ORIGINAL RESEARCH
Study Of The Cranial Variant Palatine Torus In The Skull Of Uttar Pradesh Region

Pankaj Kumar Singh¹, Zaidi S.H.H.²

ABSTRACT

Introduction: Study of the Palatine Torus, a non metric cranial variant, has been a subject of considerable interest for researchers. Palatine torus is a midline bony protrusion of the palate. It is a slow growing hyperostosis arising from the cortical plate. The aim of the study was to find out the prevalence, size, shape and location of the palatine torus in skulls of Uttar Pradesh region, which is not only of racial and regional importance but also has great clinical implications in prosthodontics treatment in dentistry. Any coexistence of maxillary torus was also noted.

Material and Method: A morphological assessment of 54 skulls from different medical and dental colleges of Uttar Pradesh was done to study this cranial variant.

Result: The result showed a 16.6% prevalence of palatine torus in our study with a significant female predominance. The tori was more commonly spindle shaped and no coexistant maxillary torus was observed.

Conclusion: The current study was to find out the incidence, topographical anatomy and morphology of palatine torus in Uttar Pradesh region, the knowledge of which is important during maxillofacial surgery and in prosthodontics treatment.

Keywords: Palatine Torus, hard palate, exostosis.

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Conflict of Interest: None

INTRODUCTION

Palatine torus is a benign, non painful, non tender, hard bony ridge sometimes seen in the midline of the hard palate. It has been a subject of considerable interest for researchers as it is one of the most common bony osteoma found in the oral cavity, often been referred to by different names eg. Hyperostosis, hyperplastic bone and exostosis. Histologically however it is similar in nature to a typical bone having an outer cortical and inner cancellous zone. On histopathological examination it appears as a hyperostosis with simple hyperplasia of the mucosa. Palatine torus are generally less than 2 cm in diameter though their size changes continuously throughout life. Its not uncommon however for the size to decrease due to resorption. Palatine torus typically presents in early adult life and even though it has been suggested to be an autosomal dominant trait its cause remains essentially multifactorial. Palatine torus generally has a flat base with a smooth surface. Its shape is variable ranging from nodular, spindle shaped, lobular to irregular. The prevalence of palatine torus is more common than mandibular torus ranging from 9-60%. The commonest location of the tori is in the mid or posterior part of the midline of palate. The current study was aimed at establishing the prevalence and morphological variability of palatine torus from samples taken from the population of Uttar Pradesh. The result was carefully interpreted and compared with the result from other population.

MATERIALS AND METHOD

54 human crania of both sexes were taken for this study from the museum from Rohilkhand Medical College Bareilly, Institute of Dental Sciences Bareilly and Integral Medical College, Lucknow. Thirty three of the skull were male and twenty one female. The skulls with only intact hard palate were included. The incidence of palatine torus was noted as was its shape.

RESULT

Out of the 54 skulls studied the palatine torus was seen in 9 cases (16.6%). Of these, in 4 out of 33 male skulls (12.12%) and 5 out of 21 (23.8%) female skulls, incidence of Palatine Torus was observed (table no-2). In 5 out of 9 (55.5%) cases the tori were of spindle shape.

DISCUSSION

Fox¹ (1814) mentioned it as an exostosis in mid palatal region. Kupffer² (1880) was first to name it. He concluded that the torus occurred more commonly...
Various theories have been propounded by different workers regarding the etiology of the palatine torus. Hooton,18 Kajava19 and Hrdlicka14 suggested that it was due to hyperfunction stress in the jaw related to chewing. Schreiner20 concluded that abnormal sensitivity of the bone conditioned by deficient diet and/or hypervitaminosis resulted in palatine torus. Vanden Brook reported that the torus was a localized growth caused by chemical irritation of the mucous membrane. Hence the final conclusion that was derived was that the incidence of palatine torus varies with race and age. However there is a proven predominance of cases seen in females.

The results of our study showed the prevalence of palatine torus to be 16.6% with a significant female (23.8%) predominance compared to male (12.12%) shown in table no - 2. The size was approximately 18mm and was most commonly spindle in shape. The commonest location was in the posterior part of midline of hard palate. No association with maxillary torus was found. While the prevalence of palatine torus has shown wide variations, most of the morphometric findings were in accordance with the other findings on study of palatine torus (V K Hiremath et al., 22 Janusz Skrzazl et al.23) except for the fact that in our study the commonest location was in posterior part of midline, while most common location attributed to it has been mid part of midline of palate.

