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Fashion for a reason

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1 Fashion for a reason: Oral forms of jewellery to aid Forensic Dentistry

2 Abstract: Jewellery along with other personal effects have been used for human identification 3 and acknowledged in the INTERPOL (The International Criminal Police Organization) DVI 4 (disaster victim identification) forms. It is hypothesised that modified oral jewellery has scope 5 haas a unique personal effect that can be used in combination with other identifiers. The main aim of this study was to investigate the opinions on the use of modified tooth/oral jewellery 6 7 items among 90 subjects. The secondary aim was to create and suggest an elaborated oral 8 charting system to document oral jewellery and tooth modifications and respective 9 abbreviations. A number of 30 dental students, 30 dentists and 30 designers/tattoo & piercing artists (groups G1, G2 and G3) responded to online closed-ended online surveys (versions V1, 10 V2 and V3). As results, G1 related considered jewellery to 'fashion/contemporary' (77%), and 11 47% considered it 'unique' unique and accepted the idea of wearing a customised oral 12 13 jewellery (equally 47%). G2 considered oral jewellery as 'disgusting/vile fashion' (46.66%), unique (60%) and and 'unique to a person' (60%). 53% of dentists accepted the idea of 14 15 presenting oral jewellery to their patients. G3 associated it to 'a sign of rebellion' (53.3%), unique (40%) and accepted the idea of making customised oral jewellery (50%), considering 16 17 to be a 'unique mark' (40%). Preferable designs were tooth jewel (G1), implant with Hallmark 18 (G2) and fixed tooth ring (G3). As conclusions, oral jewellery and piercings are considerably highly acceptable by the public assessed dental students but the uniqueness of oral jewellery 19 was more recognized by the dentists. Modified oral jewellery has been fairly accepted among 20 all but the design varied. and can be distinctive by modification. A recording of those by the 21 22 dentist could potentially aid in forensic dental identifications. Therefore, an elaborated oral charting system to document oral jewellery and tooth modifications and respective 23 abbreviations were also suggested to grant a useful reason to this fashion. 24

Keywords: forensic dentistry; oral jewellery; tooth modification; dental chart; human
 identification.

27 Introduction: Forensic dentists are mainly trained frequently requested to assist in human identification, and age estimation. ,sex and ancestry determination. Human identification by 28 29 dental means is performed by comparing ante-mortem (AM) and post-mortem (PM) dental 30 records¹ in order to establish a positive identity; and sometimes DNA must be analysed from extracted from teeth; however, the comparison of dental records is not always possible 31 32 because the AM dental records might be missing, inaccurate or very old. Moreover, there is a rising concern of people towards dental hygiene and Due to the improvement of oral 33 hygiene, it is not rare to find-blank dental records where there is with no dental work carried 34 35 out/recorded. to compare to the PM findings in order to establish an a positive identity. On the one hand, jewellery has been assessed as an anthropological aspect of identity in different 36 37 fields of archaeology and anthropology in order to retrieve information of the socio-economic status, religious affiliations, gender-sex, ethnicity². and sometimes the person itself. Tattoos, 38 39 piercing, and scarification are also not unusual among adolescents and young adults³ in the current society. On the other hand, jewellery can be used for human identification because 40 41 they might be the only intact objects left after an air crash or natural disaster⁴. is also very commonly found evidence at crime scene or in a disaster scenario. Nowadays, ornamental 42

piercing enjoys widespread popularity giving jewellery a more prominent position as evidence 43 in identification process. For instance, information about jewellery is requested with other 44 personal effects in the INTERPOL disaster victim identification (DVI) Post Mortem PM forms 45 (pink) victim identification: unidentified human remains forms 300's form (section 310 is 46 specified for watches and 335 for jewellery)⁵. In body description 400's form, sections 424, 47 432, 440, 444, 448 and 452 address distinctive features in the deceased especially ear-lobe 48 piercing. On other hand Moreover, dental information 600's forms specify "jew" as an 49 abbreviation of 'tooth jewellery' and "tam" as an abbreviation of 'tooth modification'6; in 50 51 general, dentists are not familiar with types of oral jewellery and classifications of tooth 52 modifications; therefore, an elaborated system to record oral jewellery is needed by dentists due to the great variety of piercing types and anatomical sites for insertion. 53

A number of case reports or review articles on immediate or long-term complications of ornamental oral piercing have been published but not a single one has reckoned on the significance of ornamental piercings in oral cavity oral forms of jewellery for human identification. The main aim of this study was to investigate the opinions on the use of modified tooth/oral jewellery items among dental students, dentists, designers/tattoo & piercing artists. The secondary aim was to create and suggest an elaborated oral charting system to document oral jewellery and tooth modifications and respective abbreviations.

