

Content available at: https://www.ipinnovative.com/open-access-journals

IP International Journal of Maxillofacial Imaging

Journal homepage: www.ijmi.in



Short Communication

Artificial intelligence in detecting maxillary sinus pathologies on CBCT

Pankaj R. Khuspev^{1*}

¹Shriram Shikshan Sanstha's College of Pharmacy, Paniv, Maharashtra, India

Abstract

Due to their varied presentations and possible side effects, maxillary sinus pathologies—which include diseases including sinusitis, polyps, cysts, and neoplasms—present substantial clinical problems. For these diseases to be effectively treated and to avoid long-term morbidity, early and accurate detection is essential. Cone Beam Computed Tomography (CBCT), which provides high-resolution, three-dimensional imaging that enables superior visibility of the sinus structures, has become a useful tool in the diagnosis and assessment of maxillary sinus disorders. To help with the interpretation and diagnosis of diseases, however, the growing amount of CBCT data demands the use of cutting-edge technologies. In medical imaging, artificial intelligence (AI), especially through machine learning and deep learning methods, is revolutionizing the field. AI can greatly improve the diagnosis of small sinus abnormalities by automating and improving the processing of CBCT pictures, frequently outperforming conventional diagnostic techniques. The integration of AI into CBCT-based diagnosis of maxillary sinus diseases is examined in this communication, with a focus on how it can enhance early detection, accuracy, and efficiency. The aim is to highlights how AI is transforming clinical practice by helping radiologists diagnose patients more accurately and quickly.

Keywords: Maxillary sinus pathologies, Cone beam computed tomography (CBCT), Artificial intelligence (AI), Medical imaging, Pathology detection.

Received: 23-03-2025; Accepted: 09-04-2025; Available Online: 26-04-2025

This is an Open Access (OA) journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: reprint@ipinnovative.com

1. Introduction

A wide spectrum of disorders affecting the sinus chambers under the eyes and along the upper jaw are referred to as maxillary sinus diseases. Tumours, polyps, cysts, and sinusitis are among the most prevalent diseases. Usually brought on by allergies or infections, sinusitis is characterized by inflammation of the sinus lining and can result in breathing difficulties, sinus pressure, and chronic pain. Maxillary sinus cysts are frequently unintentional discoveries that can develop asymptomatically but, if untreated, can cause discomfort or subsequent infections. Benign or malignant tumours may form in more severe situations, which might be extremely dangerous if left unnoticed. These diseases can have a wide range of clinical effects, from little discomfort to serious issues like malignancy, chronic pain, or facial deformity.¹

In order to reduce these dangers and for prompt action, early detection of maxillary sinus diseases is essential. For example, the likelihood of successful treatment and improved results is increased when tumours or big cysts are discovered early. However, early-stage or minor sinus abnormalities are typically difficult to detect using traditional diagnostic techniques like radiographic assessment, which can lead to misdiagnosis or delayed treatment. The diagnosis of maxillary sinus diseases has transformed by CBCT, especially in dentistry and maxillofacial imaging. Compared to traditional imaging methods, CBCT offers high-resolution, three-dimensional pictures that enable more accurate viewing of the maxillary sinuses. CBCT is a vital tool in the detection and diagnosis of disorders of the maxillary sinuses because it provides crisp, comprehensive pictures of both soft tissues and bone structures.²

2. Artificial Intelligence in Medical Imaging

In medical imaging, AI refers to the use of computational algorithms for image analysis and interpretation, which helps medical practitioners diagnose and treat a range of illnesses.

*Corresponding author: Pankaj R. Khuspev Email: khuspepankaj@gmail.com AI includes both deep learning (DL) and machine learning (ML). DL is a more sophisticated subset of AI that uses multi-layered neural networks to process complex patterns in large datasets, making it especially useful for image recognition tasks. ML allows systems to learn from data and make predictions without explicit programming. By helping to identify cancers, fractures, and anomalies in X-rays, CT scans, and MRIs, AI has become widely used in radiology. This has improved diagnostic accuracy, decreased human error, and sped up the analysis of massive imaging datasets for early disease diagnosis. AI greatly improves diagnostic

capacities in CBCT, especially in dental and maxillofacial imaging, where it helps identify structural anomalies, including those in the maxillary sinuses. By identifying minor structural changes and potential anomalies that may be difficult for the human eye to perceive, AI algorithms trained on CBCT images can uncover diseases including sinusitis, cysts, and tumours. In addition to increasing diagnosis speed and accuracy, this application allows for earlier and more accurate detection, which eventually improves patient care and treatment results.³

