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An enigmatic hypoplastic defect of the maxillary lateral incisor in recent and fossil orangutans from Sumatra (Pongo abelii) and Borneo (Pongo pygmaeus).

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| Abstract: | Developmental dental pathologies provide insight into health of primates during ontogeny, and are particularly useful for elucidating the environment in which extant and extinct primates matured. Our aim is to evaluate whether prevalence of an unusual dental defect on the mesio-labial enamel of the upper lateral incisor, thought to reflect dental crowding during maturation, is lesser in female orangutans, with their smaller teeth, than males, and Sumatran orangutans, from more optimal developmental habitats, than those from Borneo. Our sample includes 49 Pongo pygmaeus (87 teeth), 21 P. abelii (38 teeth), Late Pleistocene paleo-orangutans from Sumatra and Vietnam (67 teeth), Late Miocene catarrhines Lufengpithecus lufengensis (2 teeth) and Anapithecus hernyaki (7 teeth). Methods include micro-CT scans, radiography and dental metrics of anterior teeth. We observed fenestration between incisor crypts and marked crowding of unerupted crowns, which could allow tooth-to-tooth contact. Tooth size does not differ significantly in animals with or without the defect, implicating undergrowth of the jaw as the proximate cause of dental crowding and defect presence. Male orangutans from both islands show more defects than females. The defect is significantly more common in Bornean orangutans (71%) compared to Sumatran (29%). Prevalence among fossil forms falls between these extremes, except that all five individual Anapithecus show one or both incisors with the defect. We conclude that maxillary lateral incisor defect is a common developmental pathology of apes that is minimized in optimal habitats and that such evidence can be used to infer habitat quality in extant and fossil apes. |

Dear Dr. Setchell:

Re: MS IJOP-D-16-00106

Thank you for your final suggested edits which I have made. I confirmed the author's name is Powe.

I will now proceed to final submission.

Regards

Mark

Response to Reviewer:

Firstly, I have made the changes requested by the Editor (just to be clear, no chimpanzees were examined for MLID in this study, only radiographed to get an idea of incisor crown formation in apes).

Secondly, I have simplified and enlarged Figure 3 (which relates to the topic just mentioned) and which the reviewer found difficult to read (as are all radiographs which are being replaced instrumentally by CT scans (our Figure 4)).

As recommended I have added into the Results section a small component to the micro-morphological observations; viz., *The purpose of Figure 6 is to show close-up morphological details of the outer enamel surface in: normal enamel; an area affected by MLID; as well as linear enamel hypoplasia. MLIDs show exposed Tomes' process pits in the floor of a plane form defect.* In addition, I have added, as recommended symbols to Figure 6 to try to make the observations in the dense prose from the Figure caption a bit more understandable.

Then, as recommended, I have added a larger section to the Discussion as follows:

Our micro-morphological analysis, which is limited to only the outer enamel surface of a cast (Fig. 6), found exposed Tomes' process pits in the floor of the defect. It can be concluded that there occurred an abrupt cessation of matrix secretion without recovery of function, at least centrally within the defect. At the time, the affected ameloblasts still possessed the distal portion of their Tomes' processes (Witzel, Kierdorf, Schulz, & Kierdorf, 2008). It can be inferred that, in terms of etiology, the proximate causative agent was a short-term event affecting a localized group of cells. This scenario is compatible with a sudden breaching of the inter-crypt septum creating a fenestration. Rather than invoking a gradual compression of a tooth crown within an unyielding crypt-a physical process that would have been detectable as a graduated secretory response from the ameloblast-it seems more likely, given the ledge-like appearance of many of the MLIDs (Fig. 5), that there was relatively abrupt abnormal contact of the developing crown with the sharp edge of a crypt fenestration. Histological thin sections of original teeth with MLID will be required to resolve these speculations.

Lastly, regarding Island differences and the reviewers concern about over-stressing habitat quality as an explanation, I have added the following caveat:

Rather than arguing for differences in habitat quality, it may be germane that lactation, which presumably provides a reasonably assured component of the infant's food requirements, is prolonged significantly longer in Sumatran than Bornean orangutans (van Noordwijk et al., 2013).

Title: An enigmatic hypoplastic defect of the maxillary lateral incisor in recent and fossil orangutans from Sumatra (*Pongo abelii*) and Borneo (*Pongo pygmaeus*).

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Abstract

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Developmental dental pathologies provide insight into health of primates during ontogeny, and are particularly useful for elucidating the environment in which extant and extinct primates matured. Our aim is to evaluate whether prevalence of an unusual dental defect on the mesio-labial enamel of the upper lateral incisor, thought to reflect dental crowding during maturation, is lesser in female orangutans, with their smaller teeth, than males; and Sumatran orangutans, from more optimal developmental habitats, than those from Borneo. Our sample includes 49 *Pongo pygmaeus* (87 teeth), 21 *P. abelii* (38 teeth), Late Pleistocene paleo-orangutans from Sumatra and Vietnam (67 teeth), Late Miocene catarrhines Lufengpithecus lufengensis (2 teeth) and Anapithecus hernyaki (7 teeth). Methods include micro-CT scans, radiography and dental metrics of anterior teeth. We observed fenestration between incisor crypts and marked crowding of unerupted crowns, which could allow tooth-to-tooth contact. Tooth size does not differ significantly in animals with or without the defect, implicating undergrowth of the jaw as the proximate cause of dental crowding and defect presence. Male orangutans from both islands show more defects than females. The defect is significantly more common in Bornean orangutans (71%) compared to Sumatran (29%). Prevalence among fossil forms falls between these extremes, except that all five individual *Anapithecus* show one or both incisors with the defect. We conclude that maxillary lateral incisor defect is a common developmental pathology of apes that is minimized in optimal habitats and that such evidence can be used to infer habitat quality in extant and fossil apes.