61 Literature Review

62 Aesthetic Dentistry

Aesthetics in dentistry serves as a major reason for seeking dental treatment. Since the introduction of orthodontics to the most current visual perceptions of the facial aesthetics (botulinum toxin injection, lip fillers, etc)⁷. The dental appearance of a person is frequently used to evaluate the social status, the personal and intellectual characteristics and the employment prospects; it also can play a critical role in a person's self-image, self-esteem and oral and psychological health⁸. Moreover, people with highly aesthetic dentitions are more prone to value dental health⁹.

It is important to note that the facial aesthetic perception differs among individuals and is often affected by their own experiences, and the influence from society and culture¹⁰. Also, the amount of change can be so extreme that people would desire a body different from the conventional human body. Nowadays, oral jewellery is mainly used as a style statement and the psychological effects are not as important as the facial aesthetics.

75 Tooth modifications

Throughout the long history of mankind, healthy teeth have always represented a symbol of youth and health. Tooth modifications can also represent the passing of status from one phase of life to the next such as the change from adolescence to adulthood. Tooth modifications are forms of cultural expression¹¹ related to the rite of passage, religious ritual purposes¹² or performed entirely for aesthetic reasons¹³. Modifications include filling, notching, drilling, grooving, grinding, chipping, breaking, extracting, inlaying or cutting away the crown of the teeth (or just part of it), sharpening to a point, lacquering or staining, affixing

- 83 the crown with gems or precious metals¹⁴. Teeth mutilation practices have been noticed in
- 84 inhabitants of the developed and under developed world regions and similar rituals have
- 85 been preserved until nowadays in form of personal statement or as a ritual. Moreover, these
- 86 dental modifications can also be a means to achieve self-identity¹² and, eventually, this
- 87 physical change could be used for human identification.

88 Oral soft tissue modification

Perforation of the lower lip (or less often the upper) for insertion of a decorative plug or other 89 90 ornament was once widespread among Africans, including the women of Mursi. Insertion of decorative objects through the nose, perforation of the septum or of one or both of the wings, 91 or alae (or both procedures combined) is still common in India¹⁴. Gum tattooing or dying 92 (black gums) is a popular practice among women in West African countries like such as 93 Senegal as a sign of beauty¹⁵. however, intra oral tattoos are practised worldwide but are not 94 95 very common; Intra oral tattoos such as the inner lip inking is on the rise as a latest trend in body art with the lower labial mucosa being tattooed because of its uniqueness and it is not 96 readily visible¹⁶.-Amalgam tattoo which is an iatrogenic lesion, caused by accidental/traumatic 97 98 entry of dental amalgam into the soft tissues¹⁷, is suggestive of a previous amalgam tooth 99 filling that has been replaced. By the end of the 20th century, piercing of the ears, tongue, nose, lips, and other parts of the head had become a social marker within some Western 100 101 cultural groups. Another pigmented oral lesion of exogenous origin is the graphite tattoo. It mainly results from accidental injury in which graphite from the tip of the pencil is inserted 102 into the oral mucosa, but case reports are rare¹⁸. 103

104 Scope of Forensic Jewellery

The ability of gemstones and precious metals to withstand high temperatures and extreme 105 106 impacts, as well as immersion in water, means they are sometimes the only intact objects left 107 after an air crash or natural disaster. According to a survey carried out in 2016, 21% of the American adults have a tattoo and 49% have ear piercings as the most popular body 108 modification. Also piercing is accepted at a much younger age whereas 84% of people believe 109 that a person aged 18 to 21 should get have a tattoo without parental consent⁷. A single 110 unidentified body can be examined for any unique marks by visual appearance or 111 radiographically. For instance, full length radiographs are taken through body bags just to 112 investigate unusual findings for future comparison with AM medical records. Jewellery has 113 the potential to be compared with AM records in case of any specificity in design, location or 114 material noted in the records. 115

Diamonds and gemstones are effective at collecting DNA and skin cells that can help identify 116 their wearer⁴. Moreover, gemstones and precious metals have the ability to withstand high 117 temperatures and extreme impacts⁴. Oral jewellery has the potential to assist as auxiliary 118 evidence because it is personal and protected inside the oral cavity in different possible forms: 119 120 cemented to the tooth (tooth rings and tattooed crowns), pierced in oral soft tissues (tongue or lip piercings) or even embedded in the bone or tooth (implants and pin/post). A studied 121 showed that dental implants are used as an essential aid in forensic dental identification 122 because of its ability to resist higher temperature even after incineration¹⁹. A suggested 123

anatomical chart especially designed for oral jewellery/piercing or tattoos and a system ofhallmarking would contribute as additional AM information.

