Palatal Rugae in Gender Discrimination: Auxiliary or Hindrance? A Systematic Review

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Abstract

Background and Aim: Uniqueness of rugae can be utilized similar to finger prints when compared with other methods in identification of a person, even with the presence of discrepancies in the patterns obtained in different populations. Nonetheless, it still cannot be used as a potential tool in gender discrimination. This study explored the debatable way of the use of palatal rugae for gender discrimination.

Materials and Methods: Key words including “palatal rugae” and “sex determination” were used for searching of the following data-bases: PubMed Central, EMBASE, EBSCOhost and Cochrane from the earliest available date to January 2019. Out of 296 articles, 257 were excluded after abstract analysis. Only 8 articles were finally included.

Results: A total of 1,152 subjects participated in this study, among them, 577 were females and 575 were males. Significant differences were observed in the number, length, and shape of the rugae patterns in both genders from one study to another.

Conclusion: In this analysis, we observed that females and males showed varied patterns of rugae on the palate, but males predominantly showed a particular pattern compared with females. Palatal rugae cannot be used as the only tool for gender discrimination.

Key Words: Palate; Forensic Dentistry; Sexism; Female; Male


Introduction

Palatal rugae are the transverse folds that are asymmetric, and irregular elevations seen on the anterior third of the palate behind the incisive papilla. Anatomically, the rugae consist of around 3-7 dense ridges that radiate tangentially from the incisive papilla [1,2]. Among various methods, assessment of palatal rugae is recognized as a tool for personal identification when other methods (like fingerprints, DNA analysis, comparison of ante mortem and post mortem records) are unavailable like when the body is burnt or decomposed and also in edentulous conditions [2,3].

The rugae pattern is considered as a unique pattern in every individual, as they are stable throughout life and remain unchanged except in their length during puberty. Their uniqueness and post mortem resistance makes palatal rugae an ideal forensic identification parameter [3,4]. Application of palatal rugae for identification purpose was first suggested by Allen in 1889. Since then, various studies were conducted in this respect. According to the literature, certain studies reported that males show a particular pattern more
predominantly than females, while some other studies mentioned that males and females have a varied pattern and unification, which conflicts with the usage of palatal rugae in sex determination in forensic odontology [5-7].

With this background, we conducted a systematic review with the main objective to assess the role of palatal rugae for gender discrimination for the purpose of identification in forensic odontology.

**Materials and Methods**

Search terms “palatal rugae” and "sex determination" were used for searching of the following databases: PubMed Central, EMBASE, EBSCOHOST and Cochrane from the earliest available date to January 2019. Relevant studies on reference lists of retrieved articles were also assessed.

**Eligibility Criteria:**

**Inclusion criteria:** Studies on healthy individuals over 15 years of age, who had no congenital or palatal abnormality, history of trauma, inflammation, orthodontic treatment, denture use, or surgical procedures in the rugae area were included.

**Exclusion criteria:** Comparative studies on palatal rugae, comparison between cheiloscopy (study of lip prints) and rugoscopy for sex determination, digital methods of analysis of the palatal rugae pattern, systematic reviews, editorials, opinions, studies not published in a peer reviewed journal, studies available only as abstracts, studies published in other languages, and comparative observations of palatal rugae were excluded.

**Article selection:** Figure 1 shows the flow diagram of article selection.

**Results**

**Summary of evidence and limitations:**

The studies conducted on palatal rugae revealed that males and females showed varied patterns of wavy, curvy, circular, and straight rugae in different proportions according to the Thomas and Kotze classification. There were significant discrepancies observed based on the number, length and shape of the rugae patterns in both males and females from one study to another. On the contrary, certain studies conducted revealed the rugae patterns to be similar in both males and females. Eight articles were included in the study. Each article is summarized in Table 1 [1,6,7,8-12].

![Figure 1. Flow diagram of article selection](image-url)
Table 1. Characteristics of included studies

<table>
<thead>
<tr>
<th>Author and Year</th>
<th>Study design</th>
<th>Study sample</th>
<th>Age group</th>
<th>Classification system used</th>
<th>Inclusion and exclusion criteria</th>
<th>Methodology</th>
<th>Results</th>
<th>Conclusion</th>
<th>Summary</th>
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<tbody>
<tr>
<td>Surekha et al., 2012 [8]</td>
<td>Cross sectional study</td>
<td>60 maxillary study models inclusive of 30 males &amp; 30 females.</td>
<td>17-23 years</td>
<td>Thomas and Kotze.</td>
<td>Subjects belonging to North East (Manipur) and South West of India (Kerala).</td>
<td>Palatal rugae were analyzed based on right &amp; left sides for total number, length &amp; shape.</td>
<td>SHAPE: wavy&gt;curved&gt;straight&gt;circular</td>
<td>NUMBER: Females&gt;males left&gt;right side</td>
<td>Manipuri population showed predominantly curved shaped rugae. Kerala population showed predominantly wavy shaped rugae.</td>
</tr>
<tr>
<td>Chandra et al., 2016 [9]</td>
<td>Cross sectional study</td>
<td>200 maxillary study models inclusive of 100 males &amp; 100 females.</td>
<td>15-30 years</td>
<td>Thomas and Kotze.</td>
<td>Healthy individuals from Patna &amp; Ranchi free from congenital &amp; palatal abnormalities, trauma, inflammation, and orthodontic treatment, not wearing a denture, and no history of surgery</td>
<td>Palatal rugae were analyzed based on total number, length &amp; shape.</td>
<td>SHAPE: curved&gt;wavy&gt;straight&gt;divergent&gt;circular</td>
<td>NUMBER: Females &gt;males</td>
<td>No significant gender discrimination was observed based on length while the predominant shape observed was the wavy pattern.</td>
</tr>
<tr>
<td>Paliwal et al., 2010 [10]</td>
<td>Cross sectional study</td>
<td>60 maxillary study models inclusive of 30 males &amp; 30 females.</td>
<td>17-23 years</td>
<td>Thomas and Kotze.</td>
<td>The population of Madhya Pradesh and Kerala were analyzed.</td>
<td>Palatal rugae were analyzed based on total number, length &amp; shape.</td>
<td>SHAPE: Wavy&gt;curved&gt;straight&gt;unification&gt;circular</td>
<td>NUMBER: Right side&gt;left side</td>
<td>Straight type was predominant in Madhya Pradesh population while wavy type was predominant in Kerala population in males and females.</td>
</tr>
</tbody>
</table>
Palatal rugae in gender discrimination

