

# **Original Article**

# Prevalence of talon cusps in a Portuguese population: Forensic identification significance of a rare trait

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## **ABSTRACT**

**Background:** Dental techniques are frequently used in human identification; some of those include comparative analyses of dental features that, being rare or unique to an individual, can establish a positive identification. The usefulness of each feature depends on its population, frequency, and uniqueness. The aim of this study was to determine the prevalence of talon cusps in a Portuguese population.

Materials and Methods: A prospective study was performed. Three hundred and two patients were studied, and talon cusps presence was assessed. Statistical tests were carried out using Statistical Package for the Social Sciences (SPSS) 17 software (SPSS Inc., Chicago, IL, USA). Statistical analysis relied primarily on descriptive statistics and crosstabs, with Chi-square analysis.

**Results:** Results showed that talon cusps were observed in only 6.3% of patients. The maxillary lateral incisors were the most common teeth showing this feature (82.1% of all teeth).

**Conclusion:** It can be concluded that talon cusps are an uncommon trait in these Portuguese population, and therefore, it is a feature that can be potentially very useful in forensic human identification, when antemortem dental records are available.

**Key Words:** Dental anatomy, forensic anthropology, forensic odontology, forensic science, human identification, talon cusps

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# **INTRODUCTION**

Dental identification relies on comparative analyses and dental profiling.<sup>[1]</sup> In comparative analyses, antemortem and postmortem data should match in sufficient detail,<sup>[2]</sup> and no minimum number of concordant points is required to establish a positive identification. Medical changes to teeth, such as fillings or prosthetics, have provided most of the traits utilized in comparative analysis, because they are frequently unique to an individual. On



the other hand, dental anatomic features have been less frequently used in this manner and are used mainly to establish a person's origin<sup>[3,4]</sup> and sex.<sup>[5,6]</sup> However, dental anatomic features can contribute to human identification in a comparative analysis, where a certain dental anatomical trait can be more or less important according to its frequency in a given population. If the frequency is low, there is a greater potential for the trait to not be shared by many individuals and thus aid in the identification of unknown cadavers or remains, as long as there is antemortem records which document the presence of that trait

Dental anatomy has been used to determine origin<sup>[3,4]</sup> and sex,<sup>[5,6]</sup> being also useful in comparative analysis. A dental anatomical trait importance depends on its frequency in a given population. Talon cusps are developmental dental anomalies affecting both

dentitions,<sup>[7-16]</sup> of unknown etiology,<sup>[17]</sup> consisting in a lingual projection from the *cingulum*<sup>[7,8,18-28]</sup> [Figure 1],<sup>[22-28]</sup> formed by enamel, dentin, and pulp extension,<sup>[7]</sup> with a distinct radiopaque image [Figure 2].<sup>[29]</sup> Some authors have described its occurrence in the facial aspect of the teeth; nevertheless, this is considered extremely rare.<sup>[30-32]</sup> The maxillary lateral incisor is the most affected tooth followed by the central incisor and canine.<sup>[33,34]</sup>

The aim of this investigation is to analyze the prevalence of talon cusps in a sample of the Portuguese population, determining if it is a low-or high-frequency trait, thus, assessing its potential usefulness for a forensic identification.

# **MATERIALS AND METHODS**

A prospective study was performed. Three hundred and two Portuguese patients with ages ranging between 18 and 83 years were studied (mean age = 39; standard deviation 17.1). One hundred and eighty six individuals were females (61.6%). An intraoral examination of the anterior teeth was made to determine the existence of talon cusps.

The existence of talon cusps was recorded and classified according to Hattab *et al.*<sup>[35]</sup> classification:

- Talon (type I): Additional cusp that prominently
  projects from the *cingulum* of an anterior tooth
  and extends at least half the distance from the
  cementoenamel junction (CEJ) to the incisal edge.
- Semi-talon (type II): Additional cusp of one millimeter or more in length, extending less than onehalf the distance from the CEJ to the incisal edge.
- Trace talon (type III): An enlarged and proeminent *cingulum* and their variations.



Figure 1: Bilateral lingual talon cusp in upper lateral incisors

Statistical tests were carried out using Statistical Package for the Social Sciences (SPSS) 17 software (SPSS Inc., Chicago, IL, USA). Statistical analysis relied primarily on descriptive statistics and crosstabs, with Chi-square analysis. This investigation was approved by the main institution Ethics Committee (00681/22 June 2009).