126 Effects of intraoral jewellery and piercings

According to the American Academy of Paediatric Dentistry (AAPD), oral jewellery may lead 127 to increased plaque levels, gingival inflammation and/or recession, caries, diminished 128 articulation, metal allergy pain, infection, scar formation, tooth fractures, metal 129 hypersensitivity reactions, localized periodontal disease, speech impediment, Ludwig's 130 angina, hepatitis, and nerve damage²⁰; however, there is a limited literature related to the 131 effects. The scientific articles are mainly related to case reports with a low number of patients 132 and two-review articles. Findings show that the most commonly described oral consequences 133 are damage to the teeth and periodontal alterations caused by tongue piercing²⁰⁻²². Tongue 134 jewellery worn over a long period of time may result in the colonisation of perio-donto-135 pathogenic bacteria at the piercing site, especially if the subject does not carry out 136 137 appropriate oral hygiene practices²¹.

138 Piercing types and anatomical location

139 Different forms of oral and perioral piercings can be placed almost everywhere in oral cavity as follows: lip piercings [Monroe (left side of upper lip), Madonna (right side of upper lip), 140 medusa (centre of upper lip), labret piercing (single lower lip piercing at centre or off- centre), 141 vertical labret (top of the lower lip to bottom of the lower lip), vertical low Bert (lower 142 143 vestibular sulcus to jawline), horizontal lip (lower lip pierced horizontally), angel bite (contralateral piercings on upper lip), snake bite (contralateral piercings on lower lip), spider 144 bite (unilateral lower lip dual piercing closed together), vampire bite (unilateral lower lip dual 145 piercing separated by space), canine bite (quadrilateral upper and lower lip piercings in front 146 of four canines), cyber bite (upper and lower lips pierced separately at centres)]; tongue 147 148 piercings [classic (dorsoventral tongue piercing at centre or sides), venom piercing (the 149 barbell is placed dorsally, curves down toward the ventral side of the tongue, and resurfaces 150 at the dorsal aspect), web piercing (lingual fraenum piercing), horizontal tongue piercing (side to side piercing through body of the tongue), tip piercing (tip of the tongue), dimple piercing 151 152 (unilateral or bilateral check piercing)]; uvula piercing; labial fraenum piercing and buccal fraenum piercing²³. 153

154 Hallmarking and tracking

A hallmark is a government seal that is stamped onto precious metal objects to certify their 155 metal purity., such as jewellery or silverware. The purpose of a hallmark is to certify the metal 156 purity of the item. Only a UK Government Assay Office can apply a hallmark. Testing precious 157 metals for purity is called "assaying"¹². In the UK, all jewellery that have been made with gold, 158 silver, platinum or palladium, must be hallmarked according to the Hallmarking Act 1973²⁴. 159 160 The existing concept of personal identification from dental prostheses, either by surface marking or inclusion techniques, has been facilitating the identification of living people (cases 161 of unconsciousness or loss of memory) or for forensic purposes²⁵. The denture markers 162 should be biologically inert, inexpensive, easy to inscribe, possible to retrieve after an 163 accident, and survive elevated temperatures. Although the frequency of edentulousness has 164

decreased in recent years due to the improvement in oral health, this concept is still useful²⁶;

166 however, new ideas such as a hallmark of pin/post, a piercing with hallmarked jewellery could

167 contribute to a wider possibility of markers to aid in forensic dental identification. An

advantage of a hallmark of fixed posts or piercings is the permanence in the oral cavity whilst

169 dentures can be easily lost or misplaced.

170 Methodology

School of Nursing and Health sciences and Dental Research Ethics Committee (SREC) of the 171 University of Dundee, Scotland, UK has reviewed and approved the study under application 172 number 2018005_Farrukh. The first part of this research was to investigate the opinions of 173 174 tree distinctive populations. The young generation (dental students), the qualified dentists and the artists who would design the oral jewellery. The sample size was comprised of an 175 176 equal number of 30 dental students (group G1), 30 dentists (group G2) of the University of Dundee (Scotland, UK) and the University of Health sciences (Lahore, Pakistan) and 30 177 178 designers/tattoo & piercing artists (group G3) of the city of Dundee (UK).

The anonymous subjects were of minimum age of 18 years old were, but sex and age were 179 180 requested. Three closed-ended surveys (V1, V2 and V3) were created via google forms (© 2015 Google Inc.) and comprised of four questions (Q1 and Q2). Each version briefly explored 181 opinions on different values of the oral jewellery /piercings as follows: V1 explored the 182 cultural value; V2 explored the hygienic value and V3 explored the creational value. The first 183 two questions were similar to all used for the three groups. Q1 explored an overall opinion 184 185 about oral jewellery/piercing and Q2 explore the opinion about the uniqueness. and the last two questions (Q3 and Q4) were different examined the opinions on designs (custom-186 made and type) specifically for each group as shown in table 1. 187

188 Table 1 – Description of questions and respective options in the surveys.

The nine different oral jewellery design proposed in question 4 were: removable tooth ring, fixed tooth ring, tattooed crown, tooth tattoo, invisibly engraved crown, hallmarked pin/post, implant with hallmark (all dental origin), tooth jewel (dental and body art origin) and piercing with hallmarked jewelery (body art origin). Data collected from all groups was analysed and compared using descriptive graphs. The second part of this research was to design an oral charting system to document oral jewellery and tooth modifications with respective

abbreviations based on available literature.

