Misclassification Probability of Dental Discrimination Functions for Sex Determination

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ABSTRACT: Misclassification probability of dental discriminant functions for sexing American whites was evaluated using three verification procedures. These validation techniques involved sample resubstitution, jackknife classification, and use of a holdout sample. Resulting discriminant score distributions yielded correct classifications ranging between 65 and 81% depending upon the particular tooth combinations selected. Dental discriminant functions are applicable to forensic science cases if used with caution.

KEYWORDS: odontology, dentition, human identification, sexing discriminant functions, misclassification

Sexual dimorphism in tooth size has led to the development of dental discriminant functions for sex determination [1-6]. Basic to their application to samples of forensic science or archaeological interest is the question of discriminatory effectiveness. The probability of misclassification has often been estimated through a process of resubstitution [7]. Samples used to compute discriminant formulas were reused in estimating error rates. Error rates of 15% or less have been reported using resubstitution [3,4,8]. Simulation studies, however, find this technique to be misleading, yielding a biased estimate that reduces the probability of misclassification [7]. Using the same data to define and test effectiveness of a function ensures favorable bias toward correct classification. The error is especially acute when samples used to develop the functions are small, a common occurrence with archaeological samples.

Other validation procedures have also been used. For example, Ditch and Rose [3] applied a holdout method for estimating the probability of misclassification. A separate sample not included in developing the functions was evaluated to estimate error probabilities. Their test series was limited in size. Males, who showed a higher percentage of misclassification on the various functions, were represented by a small holdout sample (n = 6).

Scott and Parham applied a jackknife procedure for estimating discriminatory effectiveness [6]. In jackknife validation, each individual is sequentially omitted from computation of the discriminant function without contributing to group means or the pooled within groups variance-covariance matrix [9]. Subsequent identification of individual cases on corresponding functions reduces bias [10]. The effectiveness of Scott and Parham's best function was 88.2% correct classification as determined by jackknife testing [6].

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This study reports the probability of misclassification for dental discriminant functions derived for a sample of American whites. Three validation procedures were applied. The overall objective was to assess the practicality of using dental discriminants for sex determination in forensic science case studies.

Materials and Methods

Mesiodistal (MD) and buccolingual (BL) diameters of 14 right permanent teeth, excepting third molars, were measured on dental casts of American white students of the University of Tennessee, Knoxville (male = 86; female = 90). Measurements were taken to 0.1 mm using Helios Dial calipers with needle tips. Sixty of these cases (males = 30, females = 30) lacked a complete set of measurements because of agensis, pathology, or orthodontic alteration. This subset was withheld from formula calculations, providing a special test for the various functions developed using the larger reference sample.

Data were analyzed using the stepwise jackknife discriminant function program BMDP7M [9]. Separate and combined formulas were developed for buccolingual and mesiodistal measurements of the maxillary (Max.) and mandibular (Mand.) dentition (Table 1). For each initial formula, a second formula with fewer variables was determined by including only variables having significant F ratios at the 0.05 level when entering the discriminatory sequence. For instance, buccolingual measurements of mandibular teeth I1 through M2 (seven variables) were entered into the discriminant function and rates of correct classification were ascertained. Because dental measurements are highly correlated and since not all dimensions present a marked sex difference, fewer teeth frequently describe the difference between males and females. In this example, two measurements proved statistically significant, canine and second premolar buccolingual measurements (Table 1). A second formula based on this variable subset was then evaluated. This limiting procedure determines the smallest variable subset with possible discriminatory utility. Formulas based on the least possible number of measurements represent a realistic approach when considering forensic science applications. Teeth may become lost, especially single rooted anterior teeth, and not located during skeletal recovery. Loss excludes use of any formula based on missing teeth. Thus, testing formulas relying on few dimensions are a practical necessity.

Three techniques were used to estimate misclassification rates: (1) resubstitution, (2) jackknife, and (3) holdout. Resubstitution and jackknife classification results are available for all formulas presented in Table 1. Both methods are based upon the reference sample. Statistically, however, the jackknife procedure best defines accuracy of resulting discriminant formulas. Validation testing using the holdout sample was possible with formulas requiring fewer variables.

Results and Discussion

Results indicate a level of accuracy ranging between 69 and 81.5% by resubstitution and 65 to 80.6% by jackknife (Table 1). Resubstitution and jackknife differences vary by as much as 10%, although the discrepancy is often minor. The average difference based on comparison of both sets of formulas is 3%, with resubstitution evaluations being less conservative. Further discussion focuses upon the more reliable jackknife test results.

Functions based on mandibular teeth perform better than those based on the maxillary dentition. This observation applies to both mesiodistal and buccolingual measurements, whether treated separately or in combination. The complete formula based on 14 buccolingual and mesiodistal maxillary measurements indicated correct classification of 65% of the sample. The corresponding value for mandibular measurements was 74.1%. Our results provide no evidence for systematically better discrimination by functions based on mesiodistal diameters than for buccolingual, although this has been noted by Garn et al [8].