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Key words: infancy; dentition; growth; paleohealth; Lufengpithecus; Anapithecus

Introduction

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Primate growth is a reflection of metabolic function as influenced by nutritional and disease factors within particular habitats (Altmann 1998). As large, slow-growing mammals, whose tooth formation may span several years of nutritional and disease seasonal cycles, the dental maturation of apes in the wild is sensitive to developmental conditions (Zihlman et al. 2007). Teeth form within bone. Where cranio-facial bone growth has been insufficient, erupted teeth in the adult mammal may be crowded and maloccluded (DiOrio et al. 1973; Luke et al. 1979; Thomaz et al. 2010; Tonge and McCance 1973). A mild relationship in humans was found between growth deficit (height for age) and malnutrition and crowding of permanent teeth (2010). Severely undernourished pigs show third molar impaction due to undergrowth of jaws in length (McCance and Ford 1961) and severe dental crowding with direct contact between adjacent teeth (Tonge and McCance 1973). Calorie deficiency has a greater negative impact on jaw growth than does protein deficiency (Luke *et al.* 1979). Experimental protein under-nutrition in rats induces catabolism of muscle (including chewing muscles), reduced jaw size and dental crowding (Garat et al. 2007). Non-human primates are no exception. A low protein diet in squirrel monkeys delayed growth and shape changes, particularly in the masticatory region (Dressino and Pucciarelli 1997). Prior to eruption, dental crowns are normally sequestered in their own crypts during formation; consequently there is almost no consideration of pre-eruptive dental crowding. Indeed it has been remarked that "future studies of primate tooth development should

include data on times of crypt initiation and rates of crypt enlargement, without which

analyses of dental development are incomplete" (Boughner and Dean 2004) (P. 274). Although these authors emphasize genetic control of taxonomic variation in normal available space for successive crown mineralization, they also note that physiological or physicochemical factors may establish baseline minimum distance maintained between teeth from their inception. On occasion, alveolar bone (the inter-dental septum) that normally separates crypts, may not be maintained, such that inter-crypt fenestration occurs. Good evidence for crypt fenestration, labially or buccally, has been shown in the case of localized hypoplasia of the primary canine (LHPC) in humans and apes (Skinner 1986, 2000; Skinner and Hung 1989; Skinner and Newell 2003) and a comparable defect of the maxillary molars of pigs (Skinner *et al.* 2014). In terms of ultimate causation of crypt fenestration defects, evidence suggests that vitamin A deficiency or reduced bioavailability explains instances of LHPC in humans and other apes (Skinner *et al.* 1994; Skinner and Newell 2003); and the combined effects of sickness and malnutrition in pigs (Skinner *et al.* 2014).

Ephemeral fenestration between adjacent crypts can allow contact in primary human teeth (Lukacs 1999). For example, Lukacs describes areas of missing enamel on mesial and distal surfaces of primary canines and on the mesial surface of molar teeth in archaeological samples, terming these interproximal contact hypoplasias (IPCH). He suggests that in such cases (about 15%) there was abnormally slow longitudinal growth of the jaws in infancy. Enamel defects in IPCH range from single or confluent circular pits (ca. 0.5mm in diameter) to "basins" several mm in length and breadth. Usually they are plane-form defects

"characterized by a broad area of deficient enamel...near the area of maximal mesial or distal curvature of the crown" (Lukacs 1999) (P. 723). He writes:

The proximate etiology of IPCH is tooth-tooth contact through fenestrae in the interdental septum due to anterior/posterior compaction of the developing dentition. Developmental disruptions in bone growth due to nutritional or pathological insult, combined with underuse and consequent reduction of the jaws, are possible factors involved in the etiology of IPCH (ibid, p. 732).

Thus, it is reasonable to expect that compromised nutrition in infant apes will affect jaw growth and possibly produce dental crowding, crypt fenestration, and contact hypoplasias.

Orangutans (*Pongo* species) were at one time broadly distributed from Southern China to Java. Despite their clear success throughout a huge latitudinal range, orangutans are described as having strict habitat requirements (i.e., evergreen wet forest) (Nater et al. 2011). During glacial periods of the Pleistocene, the climate in Sumatra was cooler, drier and more seasonal (Harrison et al. 2006; Meijaard 2003). A review of the ecological correlates of fossil orangutan find spots indicates that orangutans likely retreated to forest refugia during the Pleistocene dessication which affected parts of the Sundaic region (Ibrahim et al. 2013). Late Pleistocene environments of Sumatra are reconstructed on ecological grounds to have been warm and wet, similar to today (Louys and Meijaard 2010). West Sumatra remained forested (Meijaard 2003). Nevertheless, land temperatures during cold phases of the Pleistocene may have decreased by as much as 3-5°C (Harrison et al. 2006).

At the end of the last ice age, a rapid rise in sea level isolated orangutans on the islands of Borneo and Sumatra (Harrison *et al.* 2006), creating contrasting habitats to which they

have been adapting for some 14,000 years (Hanebuth et al. 2000). Bornean mammals, in general, tend to be smaller than conspecifics in other locations, attributable to lower primary productivity on relatively less fertile soils on Borneo (Meiri et al. 2008; Wich et al. 2011). There are several lines of evidence which suggest that Sumatra may currently provide a superior habitat for orangutans due, fundamentally, to volcanically-derived soils (Wich et al. 2011). Sumatran forests show higher soft-pulp fruit production, generally, and throughout the seasons (Delgado and van Schaik 2000). Unlike Bornean orangutans (Pongo pygmaeus), Sumatran orangutans (*Pongo abelii*) spend more time eating high-quality foods such as fruit and insects and less time eating bark and vegetation (Russon et al. 2009). Moreover, Sumatran orangutans seem less reliant on fallback foods than are Bornean orangutans, being able to find figs and fruit year round (Russon et al. 2009). In Borneo, there are months when fruit is a minor part of the diet whereas, in Sumatra, fruit is always a major part of the diet (Morrogh-Bernard et al. 2009). Not surprisingly, orangutan population density is higher in Sumatra than in Borneo (van Schaik et al. 2009). However, our assessment of the Sumatran habitat for orangutans may be skewed by the high densities of animals inhabiting the Kluet, Singkil and Tripa swamps in the northern corner of the island whose peat soils are regularly inundated by rivers and run-off from adjacent hills that bring minerals from the Leuser mountains, creating an optimum habitat for growth and development that is judged to be exceedingly rare in Borneo (Husson et al. 2009).

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In this study, we investigate an unusual dental defect that may be a marker of underdeveloped cranio-facial growth in great apes. Maxillary lateral incisor defects (MLIDs) are abnormalities of the mesio-labial enamel contour on the upper lateral incisor (Hannibal 2003) visible as pit, plane-form and/or notch defects, varying from a tiny dimple to a major cleft occasionally affecting crown/root orientation (Fig. 1). MLIDs have been tentatively attributed to a combination of systemic stress and local anatomical factors leading to pre-eruptive, developmental crowding; to date, their presence is restricted to apes, especially orangutans among whom they were reported to occur in about one-third of animals (Hannibal 2003). Intriguingly, there are no human examples of MLID, although the more severe examples of the defect reported below may have a parallel in the so-called J-shaped, Etruscan Upper Lateral Incisor; however, the latter condition is located more mesiolingually (Pinto-Cisternas *et al.* 1995).