196 Analysis of Results

Results for question 1, showed that 50 out of 90 (56%) pooled responses related oral 197 jewellery/piercings to "Fashion/contemporary", followed by 24% as "A sign of rebellion" and 198 20% as "disgusting/vile". "Fashion/contemporary" was the first choice for G1 (77%), and G2 199 responded equally to "fashion/contemporary" and "disgusting/vile" (46.5%) whilst "A sign of 200 201 rebellion" was popular for G3 (53%) as seen in figure 1. Female participants on average were 202 very clearly related oral jewellery/piercings to "Fashion/contemporary" whereas male participants had quite mixed opinion whether considered oral jewellery is as 203 "Fashion/contemporary" or "A sign of rebellion". Results for question 2, showed that 47% of 204

- G1 considered 'yes' to tooth jewellery/modification as a unique mark, 60% of G2 responded (maybe" and G3 responded equally to "Yes" and "maybe" (40% each).
- 207 Figure 1 Relation of oral jewellery to given expressions, comparison amongst survey groups.

208 Considering question 3, Results for question 3 showed that overall 50% of the pooled 209 participants considered the idea of wearing customised oral jewellery by choosing the 210 "unusual but acceptable" option, followed by 36% of responses "interesting & strange" and 211 14% of responses of "never". G1 responded equally to "interesting & strange" and "unusual 212 but acceptable" by 47% each whereas G2 considered "unusual but acceptable" by 53% as 213 shown in figure 2.

214

Figure 2 - Group's opinions on wearing/presenting/making customised oral jewellery.

216 The suggestion of a customised oral jewellery requested in question 4 was widely accepted

amongst all three groups. The favourite options ranged from "Tooth jewel" (43%), "Implant

with hallmark" (38%) to "Invisibly engraved crown" (23%) of responses. The overall popularity

- of oral jewellery designs is shown in table 2.
- 220 Table 2 Popularity of different jewellery designs amongst groups.
- 221 Discussion

222 The advancement of forensic field has moved from a time where dental prostheses were visually identified by the makers to the interpretation of AM dental records and comparison 223 to the PM dental findings by the forensic dentist. Nowadays, dental identification assumes a 224 primary role in the identification of human remains specially when PM body changes and 225 traumatic tissue injury occurs. The INTERPOL DVI guideline acknowledges three primary 226 227 identifiers as the most reliable means of identification: friction ridge analysis, comparative 228 dental analysis and DNA analysis. Secondary identifiers include personal description, medical findings/ records as well as personal effects⁵. The search for any unique marks and particular 229 details about a pace maker, hip replacement, spinal fusion, healed fracture, pinned or wire 230 231 placement old shrapnel wounds or other unusual findings is in practice during human identification either for a single body or multiple ones. For instance, the only possibility that 232 make these findings a reliable evidence for comparison against the PM findings is the 233 availability of recorded AM records. For instance, a pace maker with a serial number encoded 234 on itself can be used to trace the manufacturer, country and specific surgeon. Challenges can 235 be found in the comparative dental analysis due to the improvements in oral care and 236 237 associated reduction of restorations available for comparison concomitantly with the usual problem of poor or absent AM dental records²⁷; therefore dentists should appreciate and 238 record the various anatomical traits (dental and non-dental)²⁸ and other features present in 239 the oral cavity. Forensic dentists should explore new ways of establishing dental identity 240 241 because the rising concern of people for perfect teeth and Hollywood smile reflects the decrease in the number of dental restorative work for future comparison. It is not impossible 242 to find people with sound teeth or inexistent AM dental information and, in such situations, 243 there is a need to rethink approaches to identify a victim by dental means. 244

Oral jewellery has the potential to assist as auxiliary evidence because it is personal, intimate 245 to an individual and protected inside the oral cavity in different possible forms: (most of oral 246 piercings and all of other designs), cemented to the tooth (tooth rings and tattooed crowns), 247 worn in a piercing pierced in oral soft tissues (tongue or lip piercings) or even embeddedness 248 embedded in the bone or tooth (implants and pin/post), and there is no chance of losing it or 249 250 changing it that frequently as easy as other costume jewellery. Whereas other body or costume jewellery items are more easily changed, stolen, lost or being worn by another 251 person and can mislead investigations. Moreover, gemstones and precious metals have the 252 ability to withstand high temperatures and extreme impacts⁴. A studied showed that dental 253 implants are used as an essential aid in forensic dental identification because of its ability to 254 resist higher temperature even after incineration¹⁹. The concern of recording and the 255 distinctiveness of the design could be resolved by introducing an A suggested anatomical 256 chart especially designed for oral jewellery/piercing or tattoos and a system of hallmarking 257 respectively would guide the dentist. The idea of hallmarking or giving a serial number to oral 258 jewels/fashion prostheses came from one notorious case of a partially decomposed body that 259 was pulled from the sea and was identified by the Rolex found on the wrist in 1996. High-end 260 timepieces have serial numbers, allowing them to be traced even if they are damaged¹³. 261

