Gender Differentiation using Maxillary Sinus

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ABSTRACT
Individual identification is an important aspect in mass disasters, road accidents, air crashes, and fire accidents, where victim’s bodies are mutilated beyond recognition. Forensics uses methods like anthropological, radiological, and deoxyribonucleic acid matching for identification of deceased individual’s gender. Maxillary sinus, the largest air sinus of body located in the maxilla, is known to help in differentiating ethnic origin and also gender of individual. We attempted to utilize various dimensions of maxillary sinus on lateral cephalogram to establish the gender. A total of 20 male and 20 female patients of age between 25 and 40 years were recruited for the study. Dimensions of maxillary sinus were measured on lateral cephalogram using Slidex image analysis software. Dimensions of maxillary sinus within our study showed no statistically significant difference in height and length of maxillary sinus among males and females.

Keywords: Forensic, Gender differentiation, Lateral cephalogram, Maxillary sinus, Sex determination.

INTRODUCTION
Identification of a decomposed, fragmented, or burnt body is a challenge for the forensic specialist. Individual identification by common physical characteristics like age, hair color, stature, etc., is commonly used. Also, in some cases, individualizing traits like tattoos will be of help in identification. In mass disasters, road accidents, air crashes, and fires where victim bodies are mutilated beyond recognition, medical forensics takes a major role in identification of the individual.1-3

AIMS AND OBJECTIVES
To evaluate the differences in dimensions of maxillary sinus among males and females using lateral cephalogram.
To correlate differences in dimensions among males and females to determine if it can be used for gender differentiation.

MATERIALS AND METHODS
The sample for the study constituted patients attending the Department of Oral Medicine and Radiology, Sri Siddhartha Academy of Higher Education, Tumkur, India. Sample size consisted of 40 patients, out of which 20 were males and 20 were females of age 25 to 40 years.

Selection Criteria
Patients with history of deleterious habits, facial asymmetry, cleft lip and palate, orthodontic treatment, orthopedic and facial asymmetry, or maxillary sinus pathology.
were excluded from the study. Patients with completely erupted permanent dentition and good-quality radiographs were considered in the study.

**Procedure**

Lateral cephalogram was taken for each patient by positioning in the cephalostat with the sagittal plane of the head in vertical, the Frankfort plane in horizontal, and teeth in centric relation with head in natural head rest position. On obtaining radiographs, the maxillary sinus and cephalometric landmarks used were marked and measured using Slidex image analysis software in millimeters as shown in Figure 1.

**Method of Measurement**

- **X-axis:** Horizontal guiding plane was marked by drawing a line from midpoint of sella turcica to nasion.
- **Y-axis:** Vertical guiding plane was marked by drawing a line from midpoint of sella turcica to gnathion.
- Superior (S) and inferior (I) border of the sinus was marked by drawing lines parallel to horizontal guiding plane.
- Anterior (A) and posterior (P) borders of the sinus were marked by drawing lines parallel to vertical guiding plane.
- Height of maxillary sinus was maximum distance between superior and inferior borders.
- Length of maxillary sinus was maximum distance between anterior and posterior borders.

**RESULTS**

According to the present study, the mean maxillary sinus length among males is 41.95 ± 3.89 and among females is 40.96 ± 3.65. This difference was not statistically significant (p = 0.42) (Graph 1). Mean maxillary sinus height among females is 37.7 ± 9.30 and males is 40.57 ± 4.20. This difference was also not statistically significant (p = 0.24) (Graph 2). A fair correlation (r = 0.39) relationship between length and height of maxillary sinus among females was found (Graph 3), and also a fair correlation (r = 0.39) relationship between length and height of maxillary sinus among males was found (Graph 4). So, there was no statistically significant relationship between maxillary sinus length and height among males and females.

**DISCUSSION**

Gender determination is an essential requirement in the field of forensic medicine. Gender identification in mass disasters and in cases of skeletal remains, typically when only skull is available, is a daunting task in developing countries. The need of the hour is to develop a method, i.e., simple, less time consuming, noninvasive, and inexpensive for gender identification.
Maxillary sinus is the pneumatic space lodged in the body of maxilla, which communicates with the exterior through middle meatus.11 This anatomical structure plays a vital role in reducing weight of the skull and remains intact in most deceased individuals.8,9 The size of maxillary sinus depends on age,14,15 which tends to stabilize after the second decade of life. It has been found that maxillary sinus areas are larger in males than in females.10 The radiographic images could provide adequate measurements for maxillary sinuses that cannot be approached by other means. Maxillary sinus can be easily measured on lateral cephalogram, which is simple, less time consuming, noninvasive, and an inexpensive method for various forensic purposes. Maxillary sinus dimension measurements are valuable in studying sexual dimorphism. Hence, morphometric analysis of maxillary sinuses can assist in gender determination.16 So, with this background, we designed this study for attempting gender identification by measuring maxillary sinus on lateral cephalogram.

Various studies have shown that there is significant variation in the dimension of maxillary sinus between males and females.8-10 In our study, maxillary sinus measurement among males and females did not show any statistically significant difference. Similar study by Dhiman et al17 showed no significant variation in maxillary sinus in males and females, whereas frontal sinus showed significant variations. Within our study, we were unable to find any statistically significant result, possibly due to two-dimensional analysis of a three-dimensional structure. So, other simpler routinely used radiographic views, such as paranasal sinus view, anteroposterior view, and orthopantogram can be studied to check whether they can provide any sexual dimorphism of maxillary sinus measurements.

**REFERENCES**