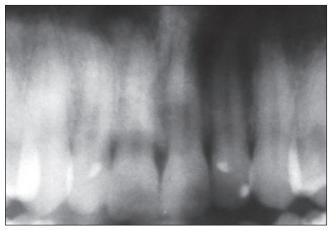
# **RESULTS**

Talon cusps were detected in 19 individuals (6.3%); and in seven individuals, the talon cusp was bilateral. The upper right lateral incisor was the most affected tooth, accounting for 50% of occurrences. The distribution of the talon cusp by tooth is described in Table 1

Distribution of talon cusps according with sex, shows that there is a higher prevalence in males than in females (1.0% vs. 0.7%) [Table 2], with no statistically significant differences ( $\chi^2 = 1.639$ , P > 0.05). Trace talon cusp was the most frequent form of talon cusp, accounting for 50% of all the findings [Table 3].

## DISCUSSION

In the present investigation, talon cusp was found in 6.3% of the individuals in the population under analysis. This prevalence was higher than that reported in other studies: For instance, in a sample of Jordanians<sup>[36]</sup> the prevalence of talon cusp was only 2.4%; in a sample of Hungarians<sup>[37]</sup> this prevalence was similar to the Jordanian at 2.5%, but still lower than in our Portuguese sample; in a sample of Indians,<sup>[38]</sup> a prevalence of



**Figure 2:** Radiographic image of bilateral lingual talon cusp in upper lateral incisors. Notice the distinct radiopaque image which can be identified on the crown of both teeth involved

Table 1: Talon cusps distribution by tooth

Arch	Teeth	Examined teeth (n)	Talon cusps (n)	Prevalence (%)
Maxilla	Right central incisors	283	0	0.0
	Left central incisors	279	0	0.0
	Right lateral incisors	259	14	50.0
	Left lateral incisors	266	9	32.1
	Right canine	286	1	3.5
	Left canine	281	4	14.3
	Total	1654	28	100.0
Mandible	Total	1735	0	0.0
Total	_	3417	28	100.0

Table 2: Talon cusps distribution according with sex in the maxilla, n (%)

Sex	Arch	Incisors			Canines		
		U	Left central	0		Right	Left
Females	Maxilla	0 (36)	0 (36)	8 (53.3)	5 (33.3)	0 (36)	2 (13.3)
Males	Maxilla	0 (0.0)	0 (0.0)	6 (46.1)	4 (30.8)	1 (7.7)	2 (15.4)

Table 3: Prevalence of different types of talon cusp

Teeth	Trace talon (%)	Semi-talon (%)	Talon (%)
Right canine	0 (0.0)	1 (3.6)	0 (0.0)
Right lateral incisor	10 (35.2)	3 (10.7)	2 (7.1)
Left lateral incisor	3 (10.7)	4 (14.3)	2 (7.1)
Left canine	1 (3.6)	2 (7.1)	0 (0.0)
Total (%)	14 (50.0)	10 (35.7)	4 (14.3)

4.28% was reported, and in a sample of Malaysians, a lower frequency was observed as well, 5.2%. [39] These differences reflect geographical variation in the expression of this dental feature, and a study involving Western Europe populations would, perhaps, be of great interest, since it can be helpful in determining geographic variation in frequency for this trait.

In human identification, a dental feature presenting a 6.3% prevalence value can be very discriminative, since it is fairly uncommon. As the prevalence of given trait raises in a specific population, its discriminative value reduces. For instances, in Caucasians, the overall prevalence of Carabelli's trait was 63%; this higher prevalence represents a far lesser discriminative value of this trait, in this population. The prevalence of

maxillary premolar accessory ridges in Indo-European samples was reported to vary between 23.4% and 33.0%, indicating a lesser discriminative value for this trait.<sup>[41]</sup> The discriminative power of a certain trait will depend on its prevalence, and the lower the prevalence the more useful the trait will be in establishing a positive identification, particularly, if it is used together with other dental changes.

The presence of bilateral talon cusps is, yet more interesting since its prevalence is lower (2.3%), which is consistent with other studies. [31,36] However, this sort of traits have little significance if antemortem records are not available, or whether they are not recorded in the dental chart by the attending dentist. Anatomical variations have a great potential for identification because they can provide the basis for a quick identification. Due to its rarity, talon cusp is a powerful identification factor and together with other dental traits or changes, can contribute definitely to a positive identification.