Oral jewellery a major concern to dentists because of undeniable complications due to wrong 262 piercing sites, piercing artist's lack of knowledge about anatomy and oral structure in function 263 264 from the piercing artist end, unawareness of maintaining and poor patient's oral hygiene, and aftercare from patient/wearer side In contrary, for wearer it's a way of personal statement 265 that makes oral jewellery unique to a personality^{10 11}. Oral jewellery is basically an amalgam 266 of body modification and jewellery, where Jewellery has extensive personal, cultural and 267 religious associations with identity back from ancient times it's considered to be as very 268 unique and personal to a tribe, nation or even to an individual and modifications have 269 generally been used to mark the social position of an individual in a manner visible to and 270 recognized by other members of the society for reasons like ritual and aesthetics⁵. This was 271 first mixed together in ancient Egypt as a symbol of royalty created in figure of dog in form of 272 oral piercing in 1500BC. 273

Forensic oral jewellery is truly based on art and science nature of dentistry where author is 274 joining art of body/dental modifications to the science of forensic dental identification. Over 275 the years jewellery has multiplied until it included ornaments for every part of the body from 276 teeth to toes. Same as jewellery now a days almost any part of the body may be pierced⁷. The 277 most recent trend which is replacing "engagement rings" to "engagement piercing" is an 278 indication that how people are evolving with time and how their needs are changing from 279 wearable jewellery to ornamental piercings. Both men and women have more than 50 280 different types of piercings from which they can choose, and some piercings offer almost 281 limitless placement options. Oral region is not an exception in booming trend of piercings 282 almost 9.5% female Americans have tongue piercing that is 4th popular type of piercing in 283 female and lip piercing is at 7th position with 4% of female population have it done. An 284 estimated 16% of pierced American men have tongue piercings, making them the fourth most 285 popular piercing type for men¹⁴. 286

According to the results, the three groups have different opinions on the uniqueness of oral 287 jewellery and tooth modification. Dentists considered unique (60%) whilst not even half of 288 the dental students and the tattoo artists are aware of the potential identificatory value. 289 Analysis of the cultural value based on the dental students' opinions showed that 77% of the 290 dental students accepted those oral modifications as contemporary but a designed piece of 291 jewellery was not preferable (only 47% of sample). Tooth jewellery was the elected design, 292 probably because of the visual appeal. Current studies on the impact of social media proved 293 that young people often show narcissistic tendencies²⁹ but other reasons should be factored 294 295 into this chosen option. Cultural values are the core principles of a community and the 296 customs are part of it. In this respect, it is important to note that the dental students (and respective low number and locations) are representative of a fraction of the young 297 generation. Moreover, the analysis of a behaviour that defines the way of life for a group is 298 beyond the scope of this project. 299

The dentists might have expressed opinion on the hygienic value of oral jewellery and tooth 300 modification when they suggested the implant with hallmark followed by hallmarked 301 pin/post. An educated guess could be that dentists prefer internal marking to avoid more 302 303 plaque retention on teeth or they are aware that the chamber of some implants have laser 304 etched batch numbers³⁰. Oral jewellery is a major concern to dentists because oral accessories may lead to increased plaque levels, gingival inflammation and/or recession, 305 caries, diminished articulation, and metal allergy²⁰. Similarly, a study proved that patients 306 wearing orthodontic appliances presented changes in the status of the oral environment after 307 308 bracket placement. More noticeable in the lingual appliance than the labial one³¹. Until now Up to date, no case control or longitudinal studies have been available in which have 309 proved a clear correlation between oral piercings and long-term oral damage-has been 310 established³². Need was there to analyse the reason behind piercings and to find out how 311 312 people react to new design so idea of shifting oral piercing and ornamentation under dental 313 profession or regulating and educating currently present tattoo and piercing parlours can be carried out. It can be beneficial for people, to dentistry itself and mainly for forensic dentistry 314 by not neglecting side effects and giving a reason to fashion. Unregulated piercing parlours 315 and techniques have been identified by the National Institutes of Health as a possible vector 316 317 for disease transmission (e.g., hepatitis, tetanus, tuberculosis) reason why these complications are encountering is and the reasons unknown whether it is might vary from an 318 inadequate wrong piercing site, a faulty jewellery design or bad poor oral hygiene^{33,34}. 319

The creational value of tooth jewellery has not been appraised by the designers/tattoo & piercing artists. Only 53% of sample would suggest or create a specific design and the reasons have not been explored. The fixed tooth ring was selected as the most practical and durable one. As discussed before most of the designs are dental in origin with fashion modification the methods of application are not new to dental professionals. The way of hallmarking the jewellery has 100 years old history and that's not alien concept either. All suggested designs, method of applications and respective forensic value have been summarized in table 3.

