

# A Morphometric Analysis of Hip Bone for Sex Determination

Riya Narwani<sup>1</sup>, Vijay Laxmi Sharma<sup>2\*</sup>

#### <sup>1</sup>Professor, <sup>2\*</sup>Assistant Professor,

Department of Anatomy, SMS Medical College, Jaipur, Rajasthan, India.

### ABSTRACT

Background: Pelvic bone is the most sexually dimorphic area in adult skeleton, which provides sufficient evidence for sex determination even when fragmentary and is of great use in both medico-legal and archaeological settings. Recent development of quantitative methods is an effort to decrease ambiguity in assessment methods. Present study aims to determine the Morphometric parameters of dry hip bone and to assess difference in these parameters between male and female hip bone.

Materials and Methods: A descriptive observational study was conducted in the Department of Anatomy, SMS Medical College, Jaipur. Measurements were taken from 100 mature hip bones of known sex.

Results: Maximum width of Posterior superior iliac spine (PSIS) to superior border of ischial tuberosity (PSIS - IT); Maximum width and Posterior segment of width had significantly higher value in female hip bone as compared to male. Index1 (depth (OC)/ width (AB) x 100) was significantly higher in males as compared to females.

**Conclusion:** These morphometric measurements of hip bone, either alone or in combination can prove to be accurate, quantitative method for sex determination.

Key words: Hip Bone, Pelvis, Sex Determination, Sexual Dimorphism, Morphometric Measurement.

\*Correspondence to:

Dr Vijay Laxmi Sharma, Assistant Professor, Department of Anatomy, SMS Medical College, Jaipur, Rajasthan, India. **Article History:** Received: 18-12-2017, Revised: 24-04-2018, Accepted: 29-08-2018

Access this article online			
Website: www.ijmrp.com	Quick Response code		
DOI: 10.21276/ijmrp.2018.4.5.027			

#### INTRODUCTION

Ascertaining a biological profile from the skeleton is a vital component in both medico-legal and archaeological settings and one of the prime attributes to identify is the individual's sex. Sexual dimorphism, or size and shape differences between the male and female can be best observed primarily on the cranium and pelvis of human. Innominate is the most sexually dimorphic area in adult skeletal material, which provides sufficient evidence for sex determination even when fragmentary.1-3

Most early studies of the pelvis dealt with the size and structure of the pelvic inlet, assessing the pelvic bowl as a single element.<sup>4-6</sup> Later studies incorporated the entire pelvis, with common features reviewed including the greater sciatic notch breadth and angle, subpubic angle, ventral arc, pubic bone length, preauricular sulcus, subpubic concavity, and the ischio-pubic index.7-9 These feature variations reflect functional differences on the pelvis to allow for childbirth in women. In general, the female pelvis flares more laterally, with wider sciatic notch openings to allow for a wider birth canal, while the male pelvis tends to be more

compressed and narrow. Unfortunately, due to the overlap of values between the sexes, no feature is 100% accurate.<sup>10-12</sup>

The development of quantitative methods had been attempted in an effort to decrease ambiguity in assessment methods.13-15

A small amount of overlap, usually less than 5%<sup>10</sup>, does occur between males and females in these features, so that some individuals fall into an ambiguous or intermediate category.16 While some regional variation of sexually dimorphic traits had been noted, researchers suggest that this difference did not affect sex determination.17,18

Present study aims to determine the Morphometric parameters of dry hip bone and to assess difference in these parameters between male and female hip bone.

#### MATERIALS AND METHODS

A descriptive observational study was conducted in the Department of Anatomy, SMS Medical College, Jaipur. 100 mature hip bones of known sex were taken for study (50 right and

50 left sided). Sample size was calculated at 95% Confidence level assuming standard deviation of 1.23 cm in width of PSIS as per study of Dr. Sarita R. Margam et al<sup>19</sup> at allowable error of 0.25 cm in width of PSIS minimum. After obtaining ethical clearance from institution's Research Review board, Data collection was done using predesigned Performa. Only that Hip Bones with intact ischial spine and with complete ossification were included in study. Measurements were done using Sliding vernier caliper, Inextensible thread, Standardized steel scale with the help of a diagram of posterior border of human hip bone in centimeters. Mean value of the readings taken by three methods was taken as final reading.