In the present investigation, talon cusps were more frequent in the upper lateral incisor, followed by the maxillary canine. Overall, most studies agree with these data. [7,31,37,42,43] Talon cusps were more frequently classified as trace talon, followed by semi-talon and finally talon. These findings were, again, consistent with those reported by other authors. [37,43] No sexual dimorphism was found, which, again, agree with other investigations. [7,31,37,42,43]

## CONCLUSION

Talon cusps are a rare trait in this sample of the Portuguese population, in particular if observed bilateral, and as such have a great potential as identification factors in comparative identifications. Consequently, it is also fundamental that such traits are properly recorded in antemortem dental charts. Compared to other studies, these traits seem to have a higher prevalence in our population sample than that reported for other samples, which may be explained by population variation.

## **REFERENCES**

- Chandra Shekar BR, Reddy CV. Role of dentist in person identification. Indian J Dent Res 2009;20(3):356-60.
- 2. American Board of Forensic Odontology, Inc. Body identification guidelines. J Am Dent Assoc 1994;125:1244-6, 1248, 1250.
- 3. Mane DR, Kale AD, Bhai MB, Hallikerimath S. Anthropometric and anthroposcopic analysis of different shapes of faces in

- group of Indian population: A pilot study. J Forensic Leg Med 2010;17:421-5.
- 4. Hsu JW, Tsai PL, Hsiao TH, Chang HP, Lin LM, Liu KM, *et al.* The effect of shovel trait on Carabelli's trait in Taiwan Chinese and Aboriginal populations. J Forensic Sci 1997;42:802-6.
- Adler CJ, Donlon D. Sexual dimorphism in deciduous crown traits of a European derived Australian sample. Forensic Sci Int 2010;199:29-37.
- Khraisat A, Taha ST, Jung RE, Hattar S, Smadi L, Al-Omari IK, et al. Prevalence, association, and sexual dimorphism of Carabelli's molar and shovel incisor traits amongst Jordanian population. Odontostomatol Trop 2007;30:17-21.
- Dinesh Rao B, Hegde S. A talon cusp on fused teeth associated with hypodontia: Report of a unique case. Eur J Dent 2010;4:75-80.
- Segura JJ, Jiménez-Rubio A. Talon cusp affecting permanent maxillary lateral incisors in 2 family members. Oral Surg Oral Med Oral Pathol Oral Radiol Endod 1999;88:90-2.
- 9. Mass E, Kaffe I, Buchner A. Talon cusp in deciduous dentition. Refuat Hapeh Vehashinayim 1978;27:37-8, 31-2.
- Mader CL, Kellogg SL. Primary talon cusp. ASDC J Dent Child 1985;52:223-6.
- 11. Chen RJ, Chen HS. Talon cusp in primary dentition. Oral Surg Oral Med Oral Pathol 1986;62:67-72.
- Sedano HO, Carreon Freyre I, Garza de la Garza ML, Gomar Franco CM, Grimaldo Hernandez C, Hernandez Montoya ME, et al. Clinical orodental abnormalities in Mexican children. Oral Surg Oral Med Oral Pathol 1989;68:300-11.
- Reddy VV, Mehta DS. Talon cusp in primary lateral incisor: Report of a case. J Indian Soc Pedod Prev Dent 1989;7:20-2.
- 14. Acs G, Pokala P, Cozzi E. Shovel incisors, three-rooted molars, talon cusp, and supernumerary tooth in one patient. Pediatr Dent 1992;14:263-4.
- 15. Liu JF, Chen LR. Talon cusp affecting the primary maxillary central incisors in two sets of female twins: Report of two cases. Pediatr Dent 1995;17:362-4.
- 16. Hattab FN, Yassin OM. Bilateral talon cusps on primary central incisors: A case report. Int J Paediatr Dent 1996;6:191-5.
- 17. Sarkar S, Misra J, Das G. Talon cusp-heredity origin A case report. J Indian Soc Pedod Prev Dent 1999;17:126-8.
- Purkait SK.. Essentials of Oral Pathology. 2<sup>nd</sup> ed. New. Delhi: Jaypee Brothers, Medical Publishers; 2003. p. 38-9.
- Rajendran R. Developmental disturbances of oral and paraoral structures. In: Sivapathasundharam B, Rajendran R, editors. Shafer'S Textbook of Oral Pathology. 6th ed. Noida: Elsevier (A Division of Reed Elsevier India Pvt. Ltd.); 2009. p. 38-9.
- Hegde S, Kumar BR. Mandibular talon cusp: Report of two rare cases. Int J Paediatr Dent 1999;9:303-6.
- 21. Tse CM, Walker RT. Endodontic treatment of a canine with a talon cusp. Endod Dent Traumatol 1988;4:235-7.
- Gündüz K, Celenk P. Survey of talon cusps in the permanent dentition of a Turkish population. J Contemp Dent Pract 2008;9:84-91.
- 23. McNamara T, Haeussler AM, Keane J. Facial talon cusps. Int J Paediatr Dent 1997;7:259-62.
- Tsutsumi T, Oguchi H. Labial talon cusp in a child with incontinentia pigmenti achromians: Case report. Pediatr Dent 1991;13:236-7.