Lavanya et al. Palatal rugae revealed a specific pattern in unification among males and females of the coastal Andhra population. Discriminant function analysis enabled sex determination of individuals. This study showed that there was a significant relationship between palatoscopy, human identification and sex determination.

Dwivedi and Nagrajappa 2016 [7] Cross sectional study on Central Indian population. 500 maxillary study models inclusive of 250 males & 250 females. 17-25 years Thomas and Kotze & Kapali classification for shape of the rugae. Subjects with any palatal abnormalities, soft tissue protruberances, trauma, and orthodontic treatment were excluded. Palatal rugae were analyzed based on primary rugae, number, direction & pattern. In this study, males had more rugae than females. In Males: Wavy>straight>curved>circular In Females: Straight>wavy>curved>circular

Bharath et al., 2011 [1] Cross sectional study 100 maxillary study models inclusive of 50 males & 50 females. 15-30 years Thomas and Kotze. Healthy individuals free from congenital abnormalities, inflammation, trauma & orthodontic treatment were included. Palatal rugae were analyzed based on total number, length & shape. Palatal rugae revealed a specific pattern in unification among males and females of the coastal Andhra population. Discriminant function analysis enabled sex determination of individuals. This study showed that there was a significant relationship between palatoscopy, human identification and sex determination.

Harchandani et al., 2015 [6] Cross sectional study 100 maxillary study models. 50 each from the populations in west & north India. 18-30 years Thomas and Kotze & Kapali classification for shape of the rugae. Completely dentulous, domicile by birth, absence of intraoral lesions, absence of congenital abnormalities, non-orthodontic participants were included. Palatal rugae were analyzed based on number, type & pattern. The palatal rugae patterns and the number of rugae on the palate differed in both the Western and north Indian populations. The uniqueness of palatal rugae pattern can be utilized when combined with other methods for forensic identification.
<table>
<thead>
<tr>
<th>Study</th>
<th>Design</th>
<th>Sample Description</th>
<th>Individuals</th>
<th>Palatal Rugae Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balgi et al., 2014 [11]</td>
<td>Cross sectional study</td>
<td>50 maxillary study models inclusive of 25 males &amp; 25 females</td>
<td>Individuals free from congenital abnormalities, inflammation, trauma &amp; orthodontic treatment were included.</td>
<td>Length: Males &gt; females</td>
</tr>
<tr>
<td>Alani et al., 2016 [12]</td>
<td>Cross sectional study</td>
<td>82 maxillary study models inclusive of 40 males &amp; 42 females</td>
<td>Individuals with congenital abnormalities, inflammation, trauma and orthodontic treatment were excluded.</td>
<td>Pattern: Males - curved, Females - straight</td>
</tr>
</tbody>
</table>
Discussion

Palatal rugae are unique to every individual due to their position in the oral cavity; but in spite of which, palatal rugae cannot be considered as a reliable marker for gender discrimination due to variations observed in the values obtained from different populations and also due to the insufficient means of methods available to differentiate the palatal rugae between males and females [13,14].

The anatomical position of the rugae inside the oral cavity is surrounded by the cheeks, lips, tongue, buccal fat pad, teeth, and bone which keep the rugae protected. According to a study by Jacob and Shalla [15], when rugae were considered as a criterion for identification, 79% accuracy with equivocation was demonstrated. They found that the low level of identification was caused by rugae obliteration in denture fabrication. Palatal rugae tracings derived from dentures do not give the desired accuracy required for forensic analysis [15]. Besides, orthodontic movement, cleft palate surgery, and forced eruption of impacted canines have an influence on rugae pattern. According to a study by Jain and Chowdhary [16], thumb sucking and extractions can produce a local effect on the direction of palatal rugae. It is also possible to consider the possibility of falsification of the rugae pattern in toothless cases [16]. Almeida et al. [17] observed that medial rugae were stable but lateral rugae showed significant changes. Thus, we observed varied levels of discrepancies between one study to another and therefore, conflict with the idea of usage of palatal rugae as a reliable marker for gender discrimination.

In this review, a total 8 articles were included after considering the inclusion criteria; all the findings from the studies were summarized, and the authors came to the conclusion that palatal rugae can only be used as an adjuvant and not as primary tool in gender determination

Conclusion

Certain studies have stated that palatal rugae can be used as a minimal aid in the field of forensics for sex determination. But, with a varied range of discrepancies observed from population to population, we conclude that palatal rugae cannot be considered as an accurate auxiliary means for gender discrimination.

References

11. Balgi P, Bhalekar B, Bhalerao K, Bhide E, Palaskar S,