#### The Various Parameters Measured Were

- (a) The maximal width of the posterior border of greater sciatic notch (PSIS-IT) in cm - measured from the Posterior superior iliac spine (PSIS) to superior border of ischial tuberosity (IT). (Figure 1)
- (b) The distance from posterior inferior iliac spine to the superior border of ischial tuberosity (PIIS-IT) in cm
- (c) Maximal Width i.e. Distance between a tubercle of marking attachment of Piriformis muscle to tip of ischial spine (AB) in cm.
- (d) Maximal depth: i.e. perpendicular to the width (OC) in cm.
- (e) Posterior segment of the width (OB) in cm.
- (f) Index 1: depth (OC) /width (AB) x 100
- (g) Index 2: Posterior segment (OB) / width x 100

#### **Statistical Analysis**

Morphometric Parameters were expressed as mean and standard deviation and significance of difference was assessed using student-t-test. Statistical significance was taken at P value <0.05. All analysis were done using 'Primer' software

## RESULTS

A total of 68 male and 32 female bones were included in the study. Half of the bones were of right and half of left side. Table 1 shows various Morphometric hip bone measurements. Right and left side hip bone did not vary significantly in any of the Morphometric measurements (Table 2). Maximum width of PSIS to IT; Maximum width and Posterior segment of width had significantly higher value in female hip bone as compared to male (Table 3). Index 1 (depth (OC)/ width (AB) x 100) was significantly higher in males as compared to females .

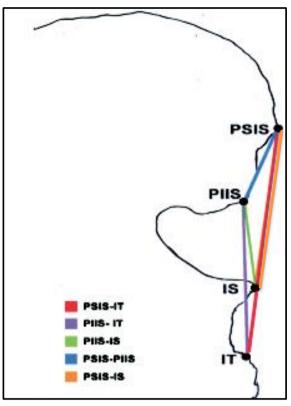


Figure 1: Parameters Measured in present study<sup>19</sup>

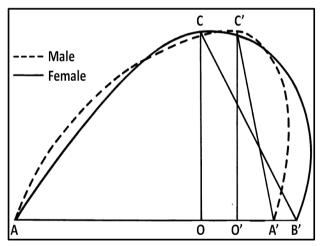


Figure 2: Measurements of greater sciatic notch (Interrupted curve shows greater sciatic notch of male & Continuous curve shows greater sciatic notch of female)<sup>22</sup>

#### Table 1: Hip bone measurements

PARAMETERS	Minimum	Maximum	Mean	Std. Deviation	
Maximum width of PSIS to IT(cm)	8.22	11.73	9.834	0.65	
Distance from PIIS to superior border of IT(cm)	5.32	8.90	7.36	0.63	
Maximum width(cm)	3.62	6.81	5.49	0.44	
Maximum depth perpendicular to width (OC)(cm)	2.01	4.07	3.31	0.5	
Posterior segment of width (OB)(cm)	1.96	3.03	2.6	0.28	
Index 1= depth(OC)/width(AB) x 100	37.78	82.50	60.7	10.37	
Index 2 = Posterior segment OB/AB x 100	33.68	64.09	47.53	5.34	

VARIABLE	Sex	Ν	Mean	Std. Deviation	P value
Maximum width of PSIS to IT(cm)	Left	50	9.75	.56	0.21
	Right	50	9.91	.73	
Distance from PIIS to superior border of IT(cm)	Left	50	7.4	.53	0.622
	Right	50	7.33	.72	
Maximum width (cm)	Left	50	5.39	.3	0.954
	Right	50	5.39	.51	
Maximum depth perpendicular to width(cm)	Left	50	3.04	.41	0.28
	Right	50	2.95	.44	
Posterior segment of width (cm)	Left	50	2.52	.29	0.302
	Right	50	2.58	.25	
Index 1= depth(OC)/width (AB) x 100	Left	50	56.70	8.312	0.35
	Right	50	55.1134	8.81	
Index 2 = Posterior segment OB/AB x 100	Left	50	46.93	5.34	0.26
	Right	50	48.15	5.55	