Our aims are to: 1) elucidate the proximate cause of MLID; and 2) determine whether orangutan samples from different spatio-temporal contexts exhibit different frequencies of MLIDs. To accomplish the first aim we examine radiographic and microtomographic scans of developing dentitions of chimpanzees (*Pan troglodytes troglodytes*) and orangutans, respectively. We then characterize variation in anatomical location and type of defect in a range of catarrhine primates and test for correlations between MLID frequency and anterior tooth size and sex since mild to marked sex differences in anterior tooth size, especially for the canine, could potentially affect the degree of anterior tooth crowding and the likelihood of MLID occurring. To accomplish the second aim we compare MLID frequency between extant orangutans from Borneo and Sumatra and between each extant sample and samples of Vietnamese and Sumatran paleo-orangutans. We predict that, were

the growth of an infant ape to falter, the physical relationships of the upper anterior teeth will predispose them to MLID; specifically that the formation of the crown of the upper lateral incisor should overlap that of the forming upper central crown, but will be later in time and physically behind it; and that inter-crypt fenestration can occur. Moreover, MLID should take the form of pits and plane-form depressions in the outer enamel surface and resemble those described for inter-proximal contact hypoplasias in primary teeth (Lukacs 1999).

Fossil assemblages are likely to be composed of those individuals who died before their time; i.e., they form a biased subset selected out of the living assemblage-a mortality cohort (Wood *et al.* 1992). We predict that MLID will be more common in mortality cohorts reflective of attritional deaths (most fossil assemblages) rather than catastrophic mortality (hunted assemblages) (DeWitte and Stojanowski 2015; Wood *et al.* 1992). Additionally, we predict that MLID will be more frequent among Bornean orangutans with relatively impoverished soils (Meiri *et al.* 2008) than among Sumatran orangutans from more optimal habitats (Husson *et al.* 2009). Furthermore, MLID will be more common in Sumatran paleo-orangutans than extant orangutans, due to amelioration of habitats in the Holocene (Meijaard 2003).

Methods

Given the comparative and epidemiological nature of this study including, potentially, innate, ontogenetic and nutritional factors, we cannot determine the etiology of MLID with

certainty. This would require a specimen with demonstrably compromised development in which an unerupted central incisor is creating a divot in a lateral incisor. To evaluate the inference that a defect of formation on the mesio-labial surface of the permanent upper lateral incisor (MLID) may be attributable to physical contact between forming incisor crowns while still in their crypts, we compared radiographs of two immature chimpanzees, from the region between Batouri and Lomie, Cameroon whose crania are curated in the Powell-Cotton Museum, Ouex Park, U.K.. We also imaged an immature recent orangutan maxilla, probably Sumatran in origin (Thomas Koppe pers. comm.), borrowed from the Institut für Anatomie und Zellbiologie Universitätsmedizin Greifswald, using a BIR ACTIS 225/300 high-resolution micro-CT scanner (130 kV, 100 μA, 0.25 brass filter, 1250 projections, 2 frame averaging, resultant isometric voxel size was 30 µm) housed at the Department of Human Evolution, Max Planck Institute for Evolutionary Anthropology (Leipzig, Germany). We segmented the tooth crypts and associated alveolar bone manually in Avizo 6.3® (Visualization Sciences Group, SAS) and created surface models of tissues using the surface generation module.

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Study sample

Our sample included 70 recent orangutans (Table 1). Most of these were taken from the wild in the early 1900s with locations documented by collectors (Table 1). All recent Sumatran animals in this study derive from the northern province of Aceh (especially the Medan area (Drawhorn 1994)) while the Bornean animals sample all three subspecies of *P. pygmaeus* (Wich *et al.* 2008) (Fig. 2).

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224 225 We examined 76 fossil hominoid incisors for MLID (Table 2). We selected fossils either 226 because they are thought to be related to modern orangutans, or because the collection 227 contains a comparatively large number of upper lateral incisors. Our sample includes five 228 individual *Anapithecus hernyaki* represented by seven upper lateral incisors (Kordos and 229 Begun 2001; Nargolwalla et al. 2005) from the site of Rudabanya, Hungary, which is Late 230 Miocene (MN 9, 11.2 – 9.7 Ma) in age (Andrews and Cameron 2010; Begun *et al.* 2006). 231 *Anapithecus* is considered to be a small-bodied catarrhine, probably a pliopithecoid 232 (Kordos and Begun 2002). The site is located in a valley on what was once a peninsula, 1-2 233 km wide, projecting into the Central Paratethys sea (Kordos and Begun 2002). The 234 relatively large number of individuals and their immaturity suggest that the locality may 235 have provided an optimum habitat for the primate close to the core area of the home range 236 where most juveniles would be concentrated (Andrews and Cameron 2010). 237 238 We included two *Lufengpithecus*, which is thought to be a close relative of orangutans 239 (Harrison 2010). These fossils are from the site of Shi-Hui-Ba in Yunnan Province, China, 240 which consists of lignite deposits, judged to be Late Miocene (6.9-5.8 Ma) in age (0i et al.)241 2006; Zhao et al. 2008), formed in beaver ponds into which the arboreal ape 242 Lufengpithecus fell (Badgley et al. 1988). 243 244 Fossil orangutans from Mainland Asia and Sumatra have larger teeth (ca. 15-20%) than 245 recent orangutans (Smith et al. 2011) which may predispose them to MLID. The paleo-

Sumatran orangutans in our sample are from several poorly dated cave sites in the Padang

Highlands, all of which can be considered Late Pleistocene (Table II, but see Harrison et al. (2006)). The sample is made up, overwhelmingly, of teeth thought to derive from porcupine nests which census a mortality cohort rather than a catastrophic-type assemblage (Drawhorn 1994). There are 56 teeth from a minimum of 38 individuals. There are currently no orangutans in southern Sumatra from where the fossil orangutans used in this study are drawn. The Padang Highlands are south of the putative ecological Mt. Toba volcano barrier (Wilting *et al.* 2012), suggesting that the paleo-Sumatran orangutans may be genetically closer to extant Bornean than to north Sumatran orangutans.

The fossil orangutans from Vietnam in our study come from five cave sites ranging in age from Late Middle to Late Pleistocene (Table II). The paleo-environment of the Late Pleistocene orangutan sites of Hang Hum in Vietnam may have been more open/mixed than observed at lower latitudes (Louys and Meijaard 2010). There are 11 teeth from a minimum of 10 individuals.

