, Germany.
- [9] D. VANDERMEULEN, P. CLAES, P. SUETENS, S. DE GREEF AND G. WILLEMS, Volumetric deformable face models for cranio-facial reconstruction, *Proceedings of the 4th international symposium on image and signal processing and analysis - ISPA*, (2005), pp. 353–358, Zagreb, Croatia.
- [10] P. CLAES, D. VANDERMEULEN, S. DE GREEF, G. WILLEMS AND P. SUETENS, Statistically deformable face models for cranio-facial reconstruction. *Proceedings of the 4th international symposium on image and signal processing and analysis - ISPA*, (2005), pp. 347–352, Zagreb, Croatia.
- [11] R.P. WOODS, S.T. GRAFTON, C.J. HOLMES, S.R. CHERRY AND J.C. MAZZIOTTA, Automated image registration: I. General methods and intrasubject, intramodality validation, *Journal of Computer Assisted Tomography*, 22 (1998), pp. 141–154.
- [12] A.D. BRETT AND C.J. TAYLOR, A method of automated landmark generation for automated 3D PDM construction, *Image and Vision Computing*, 18.9 (2000), pp. 739–748.
- [13] F.L. BOOKSTEIN, Morphometric tools for landmark data, *Cambridge Press*, 1991.

- [14] G. SUBSOL AND G. QUATREHOMME, Automatic 3D Facial Reconstruction by Feature-based Registration of a Reference Head in Computer-Graphic Facial Reconstruction (J.G. Clement, M.K. Marks, Eds.), (2005), pp. 79–102. *Elsevier Academic Press*, Burlington.
- [15] V. BLANZ, A. MEHL, T. VETTER AND H.-P. SEIDEL, A Statistical Method for Robust 3D Surface Reconstruction from Sparse Data, *3DPVT*, (2004), pp. 293–300.
- [16] C. BRECHBÜHLER, G. GERIG AND O. KÜBLER, Parameterization of Closed Surfaces for 3-D Shape Description, *CVGIP: Image Understanding*, 61 (1995), pp. 154–170, 1995.
- [17] R.H. DAVIES, C. TWING, T. COOTES, J. WATERTON AND C. TAYLOR, 3D Statistical Shape Models Using Direct Optimisation of Description Length. *ECCV*, 3 (2002), pp. 3–20.
- [18] S. MELLER, E. NKENKE AND W. KALENDER, Statistical Face Models for the Prediction of Soft-Tissue Deformations After Orthognathic Osteotomies. *MICCAI*, 2 (2005), pp. 443–450
- [19] S. ZACHOW, H. LAMECKER, B. ELSHOLTZ AND M. STILLER, Reconstruction of mandibular dysplasia using a statistical 3D shape model, *Computer-Assisted Radiology and Surgery; Int Congress Series*, 1281, (2005), pp. 1238–1243.
- [20] A. FRANGI, F.D. RUECKERT, J.A. SCHNABEL AND W.J. NIESSEN, Automatic construction of multiple object three-dimensional statistical shape models: Application to cardiac modeling, *IEEE Transactions on Medical Imaging*, 21.9 (2002), pp. 1151–1166.
- [21] M. FLEUTE, S. LAVALLÉE AND R. JULLIARD, Incorporating a statistically based shape model into a system for computer-assisted anterior cruciate ligament surgery, *Medical Image Analysis*, 3.3 (1999), pp. 209–222.
- [22] F.L. BOOKSTEIN, Landmark methods for forms without landmarks: morphometrics of group differences in outline shape, *Medical Image Analysis*, 1 (1997), pp. 225–243.
- [23] W.E. LORENSEN AND H.E. CLINE, Marching cubes: A high resolution 3D surface construction algorithm, *Computer Graphics*, 21 (1987), pp. 163–169.
- [24] R.A. BANVARD, The Visible Human Project ®Image Data Set from Inception to Completion and Beyond, *CODATA 2002 : Frontiers of scientific and technical data, Track I-D-2: Medical and Health Data*, (2002), Montreal, Canada.
- [25] F. PIGHIN, J. HECKER, D. LISCHINSKI, R. SZELISKI AND D.H. SALESIN, Synthesizing Realistic Facial Expressions from Photographs, *Proceedings of Siggraph*, (1998), pp. 75-84, Orlando, FL, USA.
- [26] S. BUCHAILLARD, S.H. ONG, Y. PAYAN AND K.W.C. FOONG, Reconstruction of 3D Tooth Images, *Proceedings of ICIP 2004*, (2004), pp. 1077–1080.
- [27] R. SZELISKI AND S. LAVALLÉE, Matching 3-D anatomical surfaces with non-rigid deformations using octree-splines, *International Journal of Computer Vision*, 18 (1996), pp. 171–186.
- [28] M. BERAR, M. DESVIGNES, G. BAILLY AND Y. PAYAN, 3D meshes registration: application to skull model, *Proceedings of the International Conference on Image Analysis and Recognition - ICIAR*, (2004), vol. 2. pp. 100–107, Porto, Portugal.
- [29] I.L. DRYDEN AND K.V. MARDIA; Statistical Shape Analysis, *John Wiley and Sons*, London, United Kingdom, 1998.
- [30] B. ROMANIUK , M. DESVIGNES, M. REVENU AND M.-J. DESHAYES, Shape Variability and Spatial Relationships Modeling in Statistical Pattern Recognition, 25 (2004) *Pattern Recognition Letters*, pp. 239–247.
- [31] C. BASSO AND T. VETTER, Statistically Motivated 3D Faces Reconstruction. *Proceedings of the 2nd International Conference on Reconstruction of Soft Facial Parts*, (2005), pp. 71, Remagen, Germany.
- [32] C. RYNN AND C. WILKINSON, An appraisal of established and recently proposed relationships between the hard and soft dimensions of the nose in profile, *Proceedings of the 2nd International Conference on Reconstruction of Soft Facial Parts*, (2005), pp. 35–49, Remagen, Germany.

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