- Jowharji N, Noonan RG, Tylka JA. An unusual case of dental anomaly: A facial talon cusp. ASDC J Dent Child 1992;59:156-8.
- 26. de Sousa SM, Tavano SM, Bramante CM. Unusual case of bilateral talon cusp associated with dens invaginatus. Int Endod J 1999;32:494-8.
- Abbott PV. Labial and palatal talon cusps on the same tooth: A case report. Oral Surg Oral Med Oral Pathol Oral Radiol Endod 1998;85:726-30.
- 28. Pomeroy E. Labial talon cusps: A South American archaeological case in the deciduous dentition and review of a rare trait. Br Dent J 2009;206:277-82.
- Peker I, Alkurt MT. Talon cusp: A case series. Gen Dent 2009;57:524-7.
- Rao PK, Mascarenhas R, Shetty SR. Facial talon in mandibular incisor: An unusual occurrence. Dent Res J (Isfahan) 2011:8:229-31.
- Oredugba FA. Mandibular facial talon cusp: Case report. BMC Oral Health 2005;5:9.
- Llena-Puy MC, Forner-Navarro L. An unusual morphological anomaly in an incisor crown. Anterior dens evaginatus. Med Oral Patol Oral Cir Bucal 2005;10:15-6.
- 33. Dash JK, Sahoo PK, Das SN. Talon cusp associated with other dental anomalies: A case report. Int J Paediatr Dent 2004;14:295-300.
- 34. Harris EF, Owsley DW. Talon cusp: A review with three cases from native North America. J Tenn Dent Assoc 1991;71:20-2.
- Hattab FN, Yassin OM, al-Nimri KS. Talon cusp in permanent dentition associated with other dental anomalies: Review of literature and reports of seven cases. ASDC J Dent Child 1996;63:368-76.
- Hamasha AA, Safadi RA. Prevalence of talon cusps in Jordanian permanent teeth: A radiographic study. BMC Oral Health 2010;10:6.
- Mavrodisz K, Rózsa N, Budai M, Soós A, Pap I, Tarján I. Prevalence of accessory tooth cusps in a contemporary and ancestral Hungarian population. Eur J Orthod 2007;29: 166-9.
- 38. Guttal KS, Naikmasur VG, Bhargava P, Bathi RJ. Frequency of developmental dental anomalies in the Indian population. Eur J Dent 2010;4:263-9.
- 39. Rusmah, Meon. Talon cusp in Malaysia. Aust Dent J 1991;36:11-4.
- 40. Harris EF. Carabelli's trait and tooth size of human maxillary first molars. Am J Phys Anthropol 2007;132:238-46.
- 41. Burnett SE, Hawkey DE, Turner CG 2<sup>nd</sup>. Brief communication: Population variation in human maxillary premolar accessory ridges (MxPAR). Am J Phys Anthropol 2010;141:319-24.
- 42. Gündüz K, Açikgõz A. An unusual case of talon cusp on a geminated tooth. Braz Dent J 2006;17:343-6.
- 43. Tomazinho FS, Baratto-Filho F, Leonardi DP, Haragushiku GA, de Campos EA. Occurrence of talon cusp on a geminated maxillary central incisor: A case report. J Oral Sci 2009;51: 297-300.

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