Comparative Evaluation of Lip Prints Patterns in Gender and Different Musculoskeletal Malocclusion
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Abstract

Aims: To determine association between lip print pattern and different skeletal malocclusions and gender.

Material and Methods: Lip prints of 250 patients were obtained and analyzed. Skeletal and dental class I, II, III were analyzed and gender were mentioned. Kruskal wallis test was applied and p value was derived. Level of significance was kept at .05%.

Results: In skeletal Class I Males, type IV lip print is common; while in class I females IV are most common. In skeletal Class II males, Type IV. However in Class II females – Lip print type II is most common. In skeletal class III males Type I lip print is more common and class III Females Type II lip print is commonest.

Conclusion: There exists a particular pattern of Lip prints in certain skeletal malocclusion and gender.

Keywords: Comparative Evaluation, Musculoskeletal Malocclusion, Lip prints.

INTRODUCTION

One of the most difficult things since a long time is the identity of individuals. It is required for many reasons like personal, financial, dispute over biological parents, identification of dead bodies and also importantly legal aspects [1]. Characteristics which are unique are used to identify people. One common example is finger prints. It is permanent, unique and reliable source of human identification.

A similar style for identification also occurs lip prints. These are defined as normal lines or wrinkles in the zone of transition of human lip, (called sulci labiorum), study of which is called cheiloscopy.

It can be defined “as a method of identification of a person based on characteristic arrangements of lines appearing on the red part of lips or as a science dealing with lines appearing on red part of the lips”.

The relationship between the skeletal malocclusions (Class I, II and III) and soft tissue facial morphology has been an arena of vast research in contemporary orthodontics. The lip prints are unique to an individual just like the fingerprints and shows strong hereditary pattern. Therefore; this study was designed to explore correlation of lip prints with skeletal base relationship in North Indian adult population and if possible, to establish lip prints as relevant diagnostic and forensic tool [2, 3].

Advantages of considering lip prints as a reliable identification source–
- It remains uniform throughout the life.
- Can be used to predict certain traits such as malocclusion.

CLASSIFICATION

In 1967 Santos was the first person to classify lip grooves. He divided them in to four types namely[4]
- Straight line
- Curved line
- Angled line
- Sine-shaped line

Suzuki and Tsuchihashi, in 1970, devised a classification method of lip prints, which follows[4]:

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prints with either conventional finger print developing powder or with a magna brush and magnetic powder.

**MATERIAL AND METHODS**

Sample included 250 Central Indian population, adult subjects. The study was conducted in Government college of dentistry, Indore, in department of orthodontics and Dentofacial Orthopedics. Subjects were randomly chosen from the outpatients department. Criteria for sample selection included subjects having no lesions on the lips, no congenital facial defects, no congenitally missing teeth or extracted teeth (except third molars). Individuals with known hypersensitivity to lipsticks were not included in this study and none of the subjects had undergone orthodontic treatment or maxillofacial surgery previously. A written informed consent was obtained from all the subjects.

The lip prints were obtained by applying lipstick and then individual pressing his/her lips against cellophane tape. This was then transferred to a thick paper sheet and then used to analyze the lip pattern. (figure 1). Suzuki and Tsuchihashi’s classification was followed. It was modified by the author as more than one lip print patterns are seen to be existing in single lip. Thus the lip was divided in two parts – upper and lower lip. Upper lip was divided in three parts by vertical lines passing through mid-line and sides.(figure 2). Similarly, lower lip was divided. Each of the segment was then evaluated for lip patterns. Pattern which was existing in more than 75% of lip was assigned that pattern.

Also, the molar relation and skeletal pattern obtained through cephalometric evaluation was checked in these patients and recorded.

Data collected was analyzed and segregated and prepared a chart. Statistics were applied to the data.
Observations

Table 1: Demographic details of malocclusion and Gender with lip prints patterns

<table>
<thead>
<tr>
<th>Lip prints</th>
<th>Class I Males</th>
<th>Class I Females</th>
<th>Class II Males</th>
<th>Class II Females</th>
<th>Class III Males</th>
<th>Class III Females</th>
<th>Kruskal wallis test $X^2$</th>
<th>significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>9</td>
<td>21</td>
<td>5</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>.001</td>
<td>significant</td>
</tr>
<tr>
<td>I’</td>
<td>8</td>
<td>1</td>
<td>9</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>.02</td>
<td>Non-significant</td>
</tr>
<tr>
<td>II</td>
<td>6</td>
<td>12</td>
<td>8</td>
<td>30</td>
<td>1</td>
<td>3</td>
<td>.001</td>
<td>significant</td>
</tr>
<tr>
<td>III</td>
<td>12</td>
<td>08</td>
<td>8</td>
<td>7</td>
<td>1</td>
<td>0</td>
<td>.003</td>
<td>significant</td>
</tr>
<tr>
<td>IV</td>
<td>21</td>
<td>24</td>
<td>15</td>
<td>6</td>
<td>0</td>
<td>1</td>
<td>.001</td>
<td>Significant</td>
</tr>
<tr>
<td>V</td>
<td>9</td>
<td>5</td>
<td>8</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>.03</td>
<td>Non-significant</td>
</tr>
</tbody>
</table>