Table 3 - Most and least popular oral jewellery designs in order and specific methods of application and forensic value

Recording modified dental jewellery 329 Based on the existing dental codes from Plassdata⁶ (primary code), the main author suggested 330 secondary codes according to the type of oral jewellery or tooth modification as seen in table 331 4. An anatomical chart to record oral jewellery/piercings or tattoos is suggested in figure 3 (a 332 & b). Finally, the types of dental modification found in literature were transformed in 333 abbreviations for their record in dental charts as seen in table 5. 334 335 336 Table 4 - Modified abbreviations to record dental jewellery. Recording oral piercings and tattoos 337

- 338 Among different types of dental charts, Anatomical charting system is most suitable to record 339 soft tissue piercing as anatomical charts represent the anatomy of teeth and adjacent soft 340 tissues¹⁸. In this case a detailed sketch/drawing of oral cavity will help to locate the piercing 341 bits the data is the state of the piercing
- 341 in a subject and just mark it down on the drawing as suggest in figure 3 (a & b)
- 342

345 Recording other dental modification

- 346 According to documented types of dental modification found in literature following
- 347 abbreviations can be used to record in dental charts as seen in table 5.
- Table 5 Suggested abbreviations to record dental modifications.

349 Limitations

- 350 Literature available on oral jewellery is almost non-existing, pro's and con's of latest fashion
- 351 trends involving such a functional place like oral cavity must be studied. The exact number of
- 352 British people with oral piercings, tattoos or other modifications is unknown at present.
- 353 Longitudinal studies are required to explore long term effects of oral piercings especially
- 354 tongue piercing. General dentists should be trained at undergraduate level to be familiar with
- 355 different kind of piercings and modifications along with special emphasis to use suggestive
- 356 anatomical charts to mark unique findings.

357 Conclusion

The concept of modified oral jewellery/piercings has been accepted by all three groups where 358 people are willing to wear/present or make customised oral jewellery. It is not merely a 359 360 unique mark, a fashion or personal statement to an individual, but of particular importance as the only representation left for families of the deceased if there are no physical remains 361 for them to bury (in DVI). With the booming trend of ornamental oral piercings at the right 362 time when forensic odontologists have the responsibility to flourish forensic dentistry and are 363 in quest of an innovative approach to establish identity where traditional dental comparison 364 fails, modified oral jewellery/piercings could stand out by receiving a reason and not only as 365 a fashion. Suggested abbreviations to record oral jewellery, dental modifications and 366 suggested anatomical charts to record oral ornamental piercings/tattoos can be utilised in 367

Fig 3 (a) - Nomenclature for oral piercing sites/types and (b) - Anatomical chart to record oral jewellery/piercings or tattoos.

