

OSTEOLOGICAL EVALUATION

Prepared by
EVAN MATSHES BSc, MD
Consultant Osteologist



Product No. BC-270

**Human 13-year-old
Child Skull
(13-14 years)**



Bone Clones, Inc.

OSTEOLOGICAL REPRODUCTIONS

9200 Eton Ave. Chatsworth, CA 91311

Phone: (818) 709-7991 or (800) 914-0091 (USA only)

Email: info@boneclones.com Web: www.boneclones.com

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Human, Child (13-14 years)

Product Number: BC-270

Specimen Evaluated: Original (real) skull

Inventory:

- 1 intact cranium
- 1 intact mandible
- 1 Panoramic radiograph (Panorex) of the maxilla and mandible

General observations:

The general shape and configuration of the skull is within normal limits. The ectocranial morphology of the individual cranial bones is within normal limits. The sutural patterns are of expected configuration. There are no sutural bones (Wormian ossicles). The foramina are of expected configuration. The skull is atraumatic.

Dentition:

There are 15 teeth in the maxillary arcade and 16 teeth in the mandibular arcade. All teeth have an adult morphology and no deciduous dentition remains. There are no dental restorations or prostheses. There is no attrition.

The following maxillary dentition is present: 1.7 [#2], 1.6 [#3], 1.5 [#4], 1.4 [#5], 1.3 [#6], 1.2 [#7], 1.1 [#8], 2.1 [#9], 2.2 [#10], 2.3 [#11], 2.4 [#12], 2.5 [#13], 2.6 [#14], 2.7 [#15], and 2.8 [#16].

The following mandibular dentition is present: 3.8 [#17], 3.7 [#18], 3.6 [#19], 3.5 [#20], 3.4 [#21], 3.3 [#22], 3.2 [#23], 3.1 [#24], 4.1 [#25], 4.2 [#26], 4.3 [#27], 4.4 [#28], 4.5 [#29], 4.6 [#30], 4.7 [#31], and 4.8 [#32].

The unerupted 2.8 [#16] is beginning to calcify and the occlusal bone overlying it has eroded away.

There is an empty gomphosis in the 1.8 [#1] site.

The 3.8 [#17] and 4.8 [#32] sockets are in an early stage of formation.

The 3.5 [#20] is not in full occlusion with the opposing dentition.

Features of Race:

The interocular distance is not prominently widened. The nasal root is flat and the nasal angle is obtuse. The zygomatic bones retreat posteriorly from the plane of the face. The nasal aperture is narrow superiorly and broader inferiorly. The anterior nasal spine is short, and the inferior margin of the nasal aperture is smooth. The maxillary dental arcade has a somewhat rectangular to round shape. There is moderate alveolar prognathism. The maxillary incisors are slightly shovel-shaped. There is no edge-on-edge incisal bite. There is a post-bregmatic depression. The calvarial sutures are simple.

The totality of features is most in keeping with those of an Asian individual.

Features of Sex:

There is no prominence of the cranial sites for musculofascial attachment.

There is a narrow ascending mandibular ramus. The nasion is smooth, and the supraorbital margins are sharp. The inferior border of the mandible is somewhat square.

It is not possible to determine the sex of this skull.

Features of Age:

There are no identifiable fontanelles. The spheno-occipital synchondrosis is open.

Ten ectocranial osteologic landmarks are evaluated for degree of suture closure according to the Meindl and Lovejoy method*. [1] Scores are assigned as follows:

1	0
2	0
3	0
4	0
5	0
6	0
7	0
8	0
9	0
10	0

* As is always the case with casting, there is a tendency towards overscoring.

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With the exception of the wisdom teeth, all permanent teeth are fully erupted, and no deciduous dentition remains. There is no attrition on the occlusal surfaces of the dentition.

Although fused, smooth, and irregular grooves for the anterior intra-occipital sutures are still present on the bilateral occipital condyles.

Panographic Radiograph (Panorex):

The apices of the incisors and first molars are completely closed. The apices of the canines, premolars, and second molars are not completely formed.