According to table 1, in each group i.e. skeletal Class I Males, type IV lip print is common; while in class I females IV is most common. In skeletal Class II males, Type IV. However in Class II females – Lip print type II is most common. In skeletal Class III males Type I lip print is more common and class III females Type II lip print is commonest.

Table 2: Distribution of lip prints patterns in skeletal malocclusion

<table>
<thead>
<tr>
<th>Lip prints</th>
<th>Skeletal Class I</th>
<th>Skeletal Class II</th>
<th>Skeletal Class III</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>30</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>I’</td>
<td>9</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>II</td>
<td>36</td>
<td>40</td>
<td>3</td>
</tr>
<tr>
<td>III</td>
<td>20</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>IV</td>
<td>39</td>
<td>14</td>
<td>1</td>
</tr>
<tr>
<td>V</td>
<td>13</td>
<td>10</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 3: Percentage of lip prints in males and females

<table>
<thead>
<tr>
<th>Patterns</th>
<th>Males (%)</th>
<th>Females (%)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type I</td>
<td>17 (13.6%)</td>
<td>53 (43.3%)</td>
<td>0.0001</td>
</tr>
<tr>
<td>TYPE I’</td>
<td>9 (7.2%)</td>
<td>37 (30.6%)</td>
<td>.0001</td>
</tr>
<tr>
<td>TYPE II</td>
<td>15 (12%)</td>
<td>18 (14.17%)</td>
<td>.05</td>
</tr>
<tr>
<td>TYPE III</td>
<td>21 (16.8%)</td>
<td>8 (5.29%)</td>
<td>.007</td>
</tr>
<tr>
<td>TYPE IV</td>
<td>36 (28.8%)</td>
<td>6 (4.14%)</td>
<td>.0001</td>
</tr>
<tr>
<td>TYPE V</td>
<td>27 (21.9%)</td>
<td>4 (2.5%)</td>
<td>.0001</td>
</tr>
</tbody>
</table>

RESULTS

After applying chi square test, Statistics value – chi square value = 24.71 and p value obtained is highly statistically significant – p =0.00. Thus there is difference in malocclusion and lip print patterns.

In each group i.e. skeletal Class I Males, type IV lip print is common; while in class I females IV is most common. In skeletal Class II males, Type IV. However in Class II females – Lip print type II is most common. In skeletal class III males Type I lip print is more common and class III females Type II lip print is commonest (table 2).

According to results shown in table 3 in this study type I and I’ is more common in females followed by type II lip pattern. In males most predominant lip pattern type IV followed by type V. Statistical analysis shows significant p value, thus showing sexual dimorphism in lip print patterns.

DISCUSSION

Present study reveals that different malocclusions had certain predominant lip print patterns. For example – in skeletal class I, lip prints IV and II are predominantly present. In class II, lip pattern...
that is predominant is type II. In class III, predominant lip pattern is type I.

While in gender, type I and I’ is more commonly seen lip patterns in females while Type IV and V are common in males.

T R Saraswathi et al. [5] in 2009 published a study on variation of morphological lip print pattern in males and females; his results showed that Type III lip pattern is most prevalent in both males and females in South Indian population.

In another recent study conducted by Ezemagu et al. [6] in 2018, found Type I’ is most predominant pattern in Males and type I is most common in Females.

However, in present study Type IV is most common lip pattern seen in males and type I is most commonly seen in females.

Narayan et al. [7] in 2012 conducted study to analyse relation of malocclusion to lip prints and his results show that lip pattern type I and III are more common in Skeletal Class I; Type I and IV are more common with skeletal class III, and type I and II being more common with skeletal class II.

In a similar study by P Raghav et al. in 2013 [8], to explore the association of lip print and malocclusion in north Indian population, concluded that no sexual dimorphism was present and that vertical lip pattern was predominant in skeletal class III malocclusion.

CONCLUSION
Thus lip prints can be employed for sagittal jaw relation recognition which may be of great help in identification to forensic people. Also in our study, it has shown to have sexual dimorphism present. But still further extensive studies with larger sample size are necessary to be carried out to establish a clear cut association between the two.

REFERENCES