Imaging and measurement

We made observations on original teeth for simple presence/absence of a defect in the labial enamel contour (we ignored evidence of linear enamel hypoplasia) and then made casts of more salient examples in araldite for examination at higher magnifications and for illustrative purposes. Acknowledging that customary dental metrics on fully-formed anterior tooth crowns may not have much relevance for transitory size during ontogeny of tightly packed, differentially-formed, incomplete crowns prior to eruption, we, nevertheless, collected traditional measures of incisor crowns (Hillson 1996) with Moore-

Wright electronic calipers (+/- 0.01 mm) on European collections, and on teeth from American museums using sliding calipers, calibrated to the nearest 0.01 mm. We measured mesio-distal length at the incisal edge, labio-lingual breadth at midpoint of the cervical-incisal axis, and labial height from incisal edge to cervical margin on the labial aspect (Pilbrow 2006). Our observations of MLID were incidental to other studies. Consequently, we did not collect metrics on affected and unaffected teeth, except for those taken on paleo-orangutans. Nevertheless, we could combine separate studies that fortuitously include the same specimens.

We conducted macro-photography with a Keyence digital microscope VHX-100 and used a Fisher Portable 200 x-ray machine (preset at 65 peak kilovoltage) to radiograph the immature chimpanzee maxillae. We measured depth of defects on casts with a µsurf mobile scanner, manufactured by NanoFocus AG, Oberhausen. We took measurements from a single profile which traversed the deepest point of the defect parallel to the longitudinal axis of the crown (so-called N-S axis), even though some defects are angled (Fig. 1, 5). We took scanning electron micrographs of a cast with MLID in the imaging facility at the University of York with a JEOL JSM-6490LV instrument.

Statistical analysis

In that observation of a defect was often not purposive, but incidental to other studies, the prevalence statistics reported below are probably conservative. Because fossil assemblages are typically comprised of isolated teeth that cannot be reliably assigned to individual animals, it is rarely possible to match right and left teeth from an individual or to identify

sex. Hence, statistical analysis is performed in terms of only lefts, and only rights, compared to the same in recent orangutans. We used Chi Square and Fisher's Exact Test (when any cell frequency is <6) to examine differences in prevalence of the defect between islands and sexes; and Student's 't' test for the effect of tooth size, performed with SPSS 22 (IBM 2013). We set alpha at 0.05.

Results

Aim 1: the proximate cause of MLID

Radiographs of the upper jaw of infant chimpanzees (Fig. 3) show that central incisor crown mineralization is advanced slightly over the lateral incisor but that the crypt for the lateral incisor is situated further occlusally in some specimens (e.g., M475). Micro-CT scans of an orangutan infant upper jaw show that, prior to eruption, the lateral incisor is located behind the central and that fenestration can occur between incisor crypts (Fig. 4).

These variable anatomic relationships show that the precise points of contact between incisor crowns vary. Defect locations, shape and size are also variable (Fig. 5). Most are found on the mesio-labial contour of the lateral incisor crown in the cervical half and occasionally encroaching onto the root. Size varies from a small dimple on the cingulum, through a 1 to 2 mm length notch angling mesio-incisally, to a large wedge-shaped defect with distorted alignment of crown and root. The full range of defect severity goes beyond enamel hypoplasia to include effects on dentin formation. They resemble the pits and plane-form depressions described for inter-proximal contact hypoplasias in human

primary teeth (Lukacs 1999) (Fig 5 A and E) but also include the very distinctive diagonal ledges first noted by Hannibal (2003) (Fig 5 B and C); as well as gross distortion of crown and root alignment (Fig 5 D). Scanning electron microscopy of a large defect (Fig. 6) shows close-up morphological details of three varieties of outer enamel surface: normal enamel (Fig 6H), an area affected by MLID (Fig 6D), and linear enamel hypoplasia (Fig 6A). Effects of sex and tooth size MLID is significantly more common in males than females for Borneo, but not for Sumatra, at both the tooth and the individual level (Table III). We found no significant size differences between teeth from individuals with or without MLID (Table IV). However, in 11 out of 13 comparisons, individuals with MLID had, on average, bigger teeth (higher z-scores) than those without. We found no significant differences between teeth with or without MLID in any dental measure for both the paleo-Sumatran and Bornean orangutan samples (Table V).

Overall, MLID in recent animals occurs in 57% of upper lateral incisors and 59% of individuals taken from the wild. Bilateral symmetry of the presence of MLID is the norm (91%). There are no side differences in the occurrence of MLID in the combined orangutan sample (Chi Square =0.111, df=1, P=0.740), nor in Bornean or Sumatran orangutans considered separately (Chi Square=0.843, df=1, P=0.358; Chi Square=0.038, df=1, P=0.846, respectively) (Table VI). Aim 2: Do orangutan samples from different spatio-temporal contexts exhibit different frequencies of MLIDs? **Cohort source** The prevalence of MLID is significantly higher in the paleo-Sumatran orangutans than in recent Sumatran orangutans (Table VI, Left side - Pearson Chi Square=6.222, P=0.013; Fisher's Exact Test P=0.028; Right side - Pearson Chi Square=8.125, P=0.004; Fisher's Exact Test P=0.009), but does not differ significantly from recent Bornean orangutans (Left side -Pearson Chi Square=0.004, P=0.952; Fisher's Exact Test P=1.000; Right side - Pearson Chi Square=0.756, P=0.384; Fisher's Exact Test P=0.440). Sample sizes for other fossil forms are too small for statistical analysis. The prediction, that MLID would be more common in fossil forms than in recent ones, is not supported. Recent

Bornean orangutans are more affected than any fossil taxon (except *Anapithecus hernyaki*

from Hungary where all seven teeth from five individuals are affected).

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Island source

There is a major difference in the occurrence of MLID between islands with Bornean orangutans being significantly more affected than Sumatra (Table VII). Recent Sumatran orangutans show much less MLID than do the fossil orangutans from the same island. Indeed, extremes of prevalence are found between the two recent samples from Borneo and Sumatra.

Discussion

In terms of proximate causation, MLID is more likely due to dental crowding in infancy, rather than genetics, based on the following observations: a) the common occurrence of MLID within and among ape taxa; b) its physical appearance corresponding to the form of the central incisor with which it is so closely located; c) its clear difference in shape from linear enamel hypoplasia; d) prior work which links compromised somatic/skeletal development to crypt fenestration enamel defects (Lukacs 1999; Skinner *et al.* 2014); and, finally, e) the dissimilarity of MLID to examples of genetic defects such as amelogenesis imperfecta (Hart *et al.* 2003; Lygidakis and Lindenbaum 1987). We found that: a) MLID is more common in males; b) tooth size has only a mild, statistically non-significant effect on MLID; c) MLID is significantly more common in Bornean orangutans and least common in those from Sumatra, with most fossil assemblages showing intermediate prevalence between these two extremes.