| 368 | general dentistry (AM) and forensic dentistry (PM) as a combined effort to spot every |
|------------|---|
| 369 | exceptional finding that can be used as evidence. |
| 370 | As conclusions, oral jewellery and piercings are highly acceptable by the dental students but |
| 371 | the uniqueness of oral jewellery was more recognized by the dentists. Modified oral jewellery |
| 372 | has been fairly accepted among all but the design varied. A recording of those by the dentist |
| 373 | could potentially aid in forensic dental identifications. General dentists should be trained at |
| 374 | undergraduate level to be familiar with different kind of piercings and modifications. |
| | |
| 375 | Therefore, an elaborated oral charting system to document oral jewellery and tooth |
| 376 | modifications and respective abbreviations were also suggested to grant a useful reason to |
| 377 | this fashion. |
| 378 | References{ADDIN EN.REFLIST} |
| 379 | 1. Bowers CM, Bowers CM. Forensic dental evidence an investigator's handbook. Amsterdam; |
| 380 | Boston: Amsterdam; Boston: Academic Press; 2004. |
| 381 382 | Catherine H, Katharina G. Jewellery: The Archaeological Evidence. Oxford: Oxford University Press; 2010. |
| 383 | 3. Interpol.[Internet] [cited 2018 July 07] Available from: https://www.interpol.int/ |
| 384 | 4. Plassdata. Available from: <u>http://www.plassdata.com/news/dvi-system-international-v5-now-</u> |
| 385 | available.html |
| 386 387 | 5. Kaeppler A. Marks of Civilization: Artistic Transformations of the Human Body. California: |
| 388 | University of California; 1995. 6. Patidar KA, Parwani R, Wanjari S. Effects of high temperature on different restorations in forensic |
| 389 | identification: Dental samples and mandible. J Forensic Dent Sci. Jan-Jun 2010;2(1):37-43. |
| 390 | 7. Burgemeester A. Psychology of Tattoos, Body Piercings and Sexual Activity. The Harris Poll 2012; |
| 391 | Available from: https://theharrispoll.com/. |
| 392 | 8. Association. AD. ADA statement on intraoral/perioral piercings and tongue splitting, Amended |
| 393 | October, 2012. Accessed June 14, 2016. |
| 394 395 | Berenguer G FA, Horning GM, Towle HJ, K. k, . Localized periodontitis as a longterm effect of oral piercing: A case report. <i>Compened Contin Edu Dent 2006;</i> 27(1): 24-27. |
| 396 | 10. Peticolas T TT, Cross-Poline GN.f. Oral and Perioral piercing: A unique form of self-expression. |
| 397 | Journal of Contemporary Dentistry. June 2012 |
| 398 | 11. Featherstone M, Featherstone M. Body modification. London: Sage; 2000 |
| 399 | 12 The GoldSmith's Company since 1300. In: Hallmarks U, ed. |
| 400 | 13. How a Rolex Helped to Solve a Murder Case. GQ April 2013. |
| 401 | 14Laumann AE, Derick AJ. Tattoos and body piercings in the United States: a national data set. <i>J Am</i> |
| 402 | Acad Dermatol. Sep 2006;55(3):413-421. |
| 403 | 15. Hennequin-Hoenderdos NL SD, Van der Weijden, J GI. The incidence of complications associated |
| 404 | with lip and/or tongue piercings: A systematic review. <i>Dent Hyg 2016</i> 14(1); 62-73. |
| 405 | 16. Gill J, Karp JM, Kopycka-Kedzierawski DT. Oral piercing injuries treated in United States emergency |
| 406 | departments, 2002-2008. Pediatr Dent 2012 34(1): 56-60. |
| 407 | 17Ziebolz D SC, Nüss K, Hornecker E, Mausberg RF. Complications of tongue piercing: a review of the |
| 408 | literature and three case reports. J Contemp Dent Pract. 2009 10(6): E065-E071. |

18. Graff JJ. Dental Charting Astandar Approach. London: Delmar; 1980.

410 411

409

- 4121Bowers, C. M. Forensic Dental Evidence: An Investigator's Handbook. (Elsevier413Academic Press, 2004).
- 414 2 Hezser, C. & Galor, K. *Jewellery: The Archaeological Evidence*. (Oxford University
 415 Press, 2012).
- Breuner CC & DA, L. Adolescent and Young Adult Tattooing, Piercing, and Scarification.
 e20171962 (AAP Committee on Adolescent, 2018).
- 418 4 Maclennan, M. in *Finantial times, Special Report, Science* (ed Siona Jenkins) (2018).
- 4195INTERPOL.Disastervictimidentificationguide420<<u>https://scholar.google.com/scholar_lookup?title=Disaster%20Victim%20Identificati</u>421on%20Guide&author=INTERPOL&publication_year=2009> (2018).
- 422 6 Plassdata. DVI System International, < <u>http://www.plassdata.com/news/dvi-system-</u>
 423 <u>international-v5-now-available.html</u>> (2018).
- 4247Thomas, M. Orthodontics in the "Art" of Aesthetics. International journal of425orthodontics (Milwaukee, Wis.) 26, 23-28 (2015).
- 4268Meng, X., Gilbert, G. H. & Litaker, M. S. Dynamics of satisfaction with dental427appearance among dentate adults: 24-month incidence. Community Dentistry and428Oral Epidemiology 36, 370-381, doi:10.1111/j.1600-0528.2007.00409.x (2008).
- 429 9 Klages, U. & Zentner, A. Dentofacial Aesthetics and Quality of Life. Seminars in
 430 Orthodontics 13, 104-115, doi:<u>https://doi.org/10.1053/j.sodo.2007.03.006</u> (2007).
- 431 10 Anari, S. Aesthetic dentistry: Changing public perceptions. *Bdj* 223, 390,
 432 doi:10.1038/sj.bdj.2017.791 (2017).
- Schroeder, H., Haviser, J. B. & Price, T. D. The Zoutsteeg Three: Three New Cases of
 African Types of Dental Modification from Saint Martin, Dutch Caribbean. *International Journal of Osteoarchaeology* 24, 688-696, doi:10.1002/oa.2253 (2014).
- Pinchi, V. *et al.* Dental Ritual Mutilations and Forensic Odontologist Practice: a Review
 of the Literature. *Acta stomatologica Croatica* 49, 3-13, doi:10.15644/asc49/1/1
 (2015).
- Handler, J. S. Determining African birth from skeletal remains: A note on tooth
 mutilation. *Historical Archaeology* 28, 113-119, doi:10.1007/bf03374193 (1994).
- 441 14 Rubin, A. *Marks of Civilization: Artistic Transformations of the Human Body*.
 442 (University of California, 1995).
- Haselmann, A. "All Women Talk"- A Study of Beauty and Female Identity in Senegalese
 Culture" *Independent Study Project (ISP) Collection. 1913.* (2014).
- Telang, L. A. Body art: Intraoral tattoos. *Bdj* 218, 212, doi:10.1038/sj.bdj.2015.109
 (2015).
- Buchner, A. Amalgam tattoo (amalgam pigmentation) of the oral mucosa: clinical
 manifestations, diagnosis and treatment. *Refu'at ha-peh veha-shinayim (1993)* 21, 1922, 96 (2004).
- Kauzman, A., Pavone, M., Blanas, N. & Bradley, G. Pigmented lesions of the oral cavity:
 review, differential diagnosis, and case presentations. *Journal (Canadian Dental Association)* **70**, 682-683 (2004).
- Berketa, J., James, H. & Marino, V. A pilot study in the recovery and recognition of
 non-osseointegrated dental implants following cremation. *J Forensic Odontostomatol* **29**, 38-44 (2011).
- 456 20 ADA. American Dental Association (ADA) statement on intraoral/perioral piercings and
 457 tongue splitting, <<u>http://www.ada.org/en/member-center/oral-health-topics/oral-</u>
 458 piercing> (2012).