 Table 2: Side wise Distribution of Various Parameters

VARIABLE	Sex	Ν	Mean	Std. Deviation	P value
Maximum width of PSIS to IT(cm)	Male	68	9.51	0.41	<0.001
	Female	32	10.52	0.54	
Distance from PIIS to superior border of IT(cm)	Male	68	7.3	0.67	0.138
	Female	32	7.5	0.53	
Maximum width (cm)	Male	68	5.42	0.38	0.03
	Female	32	6.62	0.53	
Maximum depth perpendicular to width (cm)	Male	68	3.35	0.53	0.25
	Female	32	3.26	0.41	
Posterior segment of width (cm)	Male	68	2.55	0.29	0.017
	Female	32	2.69	0.23	
Index 1= depth(OC)/width(AB) x 100	Male	68	62.11	11.2	0.047
	Female	32	57.71	7.66	
Index 2 = Posterior segment OB/AB x 100	Male	68	47.17	5.23	0.32
	Female	32	48.30	5.59	

#### DISCUSSION

Although many bones of the skeleton present sex, age and race related differences, the distinctive morphology of the human hip bone makes it of interest from anatomical, anthropological and forensic point of view. The hip bone is the most reliable skeleton in sexual dimorphism.

In present study the maximum width of PSIS to IT (cm) was significantly higher in females (10.5 cm) as compared to males ((9.5 cm). The result of present study was in accordance with the study by Margam S<sup>19</sup>; however Issac et al<sup>20</sup> and Doshi et al.<sup>21</sup> found it to higher in males as compared to females.

Mean distance from PIIS to Superior border of IT (cm) in this study was higher for females as compared to males but this difference was not statistically significant. Similar findings were reported in studies by Margam S et al.<sup>19</sup>, Issac et al<sup>20</sup> and Doshi et al.<sup>21</sup>

Females were found to have significantly higher maximum width as compared to males. Shah et al.<sup>22</sup> and Dnyanesh et al<sup>23</sup> also found maximum width to be higher in females. Maximum depth perpendicular to width were lower for females than males but the difference was not statistically significan. Shah S et al<sup>22</sup> and Dnyanesh S et al.<sup>23</sup> also found similar results. Index 1 value was significantly lower in females in present study as was similarly reported by Shah S et al<sup>22</sup> and Dnyanesh S et al.<sup>23</sup> Index 2 value was higher in females as compared to male but the difference was not statistically significant. Shah <sup>S22</sup>, Dnyanesh<sup>23</sup> also found value of index 2 was higher for females than males.

## CONCLUSION

The Maximum width of PSIS to IT; Maximum width; Posterior segment of width and Index1 (depth (OC)/ width (AB) x 100) were

found to be significantly different in male and female. These morphometric measurements of hip bone, either alone or in combination can be useful in sex determination. Further studies are required to determine the critical cutoff values to differentiate between male female bones and to determine the best combination of morphometric measurements for sex determination.

### REFERENCES

1. Ali R, and MacLaughlin S. Sex identification from the auricular surface of the adult human ilium. International Journal of Osteoarchaeology 1991;1:57-61.

2. Rogers T, and Saunders S. Accuracy of sex determination using morphological traits of the human pelvis. Journal of Forensic Sciences, JFSCA 1994; 39:1047-1056.

 Albanese J. A metric method for sex determination using the hipbone and femur. Journal of Forensic Sciences 2003;48:263-73.
 Greulich WW, and Thoms H. The dimensions of the pelvic inlet of 789 White Females. Anatomical Record 1938; 72:45-51.