In our explanatory model, inter-crypt fenestration is a necessary but not sufficient explanation for MLID. While we have shown that inter-crypt fenestration occurs, we do not know how common this phenomenon is. Inter-crypt fenestrae have been described between crowded, unerupted I², C and P³ in a juvenile gorilla from the Osmond Hill Collection (Royal College of Surgeons) (Beynon *et al.* 1991). Nothing is known of the developmental health or conditions of this animal.

Our micro-morphological analysis, which is limited to the outer enamel surface, shows exposed Tomes' process pits in the floor of the defect. We conclude that matrix secretion ceased abruptly without recovery of function, at least centrally within the defect. At the time, the affected ameloblasts still possessed the distal portion of their Tomes' processes (Witzel *et al.* 2008). We infer that, in terms of etiology, the proximate causative agent was a short-term event affecting a localized group of cells. This scenario is compatible with a sudden breaching of the inter-crypt septum creating a fenestration. Rather than invoking a gradual compression of a tooth crown within an unyielding crypt - a physical process that would have been detectable as a graduated secretory response from the ameloblast - it seems more likely, given the ledge-like appearance of many of the MLIDs, that there was relatively abrupt abnormal contact of the developing crown with the sharp edge of a crypt fenestration. Histological thin sections of original teeth with MLID will be required to resolve these speculations.

It is surprising that MLID, which we consider a crowding defect, is little if at all affected by tooth size. There is a non-significant tendency for teeth with the defect to be slightly bigger

in most comparisons (Table IV); larger samples in future studies may confirm this trend. Another crypt fenestration defect (LHPC) is more severe in bigger primary teeth from infant apes (Skinner and Newell 2003). On current evidence, the preponderance of MLID in male orangutans is not due to sexual dimorphism in tooth size. Rather, we think that MLID is due to undergrowth of the upper jaw in the presence of anterior teeth whose sizes are more tightly genetically controlled and less susceptible to epigenetic perturbation than is bone formation in the maxilla and premaxilla (Lukacs 1999).

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We found that fossil orangutans from Sumatra show significantly more MLIDs than do recent Sumatran orangutans and that they show the same proportion of MLID as do Bornean orangutans. There are two possible explanations for this observation. Anatomical factors predisposing to MLID, due to shared genetic heritage between southern Sumatran and Bornean orangutans (Nater et al. 2011), may over-ride island differences in habitat quality. Alternatively, the quality of the habitat, in terms of developmental stress leading to anterior tooth crowding, does not differ between Late Pleistocene Sumatra and recent Borneo. We are not in a position to speculate on what might have changed in the habitat between the Pleistocene and recent times in Sumatra beyond noting that the documented demographic decline of Sumatran orangutans must, all else being equal, reduce competition for nutritional resources among conspecifics. The high occurrence of MLID in Late Pleistocene paleo-orangutans from southern Sumatra points to a need for further research to separate the effects of mortality selection in fossil assemblages from a harsher Pleistocene environment, both of which factors can be expected to increase the occurrence of MLID.

We observed the highest prevalence of MLID in *Anapithecus* from Rudabanya, Hungary among whom all five individual *Anapithecus* show one or both incisors with the defect. This is the highest prevalence noted so far in any taxon and raises the possibility of marked developmental stress related to nutrition and/or disease in some members of this taxon. Such a conclusion is not incompatible with the inference that Rudabanya is a prime habitat for *Anapithecus* (Andrews and Cameron 2010) since this is a mortality cohort possibly created by predation of more vulnerable individuals in a primate troop (Kordos and Begun 2002). The presence of MLID in a pliopithecoid raises the strong likelihood that this inferred form of dental crowding will be present in some Old World monkeys as well.

Recent evidence, based on the periodicity of repetitive linear enamel hypoplasia, suggests that Bornean orangutans show a preponderance of semi-annual stress episodes, in contrast to Sumatran orangutans, who showed mostly annual cycles (Skinner 2014). This difference was interpreted as providing mild support for the notion of better habitat quality in Sumatra (Skinner 2014). This contrasts with an earlier effort to compare postnatal developmental stress in orangutans, which found no difference between the islands in the prevalence of localized hypoplasia of the primary canine (LHPC), thought to be a marker of bone thinning in infancy (Skinner and Newell 2003). However, LHPC occurs in the first few months after birth while formation of the upper lateral permanent incisor crown spans about age two to six years (Beynon *et al.* 1991). Hence, a crowding defect of enamel formation (i.e., MLID) that occurs during the developmental life stage from full reliance on breast milk to growing independent foraging by the infant orangutan (van Noordwijk *et al.*

2013) could be a useful marker of comparative developmental stress between island taxa and more suitable than LHPC to examine ideas about differences in habitat quality.

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MLID is much more common in males, and in recent orangutans from Borneo. These two observations may be linked. In terms of craniofacial dimensions, male Bornean infant orangutans may be up to 20% larger than females (Hens 2005). Extrapolating this observation to nutritional need suggests that lactation demands from a male infant orangutan are greater (but see van Noordwijk et al (2013)). Human mothers of male infants can produce milk that has 25% greater energy content (Powe et al. 2010). Such an adaptation, to respond to greater nutritional demand from male infants, might indicate that male infant orangutans are more prone to developmental dental crowding under conditions of relative food stress (as seems to pertain in Borneo (Knott 1998)). Alternatively, rather than invoking a sex difference in metabolic requirements, there may be sex differences in the ontogenetic acquisition of skilled foraging behaviors (Russon 2006). Also, rather than arguing for differences in just habitat quality between the islands, it may be germane that lactation, which presumably provides a reasonably assured component of the infant's food requirements, is significantly longer in Sumatran than Bornean orangutans (van Noordwijk et al. 2013).