- 45921Berenguer, G., Forrest, A., Horning, G. M., Towle, H. J. & Karpinia, K. Localized460periodontitis as a long-term effect of oral piercing: a case report. Compendium of461continuing education in dentistry (Jamesburg, N.J. : 1995) 27, 24-27; quiz 28, 36 (2006).
- Peticolas, T., Tilliss, T. S. & Cross-Poline, G. N. Oral and perioral piercing: a unique form
 of self-expression. *The journal of contemporary dental practice* 1, 30-46 (2000).
- 464 23 Featherstone, M. Body Modification: An Introduction. *Body & Society* 5, 1-13,
 465 doi:10.1177/1357034x99005002001 (1999).
- 46624Legislation.Gov.UK. Hallmarking Act 1973, Chapter 43, arrangement of sections467<<u>https://www.legislation.gov.uk/ukpga/1973/43/contents</u>> (1973).
- Richmond, R. & Pretty, I. A. Contemporary methods of labeling dental prostheses--a
 review of the literature. *J Forensic Sci* 51, 1120-1126 (2006).
- 470 26 Borrman, H. I., DiZinno, J. A., Wasen, J. & Rene, N. On denture marking. *J Forensic*471 *Odontostomatol* 17, 20-26 (1999).
- 472 27 Mânica, S. & Gorza, L. Forensic odontology in the 21st century Identifying the
 473 opinions of those behind the teaching. *Journal of Forensic and Legal Medicine* 64, 7474 13, doi:https://doi.org/10.1016/j.jflm.2019.03.006 (2019).
- 475 28 Gorza, L. & Manica, S. Accuracy of dental identification of individuals with unrestored
 476 permanent teeth by visual comparison with radiographs of mixed dentition. *Forensic*477 *Sci Int* 289, 337-343, doi:10.1016/j.forsciint.2018.06.004 (2018).
- Richards, D., Caldwell, P. H. & Go, H. Impact of social media on the health of children
 and young people. *Journal of Paediatrics and Child Health* 51, 1152-1157,
 doi:10.1111/jpc.13023 (2015).
- Berketa, J., James, H. & Marino, V. Survival of batch numbers within dental implants
 following incineration as an aid to identification. *J Forensic Odontostomatol* 28, 1-4
 (2010).
- 484 31 Lombardo, L. *et al.* Changes in the oral environment after placement of lingual and 485 labial orthodontic appliances. *Progress in orthodontics* **14**, 28, doi:10.1186/2196-486 1042-14-28 (2013).
- Hennequin-Hoenderdos, N. L., Slot, D. E. & Van der Weijden, G. A. The incidence of
 complications associated with lip and/or tongue piercings: a systematic review. *International journal of dental hygiene* 14, 62-73, doi:10.1111/idh.12118 (2016).
- 490 33 Gill, J. B., Karp, J. M. & Kopycka-Kedzierawski, D. T. Oral piercing injuries treated in 491 United States emergency departments, 2002-2008. *Pediatr Dent* **34**, 56-60 (2012).
- Ziebolz, D., Stuehmer, C., van Nuss, K., Hornecker, E. & Mausberg, R. F. Complications
 of tongue piercing: a review of the literature and three case reports. *The journal of contemporary dental practice* **10**, E065-071 (2009).

495