Table 1: AI tools for CBCT-based maxillary sinus pathology detection⁴⁻⁸

AI Tool/Framework	Туре	Key Features	Use in CBCT	Pros	Cons
TensorFlow	Open-source DL framework	Supports CNNs, robust model training, and deployment	Widely used for developing pathology detection models	Flexible, scalable, large community support	Requires programming knowledge (Python), not specialized for radiology
PyTorch	Open-source DL framework	Dynamic computation graph, ideal for research and prototyping	Commonly used in medical image segmentation/classifi cation	Easy to debug, strong research adoption	Slower deployment tools compared to TensorFlow
MONAI (by NVIDIA)	Medical imaging framework	Built on PyTorch; includes tools for 3D imaging, segmentation, classification	Specifically designed for radiology and CBCT-type 3D data	Medical- specific utilities, supports DICOM/NIfTI formats	Newer, slightly smaller community than TensorFlow/PyTorch
Google AutoML Vision	Cloud-based AI tool	Drag-and-drop interface for training image classification models	Can be used for pre- labelled CBCT image datasets	No coding needed, good for beginners	Limited customization, cloud-only, privacy concerns
Aidoc	Commercial radiology AI	FDA-approved, real-time image triage and analysis	Not CBCT-specific, more suited to CT/MRI, but growing applications	Clinically validated, easy integration into PACS	Proprietary, costly, limited to supported pathologies
Zebra Medical Vision	Commercial AI platform	AI models for CT scans, including chest and head scans	CBCT limited, more focused on full-body imaging	CE/FDA- cleared tools, integrates with radiology workflows	Commercial license, limited direct customization
3D Slicer + DeepInfer	Open-source GUI-based tool	Interface for applying deep learning models to 3D/CBCT data	Supports plugin- based AI for sinus and cranial pathology detection	Free, open- source, GUI- based for non- programmers	Requires setup, less flexible than coding frameworks
RadiAnt DICOM Viewer + AI Plugin	Viewer + add-on AI tools	Supports radiologists with AI plugins for image analysis	Limited CBCT support but growing	Radiology workflow ready, user- friendly	Plugin-dependent, not fully open-source

3. AI Applications in Detecting Maxillary Sinus Pathologies on CBCT

By utilizing cutting-edge techniques like convolutional neural networks (CNNs) and image recognition technologies, AI has completely changed the detection and diagnosis of maxillary sinus diseases using CBCT imaging. CNNs, a subset of deep learning, are especially useful in medical imaging because they can automatically extract and categorize complex spatial information from CBCT scans, allowing them to identify minute variations that could be signs of tumours, sinusitis, cysts, or polyps. These networks can accurately distinguish between diseased situations and normal anatomical alterations, frequently when used in conjunction with other image recognition methods. The quality and diversity of the training data, which include a range of patient demographics, imaging modalities, and disease stages, are essential for improving model generalizability and diagnostic performance in actual clinical settings. AI systems are trained on sizable, annotated datasets labelled with particular pathologies. Improving diagnostic sensitivity and accuracy is one of AI's most important benefits in this field, particularly when it comes to identifying early-stage or subtle abnormalities that human radiologists could overlook. AI also significantly cuts down on the amount of time needed to interpret CBCT pictures, which relieves radiologists' workload, speeds up diagnosis, and enhances clinical judgment and patient outcomes. Furthermore, by removing inter-observer variability, AI ensures consistent and repeatable results independent of the radiologist's level of competence. In clinical settings where differences in diagnosis can affect treatment plans, this standardization is crucial. In the end, AI's real-time, highprecision analysis improves therapy planning and early diagnosis while also increasing efficiency, cutting down on patient wait times, and improving overall care. The AI Tools for CBCT-Based Maxillary Sinus Pathology Detection enlisted in Table 1.4-6