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		Refe San	Reference Sample		Resub ficatio	Resubstitution Classi fication (% Correct)	lassi- rect)	Jackl	Jackknifed Classi- fication (% Correct)	assi- rrect)	Test S	Test Samples	Test S ficatio	Test Sample Classi- fication (% Correct)	assi- rect)
Measurements	- Teeth	Males	Females Variables	Number of Variables	Males	Females	Total	Males	Females	Total	Males	Females	Males	Males Females	Total
Max. BL	I ¹ -M ²	50	50	7	72.0	68.0	70.0	66.0	64.0	65.0	:	:	:		:
Max. BL	M ¹ , M ²	50	50	2	74.0	66.0	70.0	74.0	64.0	69.0	25	21	72.0	47.6	60.9
Max. MD	I ¹ -M ²	50	<u>50</u>	7	68.0	72.0	70.0	66.0	72.0	69.0	:	:	:	:	:
Max. MD	C, M ²	50	- 50	2	68.0	70.0	69.0	68.0	68.0	68.0	22	20	77.3	45.0	61.1
Mand. BL	I_{1-M_2}	51	57	7	74.5	77.2	75.9	68.6	75.4	72.2	:	:	:	:	÷
Mand. BL	C, P ₂	51	57	2	74.5	80.7	77.8	72.5	80.7	76.9	28	24	67.2	69.3	68.5
Mand. MD	I ₁ -M ₂	51	57	7	74.5	80.7	77.8	68.6	75.4	72.2	:	:	:	:	:
Mand, MD		51	57	e	70.6	78.9	75.0	66.7	78.9	73.1	27	25	77.8	68.0	70.9
Max. BL, MD	I ¹ -M ²	50	50	14	74.0	76.0	75.0	64.0	66.0	65.0	:	:	:	:	÷
Max. BL, MD	MD C, BL M_2	50	50	2	72.0	78.0	75.0	72.0	76.0	74.0	27	22	70.4	59.1	65.3
Mand. BL, MD	$I_1 - M_2$	51	57	14	78.4	78.9	78.7	72.5	75.4	74.1	÷	:	:	:	:
Mand. BL, MD															
		51	57	e	78.4	84.2	81.5	78.4	82.5	80.6	20	19	80.0	78.9	79.5
Max., Mand.															
BL, MD	Max. MD C, BL														
	C BL M ² ; Mand. BL C	45	47	4	77.8	78.7	78.3	73.3	78.7	76.1	27	22	63.0	68.2	65.3

TABLE 1–Validation results for dental discriminant functions.

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Improved results were derived using variable subsets containing two to four variables. Our best formula correctly classified 80.6% of the reference sample. This formula was based on three mandibular measurements involving the canine (BL), first premolar (BL), and first molar (MD). The measurements most consistently emphasized in abbreviated formulas were canine dimensions. Canine measurements are predominant in discriminant functions developed by others [3,6,11]. This tendency reflects relatively greater sexual dimorphism and greater discriminatory value of canines as compared with other teeth [1,5,12-16].

Holdout results were less than jackknife on all formulas. The canine, first premolar, and first molar function experienced the least reduction in accuracy, with a drop of only 1%. On other formulas misclassification rates increased dramatically, especially for females. The holdout sample was comprised of individuals with missing observations. Factors documented as responsible for missing teeth included agenesis and extraction because of crowding. Both factors have an effect on tooth size [17], and thus also affect dental discriminant scores.

Discriminant score distributions for American whites display considerable overlap. The estimated efficiency of our formulas approximate those of Corruccini and Henderson [2] and Potter [5], but are not as high as reported for formulas derived from archaeological samples of American Indians [3,4,6]. Perhaps population differences are indicated in the magnitude of sexual dimorphism.

Crown measurements do not allow sex determination at the level of accuracy achieved by conventional indicators [18, 19]. Nevertheless, a positive view with regard to potential forensic science applications should be taken. The method has certain advantages. Dependence on the dentition is beneficial when preservation is poor. The more durable dentition may allow sex identification even though osseus criteria are damaged or destroyed. Also, dental discriminant sexing techniques are applicable to older children. Measurements needed are obtained from the permanent dentition, which begins alveolar eruption at age six. If appropriate measurements can be obtained, sex can be determined. The lack of accurate criteria for sexing subadults is a major problem in skeletal biology research. Dental discriminant sexing helps alleviate this difficulty.

Conclusions

This research has examined dental discriminant formulas as objective methods for sexing American whites. Attention was given to validation results as determined through techniques termed resubstitution, jackknife, and holdout. The evaluation attempts to establish guidelines leading to the formulation of discriminants based on known sex skeletal samples. Our findings include the following:

1. Various techniques are available for ascertaining formula effectiveness.

2. Specific combinations of variables, such as mandibular measurements and, in particular, canine measurements, provide best results.

3. The level of accuracy is approximately 80%.

4. Application of formulas to individuals displaying antemortem tooth loss decreases the level of accuracy.

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