5. Caldwell WE, and Moloy HC. Anatomical variations in the female pelvis: Their classification and obstetrical significance. Proceedings of the Royal Society of Medicine, Section of Obstetrics and Gynaecology 1938; 32:1-30.

6. Emmons AB. A study of the variations in the female pelvis, based on observations made on 217 specimens of the American Indiana squaw. Biometrika 1913; 9:34-57

7. Anderson B. Ventral arch of the os pubis: anatomical and developmental considerations. American Journal of Physical Anthropology 1990; 83:449-458.

8. St. Hoyme LE, and Iscan MY. Determination of sex and race: Accuracy and assumptions. Reconstruction of Life from the Skeleton: Alan R. Liss, Inc. 1989; p 53-93.

9. Washburn SL. Sex differences in the pubic bone. American Journal of Physical Anthropology 1948; 6:199-208.

10. Bruzek J. A method for visual determination of sex, using the human hip bone. American Journal of Physical Anthropology 2002; 117:157-168.

11. Phenice TW. A newly developed visual method of sexing the os pubis. American Journal of Physical Anthropology 1969; 30:297-302.

12. MacLaughlin SM, and Bruce MF. Morphological sexing of the os pubis. An anatomical approach. American Journal of Physical Anthropology 1980; 81:260-261.

13. Stewart TD. Sex determination of the skeleton by guess and by measurement. American Journal of Physical Anthropology 1954; 12:385-392.

14. Walker PL. Sexing skulls using discriminant function analysis of visually assessed traits. American Journal of Physical Anthropology 2008; 136:39-50.

15. Taylor J, and Dibennardo R. Discriminant function analysis of the central portion of the innominate. American Journal of Physical Anthropology 1984; 64:315-320.

16. Davivongs V. The pelvic girdle of the Australian Aborigine: Sex differences and sex determination. American Journal of Physical Anthropology 1963; 21:443-455

17. Boucher BJ. Sex differences in the foetal pelvis. American Journal of Physical Anthropology 1957; 15:581-600.

18. Rösing FW. Sexing immature human skeletons. Journal of Human Evolution 1983; 12:149-155.

19. Maragam S R, Doshi M, Jadhav S, Patil R, Ambali M, Sex and Side Determination of Human Hip Bone by Metric Parameters of Its Posterior Border, National Journal of Clinical Anatomy 2013; 2(1) Pg. 16-21.

20. Isaac B. Biometry of the Posterior Border of the Human Hip Bone: Normal Values and their use in Sex Determination. J. Anat. Soc. India 2002; 51(1):43-46.

21. Doshi B D, Joshi H G, Mehta C D. The Sex determination by Posterior Border Of Adult Human Hip Bone. NJIRM 2011; 2(2).April-June-Special, 10-13.

22. Shah S, Zalawadia A, Ruparalia S, Patel S, Rathod SP, Patel SV et al. Morphometric study of greater sciatic notch of dry human hip bone in Gujarat Region, NJIRM 2011, 2(2) 7-30.

23. Suma Dnyanesh, Dnyanesh DK, Phaniraj S, Mallikarjun M, Vijayashri BH, Kapil Amgain. Study of Greater Sciatic Notch in Sex Determination of Hip Bone by Metric Method. IOSR Journal of Dental and Medical Sciences (IOSR-JDMS); Sep.- Oct. 2013; 10(4); PP 18-23.

Source of Support: Nil. Conflict of Interest: None Declared.

**Copyright:** © the author(s) and publisher. IJMRP is an official publication of Ibn Sina Academy of Medieval Medicine & Sciences, registered in 2001 under Indian Trusts Act, 1882.

This is an open access article distributed under the terms of the Creative Commons Attribution Non-commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

**Cite this article as:** Riya Narwani, Vijay Laxmi Sharma. A Morphometric Analysis of Hip Bone for Sex Determination. Int J Med Res Prof. 2018 Sept; 4(5):115-18. DOI:10.21276/ijmrp.2018.4.5.027