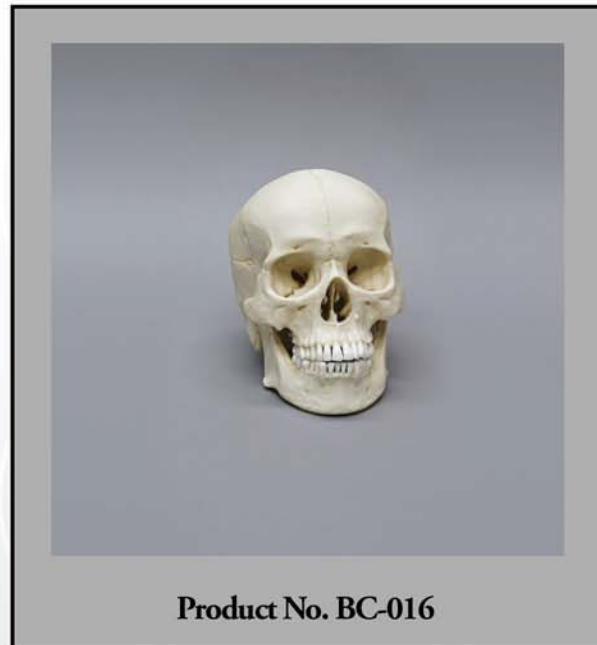


# OSTEOLOGICAL EVALUATION

*Prepared by*  
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## Human Male Asian Skull



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# **Human, Male, Asian**

**Product Number:** BC-016

**Specimen Evaluated:** Bone Clones® replica

**Skeletal Inventory:** 1 intact cranium  
1 intact 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 is a complete metopic suture. The following sutural bones (Wormian ossicles) are identified: right epipteric bone; lambdic ossicle; bilateral limbs of the lambdoid suture. The foramina are of expected configuration. The skull is atraumatic. There is a small “button” osteoma of the left maxilla, immediately lateral to the inferior margin of the nasal aperture, as well as the right lateral aspect of the occipital bone.

## **Dentition**

There are 16 teeth in the maxillary arcade and 16 teeth in the mandibular arcade. All teeth have an adult morphology and no deciduous dentition remains. The dentition is atraumatic. There are no dental restorations or prostheses. There is a moderate degree of attrition.

There is generalized mild to moderate furcation involvement (periodontal disease).

## **Features of Race:**

The interocular distance is broad. The nasal root is flat and the nasal angle is obtuse. The zygomatic bones are broad. The nasal aperture is broad superiorly and inferiorly. The anterior nasal spine is short, and the inferior margin of the nasal aperture is blunt; there is no gutter. The maxillary dental arcade has somewhat of a rounded shape. There is prominent alveolar prognathism. The maxillary incisors are prominently shovel-shaped. There is no edge-on-edge incisal bite. There is a very slight post-bregmatic depression. The calvarial sutures are focally complex.

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

**Features of Sex:**

There is mild prominence of the cranial sites for musculofascial attachment including especially:

- the nuchal lines
- the external occipital protuberance
- the mastoid processes of the temporal bones
- the temporal lines (slight)
- the supraorbital tori (prominent)
- the masseteric tuberosities of the mandible, with slight right gonial eversion (prominent)
- the occipital condyles
- the supramastoidal crest

There is a broad ascending mandibular ramus. The nasion is somewhat rough (difficult assessment due to metopic suture), and the supraorbital margins are blunted. The inferior border of the mandible is square.

***The totality of features is most in keeping with male sex.***

**Features of Age:**

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

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

<b>1</b>	1
<b>2</b>	1
<b>3</b>	1
<b>4</b>	1
<b>5</b>	1
<b>6</b>	1
<b>7</b>	1
<b>8</b>	2
<b>9</b>	2
<b>10</b>	1

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

The sum of scores for the cranial vault (landmarks 1 through 7) is 7. This corresponds to an estimated age of 39.4 +/- 9.1 years.

The sum of scores for the anterior cranium (landmarks 6 through 10) is 7. This corresponds to an estimated age of 45.5 +/- 8.9 years.

**SUMMARY:**

1. Asian.
2. Male.
3. 36.6 – 48.5 years; range 30.3 – 50.4 years.
4. No evidence of trauma.
5. No evidence of significant osteologic variations or pathology.

**EDUCATIONAL RESOURCES:**

1. This is an excellent example of a skull from an Asian individual.[2]
2. 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[3] and forensic pathologist[2] are readily available.
3. In many circumstances, the skull alone will allow an investigator to correctly determine sex.[4] However, the findings in the skull should never be 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**.
5. It may be appropriate to use this specimen as a discussion piece for the concept of metopism.
6. Button osteomas are small, benign proliferations of bone. Generally, they are of no clinical relevance; when very large, they may be of cosmetic concern to living patients. It may be appropriate to use this specimen as a discussion piece for osteologic differential diagnoses of bony lumps and bumps.

**REFERENCES:**

1. Meindl, R.S. and Lovejoy, C.O. (1985). Ectocranial suture closure: a revised method for the determination of skeletal age at death based on the lateral-anterior sutures. *American Journal of Physical Anthropology*, 68(1): 57-66.
2. 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).
3. 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.
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.

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