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Conclusion

We examined the form and prevalence of an unusual defect of dental formation, observable on the mesio-labial surface of the maxillary lateral incisor (MLID) of apes, that we think has

the potential to be a marker of compromised infant development and, by inference, habitat quality. Our micro-CT scans and radiography combined with scanning electron microscopy of enamel surfaces show inter-crypt fenestration, predisposing the unerupted lateral incisor to direct 'tooth-to-tooth' or 'tooth-to-fenestrated crypt edge' contact with the creation of abnormal enamel surfaces including pits, plane-form and ledge defects. Neither lateral incisor crown size specifically, nor size of the anterior dentition generally, including sexually dimorphic canine teeth, links to MLID. We conclude that undergrowth of the jaws, not tooth size, is the major predisposing cause of the defect. There is more of a difference in MLID occurrence between islands than between sexes. MLID is significantly more common in Bornean orangutan individuals than in Sumatra, with males more affected than females. We conclude that the better nutritional environment for growing apes in Sumatra promotes more optimal jaw growth protecting them from MLID. Surprisingly, paleoorangutans from southern Sumatra are significantly more affected by MLID than are recent (northern) Sumatran orangutans, not differing in this respect from Bornean orangutans. Finally, given the generally high prevalence of this dental crowding defect in Bornean and fossil orangutans spread from Vietnam to Sumatra, we conclude that the optimal developmental environment for recent orangutans, currently prevailing in northern Sumatra, is not typical of the broad spatio-temporal habitats of orangutans in the past. Thus, while MLID can be proposed as a proxy for habitat quality among apes, its overall utility may be limited to the detection of optimal habitats only.

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688 **Figure Legends** 689 690 Fig. 1. Labial view of right maxillary lateral incisor (cast) with defect (MLID). This example 691 shows a commonly observed form with a diagonal notch (indicated by black line), 692 encroaching onto the root (Tooth 107-44b, paleo-Sumatran orangutan 11484-L2, Lida Ajer 693 Cave). 694 695 **Fig. 2.** Source of museum specimens of orangutans where provenience within islands is 696 known. 697 698 Fig. 3. Radiographs of the maxillary incisor region of two, younger and older, infant 699 chimpanzees: A. female M475, m2 root apex open; B. male M173, m2 root apex closed. Note 700 visual superimposition of the less mineralized/formed lateral incisor crown and incisal 701 edge and crypt wall of the more mineralized/formed central incisor crown. 702 703 Fig. 4. 3D reconstruction from micro-CT scan of unerupted incisors in orangutan infant 704 UGAZ 14.5.8 with completed milk dentition showing the relationship of the permanent 705 maxillary incisors during crown formation and fenestrated inter-crypt septa (top right 706 panel). Note superimposition of the incisal edge of the central incisor on the mid-crown 707 region of the lateral incisor crown (bottom left panel). 708 709 **Fig. 5.** Variation in size and shape of the developmental dental defect in maxillary lateral 710 incisors (casts) in a variety of primates. Specimens are turned so the defect is orthogonal 711 to the viewer. Most north-south measures (in mm) are single profiles taken through the

deepest part of a defect (in microns) (except where noted). The rectangular area demarcated in 'A' is reproduced in Figure 6. A. 107-42b: paleo-Sumatran orangutan 11485-L48, Lida Ajer Cave, left; B. 107-43b: paleo-Sumatran orangutan 11484-L11, Lida Ajer Cave, right; C. 107-44b: paleo-Sumatran orangutan 11484-L2, Lida Ajer Cave, right; D. 107-45b: paleo-Sumatran orangutan 11488-44, left, mean profile across defect width is shown; E. 165b: siamang 11670-1, left; F. 130: Rud 97 *Anapithecus hernyaki* A.7, Loc.II 1989, left; G. 314: *Lufengpithecus lufengensis* YV622, left.

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Fig. 6: Scanning electron microscope images of a cast in available of a paleo-orangutan left upper lateral incisor 11485-L48, Lida Ajer Cave, Sumatra. A. Example of enamel hypoplasia pit that is <u>not</u> a maxillary lateral incisor defect (MLID); note little worn Tomes' process pits (\star) within the sequestered surface of defect on left side of panel, indicating premature, abnormal cessation of secretion by enamel-forming cells. **B.** Close up of deepest part of an MLID showing the floor of the defect on the left and shoulder of defect on the right. Faint ridges on the shoulder on the right side of panel represent normal enamel increments called perikymata (dashed arrows). MLID contours of floor and shoulder do not conform to normal enamel internal structure. **C.** Floor of MLID showing abnormal exposure of somewhat worn Tomes' process pits (\star) (enamel surface exposed to normal wear). **D.** Low power overview of MLID; root to left side of panel, cervical part of enamel crown on right side of panel. This example is large. Bubble artifacts in the deepest part of the defect can also be seen in panel B. E. Junction of floor of defect with slope of the shoulder (on right). On the left side, the floor of the defect is obscured by foreign matter that has been partially cleaned out (see groove on upper right). F. Junction of root (left) surface with enamel

- 735 (right); both are normal in appearance. G. Floor of defect with faintly visible, worn Tomes'
- process pits on upper left obscured, on lower and right sides, by a layer of foreign matter.
- 737 **H.** Normal, worn labial enamel.

MLID Tables with Headings-26Aug16

Table I. Sample of extant orangutans examined for MLID

| Island | Male | Female | Sex unknown | Total |
|---------|------|--------|-------------|-------|
| Borneo | 16 | 30 | 3 | 49 |
| Sumatra | 13 | 7 | 1 | 21 |
| Total | 29 | 37 | 4 | 70 |

Table II. Sample of fossil hominoid lateral incisors examined for MLID

| Taxon | N | Minimum number of individuals | Source | Date |
|--|---------------------------------|-------------------------------------|--------|--|
| Anapithecus hernyaki | 7 | 5 | A | MN9, 11.2 – 9.7 Ma ¹ |
| Lufengpithecus lufengensis | | 2 | В | Late Miocene, 7 Ma ² |
| Paleo-orangutan Vietnam total Dieu Cave Hang Hum Hoa Binh Lang Trang Tham Om | 11 1 1 1 7 | 10 | С | undated Pleistocene 140-80K ³ , end Pleistocene ⁴ undated Pleistocene ⁵ 150K ⁶ , Mid-Pleistocene ⁷ ,80-60K ⁸ 250-140K ³ , Late Pleistocene ⁴ |
| Paleo-orangutan Sumatra total Djamboe Sibrambang Lida Ajer Unspecified Total | 56 5 22 19 10 76 | 38 | D | 56-85K ⁹ , 60-70K ¹¹ , Early Hol ¹² Pleist./Holo. ⁹ , 128-118K ^{10,13} , 80K ¹³ >80K ^{9, 11} , IS. 5e ^{7,13} , Early Hol ¹² |

Source: A. Geological Museum Budapest; B. Zoological Institute, Kunming; C. Institute of Archaeology, Hanoi; D. Naturalis, Leiden