**CONCLUSION**

The palatine torus is the most common bony exostosis encountered in the oral cavity. Its knowledge is of great clinical significance not only for the maxillofacial surgeons but also in prostodontic treatment. The current study has added further information about the incidence, topographical anatomy and morphology of palatine torus in Uttar Pradesh region.

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**Table - 1: Prevalence of Palatine Torus in various population**

<table>
<thead>
<tr>
<th>POPULATION</th>
<th>SAMPLE SIZE</th>
<th>MALE</th>
<th>FEMALE</th>
<th>PREVALANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eskimos Woo J.K.5</td>
<td>Not Available</td>
<td>Not Available</td>
<td>Not Available</td>
<td>66 %</td>
</tr>
<tr>
<td>United States</td>
<td>2478</td>
<td>Not Available</td>
<td>Not Available</td>
<td>20.9%</td>
</tr>
<tr>
<td>Kolas S and Halparin V6</td>
<td>Not Available</td>
<td>Not Available</td>
<td>Not Available</td>
<td></td>
</tr>
<tr>
<td>Norway Haugen L.K.24</td>
<td>5000</td>
<td>11.2%</td>
<td>6.7%</td>
<td>9.2 %</td>
</tr>
<tr>
<td>Israel Gorsky M25</td>
<td>1002</td>
<td>24.9%</td>
<td>16.4%</td>
<td>21%</td>
</tr>
<tr>
<td>Africa AL Bayaty HF26</td>
<td>367</td>
<td>6.7%</td>
<td>5.5%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Turkey Cagirankaye L.B.27</td>
<td>253</td>
<td>28.2 %</td>
<td>6.0 %</td>
<td>20.9%</td>
</tr>
<tr>
<td>India, Uttar Pradesh</td>
<td>54</td>
<td>23.8%</td>
<td>12.1%</td>
<td>16.6%</td>
</tr>
<tr>
<td>Our study (2015)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In the population living in Northern Hemisphere. Drenan3 found an alarmingly high rate of prevalence (>30%) in the Bushmens, a tribe found in south west Africa. The effect of age on the frequency and expression of palatine torus is still inconclusive. While Miller and Roth4 concluded that palatine torus is rare under the age of five and occurs more commonly around 7 years of age. Woo5 to the contrary demonstrated the presence of palatine torus in fetal palate. Woo further stated that palatine torus stopped growing once skeletal maturity is achieved at around 20 years. Kola et al6 however was of the view that palatine torus increases from the age of adolescence to the age of around 30 years. Miller and Roth4 held the view that palatine torus expressed itself more in the older adults, a view that was contradicted by Balez et al.7 and Yaacob et al.5 who found lower frequency after the age of thirty. No conclusive evidence could thus come out from all these studies that could attribute a certain age that predisposed to the occurrence of palatine torus.

Similar contrasting views emerged regarding the increase in height and width of palatine torus. The generally more acceptable view is the one endorsed by the Norse study that stated that the width did not alter much with age even though the height increased even after skeletal maturity is attained. Regarding sex predisposition most researchers are of the view that palatine torus is more prevalent in females than in males (Austin et al., 9 Balaeez et al., 7 Baptista, 10 Lasker, 11 Ohno et al., 12 Yaacob et al.5). This finding is in accordance to our study. A few authors found higher frequency in males (Bernaba, 13 Hrdlicka14). Only some stated no difference between sexes (Axelsson and Hedegaard, 15 Chew and Tan, 16 DeVelliers17). This female predominance could be due to hormonal difference, X linked inheritance or variation in the biomechanics of jaw size. Another notable feature in all these studies has been the remarkably less incidence of palatine torus in living as compared to the cranial specimen. This could be attributed to the fact that small tori sometimes gets obscured by the mucous membrane.
REFERENCES


Table – 2: Prevalence of the palatine tori in a sample of the Uttar Pradesh population

<table>
<thead>
<tr>
<th>Traits</th>
<th>Total</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No %</td>
<td>No %</td>
<td>No %</td>
</tr>
<tr>
<td>Palatine Torus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absent</td>
<td>45</td>
<td>83.4%</td>
<td>16</td>
</tr>
<tr>
<td>Present</td>
<td>09</td>
<td>16.6%</td>
<td>05</td>
</tr>
<tr>
<td>Total</td>
<td>54</td>
<td>100%</td>
<td>21</td>
</tr>
</tbody>
</table>

Figure-1: Showing palatine torus