4. Challenges and Limitations

Despite its prospective uses, AI in CBCT imaging for maxillary sinus diseases confronts various hurdles. One of the primary issues is the quality and quantity of annotated data used to train AI models, as high-quality, accurately labelled datasets are essential for developing robust algorithms. However, obtaining such data is difficult, particularly for rare or complex pathologies, and without diverse and comprehensive datasets, AI models may struggle to generalize, reducing their effectiveness in real-world clinical settings. Generalization remains a significant challenge since AI models trained on specific datasets may not perform as well when applied to images from different populations, imaging devices, or clinical environments, as variability in CBCT scan quality and patient demographics can affect the model's ability to detect abnormalities consistently. Regulatory and ethical considerations also

present hurdles for AI adoption in medical diagnostics, with concerns regarding patient privacy, data security, and the accountability of AI-driven diagnoses needing to be addressed to ensure compliance with medical regulations. Integrating AI into existing clinical workflows poses logistical challenges, as radiologists and clinicians require proper training and tools to work seamlessly with AI systems, and the technology must be effectively incorporated into current diagnostic processes without disrupting clinical care.⁷

5. Conclusion

The future of AI in medical imaging, particularly in detecting maxillary sinus pathologies, holds great promise. As AI algorithms continue to advance, we can expect more sophisticated models that incorporate multiple diagnostic tools, such as integrating CBCT scans with other imaging modalities like MRI or PET scans for more comprehensive analysis. Additionally, hybrid AI systems that combine machine learning with expert human judgment will likely emerge, fostering improved decision-making. AI should be considered as a supplementary tool to radiologists, boosting their talents rather than replacing them. The future lies in a collaborative approach, where AI supports physicians in recognizing disorders with better accuracy and speed, while human expertise remains crucial in the interpretation and treatment decision-making process. AI is playing a revolutionary role in increasing the detection of maxillary sinus diseases on CBCT scans. While problems persist, continued research and improvements in AI technology are projected to substantially increase diagnostic accuracy, efficiency, and early detection, ultimately enhancing patient care. Maximizing AI's promise in medical imaging will require ongoing development and clinical practice integration.

6. Source of Funding

None.

7. Conflict of Interest

None.

References

- Battisti AS, Modi P, Pangia J. Sinusitis. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK470383/
- Lin J, Wang C, Wang X, Chen F, Zhang W, Sun H, et al. Expert consensus on odontogenic maxillary sinusitis multi-disciplinary treatment. *Int J Oral Sci.* 2024;16(1):11.
- Barragán-Montero A, Javaid U, Valdés G, Nguyen D, Desbordes P, Macq B, et al. Artificial intelligence and machine learning for medical imaging: A technology review. *Phys Med*. 2021;83:242–56.
- Alhumaid M, Fayoumi, AG. Transfer Learning-Based Classification of Maxillary Sinus Using Generative Adversarial Networks. *Appl* Sci. 2024;14:3083.
- Jung SK, Lim HK, Lee S, Cho Y, Song IS. Deep Active Learning for Automatic Segmentation of Maxillary Sinus Lesions Using a Convolutional Neural Network. *Diagnostics (Basel)*. 2021;11(4):688.

- Fontenele RC, Jacobs R. Unveiling the power of artificial intelligence for image-based diagnosis and treatment in endodontics: An ally or adversary?. Int Endod J. 2025;58(2):155– 70
- Kim K, Lim CY, Shin J, Chung MJ, Jung YG. Enhanced artificial intelligence-based diagnosis using CBCT with internal denoising: Clinical validation for discrimination of fungal ball, sinusitis, and normal cases in the maxillary sinus. *Comput Methods Programs Biomed*. 2023;240:107708.
- Urban R, Haluzová S, Strunga M, Surovková J, Lifková M, Tomášik J, Thurzo A. AI-Assisted CBCT Data Management in Modern Dental Practice: Benefits, Limitations and Innovation. *Electronics*. 2023;12:1710.

Cite this article: Khuspev RP. Artificial intelligence in detecting maxillary sinus pathologies on CBCT. *IP Int J Maxillofac Imaging*. 2025;11(1):40–43.