Dating references: 1. Begun et al. 2006 (MNI also based on this article); 2. Ho 1985; 3. Bacon et al. 2006; 4. Harrison 2000; 5. Bacon and Long 2001; 6. Jon de Vos (pers. comm.); 7. (Long *et al.* 1996); 8. Bacon et al. 2004; 9. Drawhorn 1994-Lida Ajer dates from 18 O Stage 4 > 71K; 10. de Vos 1983; 11. van den Bergh et al. 1996; 12. Harrison et al. 2006; 13. Louys 2011

Table III. Sex differences in MLID expression in recent orangutan samples

| Sample | Sex | Comparison | N | Yes/No | % Yes | Chi Square ¹ | P |
|---------|--------|-------------|----|--------|-------|-------------------------|-------|
| Borneo | Male | Teeth | 29 | 27/2 | 93.1 | | |
| | Female | Teeth | 53 | 32/21 | 60.4 | 9.947 | 0.002 |
| | | | | | | | |
| | Male | Individuals | 16 | 15/1 | 93.8 | | |
| | Female | Individuals | 30 | 18/12 | 60.0 | 5.863 | 0.015 |
| | | | | | | | |
| Sumatra | Male | Teeth | 23 | 8/15 | 34.8 | | |
| | Female | Teeth | 14 | 2/12 | 14.3 | 1.854 | 0.173 |
| | | | | | | | |
| | Male | Individuals | 13 | 5/8 | 38.5 | | |
| | Female | Individuals | 7 | 1/6 | 14.3 | 1.266 | 0.260 |

^{1.} Fisher's Exact Tests were run on all comparisons above (as some groups had less than five cases) and yielded identical patterns of significance.

Table IV. Comparison of tooth size¹ from extant orangutans with and without MLID.

| Tooth | Measure | W | ith MLID | Without MLID | | Stud | ent's | t's Mann-Whitney | |
|---------|---------------|---|----------|--------------|---------|--------|-------|------------------|-------|
| | | N | Mean | N | Mean | 't' | P | Value | P |
| Central | Mesio-distal | 6 | 0.0874 | 17 | 0309 | 0.262 | 0.796 | -0.140 | 0.889 |
| incisor | Labio-lingual | 6 | 0.0970 | 16 | -0.0364 | 0.294 | 0.772 | -0.295 | 0.768 |
| | Crown height | 5 | 0.4624 | 13 | -0.1778 | 1.375 | 0.188 | -1.626 | 0.104 |
| | Volume | 5 | 0.4288 | 13 | -1.2534 | 1.956 | 0.068 | -1.922 | 0.055 |
| Lateral | Mesio-distal | 8 | -0.0938 | 18 | 0.0417 | -0.334 | 0.741 | -0.444 | 0.657 |
| incisor | Labio-lingual | 8 | 0.1477 | 18 | 0.0656 | 0.434 | 0.674 | -0.444 | 0.657 |
| | Crown height | 8 | 0.1412 | 18 | -0.0628 | 0.504 | 0.619 | -0.722 | 0.470 |
| | Volume | 8 | 0.1537 | 18 | -0.0683 | 0.549 | 0.588 | -0.167 | 0.868 |
| Canine | Mesio-distal | 7 | -0.0941 | 16 | 0.0411 | -0.314 | 0.756 | -0.735 | 0.462 |
| | Labio-lingual | 7 | 0.455 | 16 | -0.1993 | 1.610 | 0.122 | -1.604 | 0.109 |
| | Crown height | 7 | 0.0416 | 15 | -0.0194 | 0.141 | 0.890 | -0.035 | 0.972 |
| | Volume | 7 | 0.1836 | 15 | -0.0857 | 0.626 | 0.538 | -0.458 | 0.647 |
| All | Volume | 5 | 0.3398 | 10 | -0.1699 | 1.054 | 0.311 | -0.980 | 0.327 |

^{1.} Size is expressed as z-scores (i.e., deviation of a measure from the 'sex plus island' mean for that measure)

Table V. Dental measures (mm) of upper lateral incisors with and without MLID in Paleo-sumatran, Sumatran and Bornean orangutans

| | With ML | .ID | Without MLID | | | Student's | | |
|---------------|---------|---------|--------------|----|---------|-----------|--------|-------|
| Measure | N | Mean | SD | N | Mean | SD | 't' | P |
| Paleo- | | | | | | | | |
| sumatran | | | | | | | | |
| Mesio-distal | 30 | 8.99 | 1.01 | 11 | 8.96 | 0.76 | 0.097 | 0.923 |
| Labio-lingual | 27 | 9.34 | 1.10 | 11 | 9.20 | 1.03 | 0.366 | 0.717 |
| Crown height | 7 | 12.71 | 1.52 | 8 | 12.38 | 1.19 | 0.484 | 0.637 |
| Volume | 5 | 1109.07 | 326.20 | 3 | 1271.02 | 233.24 | -0.743 | 0.486 |
| Sumatran | | | | | | | | |
| Mesio-distal | 0 | - | | 10 | 8.27 | 0.96 | N/A | |
| Labio-lingual | 0 | - | - | 10 | 7.87 | 0.54 | N/A | |
| Crown height | 0 | - | - | 10 | 10.30 | 1.54 | N/A | |
| Volume | | | | 10 | 683.17 | 191.01 | N/A | |
| Bornean | | | | | | | • | |
| Mesio-distal | 8 | 8.58 | 0.62 | 8 | 8.40 | 0.78 | 0.518 | 0.613 |
| Labio-lingual | 8 | 8.66 | 0.80 | 8 | 8.31 | 0.44 | 1.118 | 0.283 |
| Crown height | 8 | 11.78 | 1.42 | 8 | 11.07 | 1.67 | 0.928 | 0.369 |
| Volume | 8 | 890.44 | 227.11 | 8 | 775.02 | 162.44 | 1.169 | 0.262 |