The crowns of the 2.8 [#16], 3.8 [#17], and 4.8 [32] have begun calcifying, while the root structures have not yet formed.



SUMMARY:

1. Compatible with Asian ancestry.
2. Unable to determine sex.
3. Likely 13 – 14 years of age.
 - a. The maxillary wisdom teeth are in the process of forming.
 - b. 3.5 [#20] is not in complete occlusion, while 4.5 [#29] is in complete occlusion; full articulation of these teeth usually occurs around 13 – 14 years of age.
 - c. The apices of the central incisors are fully closed (radiographically); this usually occurs between 8.5 – 11 years.
 - d. The apices of the lateral incisors are fully closed (radiographically); this usually occurs between 9.5 – 12 years.
 - e. The apices of the first molars are fully closed (radiographically); this usually occurs between 9.5 – 11.5 years.
 - f. The apices of the canines, premolars, and second molars are approximately one-half to two-thirds closed radiographically; this is consistent with 13.5 – 14 years.
 - g. The crowns of the three remaining third molars have begun calcifying (are in an early stage of calcification). Radiographically, there is no evidence of root formation. The early stage of third molar crown formation is usually complete by 13 years.
 - h. The speno-occipital synchondrosis is open.
4. No evidence of trauma.
5. No evidence of significant osteologic variations or primary pathology.

EDUCATIONAL RESOURCES:

1. This is an excellent example of an adolescent.
2. Although the features are most suggestive of Asian ancestry, given the age, it is not possible to make a firm statement in this regard.
 - a. The concept of race assessment is controversial. It may be worthwhile to review the varying schools of thought on this issue. Short summaries from the perspective of the forensic anthropologist[2] and forensic pathologist[3] are readily available.
3. Due to the age, it is not possible to assess sex as sites for musculofascial attachment are poorly developed.
 - a. In many circumstances, the skull alone will allow an investigator to correctly determine sex.[4] However, the findings in the skull should never been treated in isolation; rather, they should be incorporated into your 'whole case' database. This database should include information obtained from all other aspects of the case. From an osteologic perspective, this includes (importantly) the bones of the pelvis.
4. Age assessment of skeletal remains is best done in the context of the entire skeleton. Assessment of the degree of suture closure can be used with some degree of success[1]; however, there is tremendous variability in the degree of closure process. Students must be cautioned that statistical data is based on **populations**, and may not necessarily be reflective of reality in an **individual**.

REFERENCES:

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2. Gill, G. (1998). Craniofacial criteria in the skeletal attribution of race. In *Forensic Osteology: Advances in the Identification of Human Remains*, K. Reichs, Editor. Springfield, IL: Charles C. Thomas.
3. Matshes, E. and Lew, E. (2006). Forensic osteology. In *Forensic Pathology: Principles and Practice*, D. Dolinak, E. Matshes, and E. Lew, Editors. San Diego, CA: Elsevier (Academic Press).
4. Krogman, W. and Iscan, M. (1986). *The Human Skeleton in Forensic Medicine*. 2 ed. Springfield, IL: Charles C. Thomas.

DISCLAIMERS:

This report is meant only as a teaching tool for introductory level students of the anatomical, anthropology or forensic sciences who might be using this specimen to learn human and forensic osteology. Evaluation of osteologic material is best done with original specimens. My evaluation was based solely upon studies of a Bone Clones® replica. My opinions are based solely upon the material presented to me. This is somewhat artificial as in real forensic investigations additional studies would be undertaken prior to the formulation of diagnoses and the production of a report. These studies might include plain film radiography, computed tomography (CT) studies, histology, etc. My opinions regarding race and sex are based only upon non-metric analyses. Evaluation of cranial suture closure is most accurately assessed endocranially, as the sutures are known to close from the endocranial table towards the ectocranium. My opinions regarding this skull were made without access to the postcranial skeleton.

Evan Matshes BSc, MD
Consultant Osteologist