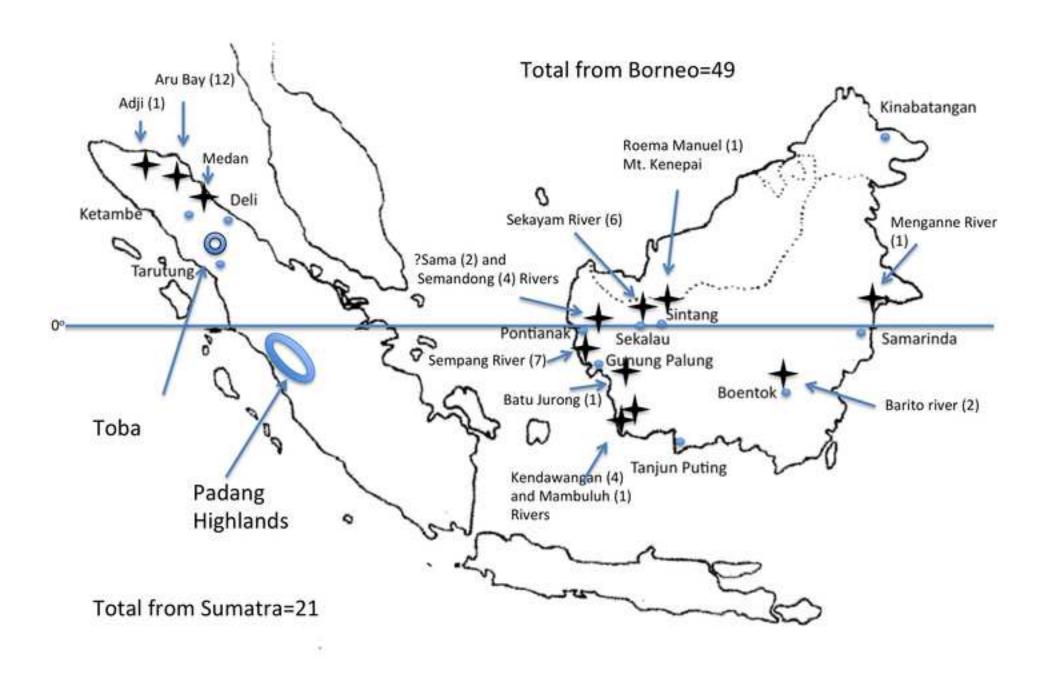
Table VI. Frequency of MLID in fossil and recent hominoid upper lateral incisors

| Sample | Side | N | Yes/No | Affected (%) |
|-----------------|----------|-----|--------|--------------|
| L. lufengensis | Left | 2 | 1/1 | 50.0 |
| | Right | - | | - |
| | Combined | 2 | 1/1 | 50.0 |
| A. hernyaki | Left | 4 | 4/0 | 100 |
| - | Right | 3 | 3/0 | 100 |
| | Combined | 7 | 7/0 | 100 |
| Paleo-orangutan | | | | |
| Sumatra | Left | 24 | 16/8 | 66.0 |
| | Right | 32 | 21/11 | 65.6 |
| | Combined | 56 | 37/19 | 66.1 |
| Vietnam | Left | 8 | 3/5 | 37.5 |
| | Right | 3 | 3/0 | 100 |
| | Combined | 11 | 6/5 | 54.5 |
| All paleo | Left | 32 | 19/13 | 59.4 |
| | Right | 35 | 24/11 | 68.6 |
| | Combined | 67 | 43/24 | 64.2 |
| Recent Borneo | Left | 47 | 31/16 | 66.0 |
| | Right | 40 | 30/10 | 75.0 |
| | Combined | 87 | 61/26 | 70.1 |
| Recent Sumatra | Left | 18 | 5/13 | 27.8 |
| | Right | 20 | 5/15 | 25.0 |
| | Combined | 38 | 10/28 | 26.3 |
| All recent | Left | 65 | 36/29 | 55.3 |
| | Right | 60 | 35/25 | 58.3 |
| | Combined | 125 | 71/54 | 56.8 |

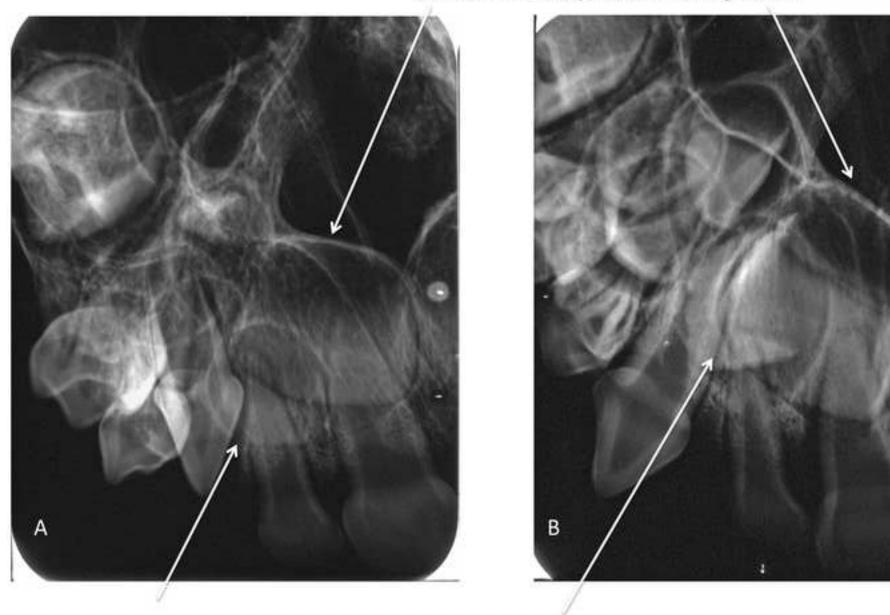
Table VII. Distribution of MLID between recent orangutans from Borneo and Sumatra

| Comparison | Sample | N | Yes/No | % Yes | Chi Square | P |
|------------|---------|----|--------|-------|------------|---------|
| Teeth | Borneo | 87 | 61/26 | 70.1 | | |
| | Sumatra | 38 | 10/28 | 26.3 | 20.68 | < 0.001 |
| | | | | | | |
| Individual | Borneo | 49 | 35/14 | 71.4 | | |
| | Sumatra | 21 | 6/15 | 28.6 | 11.13 | < 0.001 |



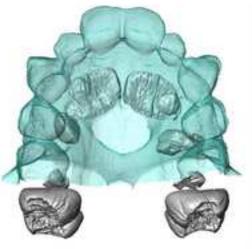


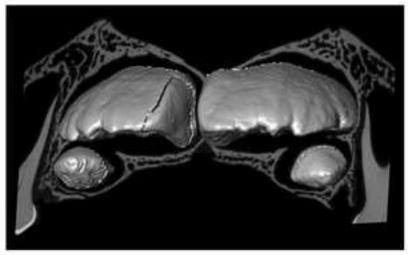
Central incisor crypt and forming crown



Lateral incisor crypt and less formed crown







Occlusal of maxilla

Occlusal of germs

Incisal edges with crypt fenestration

