
Dentistry — Vocabulary and designation system for forensic oro- dental data

*Médecine bucco-dentaire — Vocabulaire et code de désignation des
données bucco-dentaires médico-légales*

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Published in Switzerland

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Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular, the different approval criteria needed for the different types of ISO documents should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives).

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. ISO shall not be held responsible for identifying any or all such patent rights. Details of any patent rights identified during the development of the document will be in the Introduction and/or on the ISO list of patent declarations received (see www.iso.org/patents).

Any trade name used in this document is information given for the convenience of users and does not constitute an endorsement.

For an explanation of the voluntary nature of standards, the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the World Trade Organization (WTO) principles in the Technical Barriers to Trade (TBT), see www.iso.org/iso/foreword.html.

This document was prepared by Technical Committee ISO/TC 106, *Dentistry*, Subcommittee SC 3, *Terminology*, in collaboration with the European Committee for Standardization (CEN) Technical Committee CEN/TC 55, *Dentistry*, in accordance with the Agreement on technical cooperation between ISO and CEN (Vienna Agreement).

Any feedback or questions on this document should be directed to the user's national standards body. A complete listing of these bodies can be found at www.iso.org/members.html.

Introduction

0.1 Background

The establishment of a positive identification of an unidentified individual by the comparative dental analysis of a forensic odontologist requires submission of supporting documentation from the dental professionals who treated the patient. This information includes dental treatment records, radiographs, photographs, and dental casts; this information is then submitted to the appropriate authority and referred to as antemortem dental data (AM). Currently, the vast majority of antemortem dental data and associated attachments are submitted on paper and by radiographic film, however, the goal is to create a standardized electronic format for the transfer of this data. Due to varying methods of documentation and recording systems, an organized list of standardized dental terminology would be useful. Submission of ambiguous information due to a lack of harmonization can increase the time required to establish the identification through dental means.

The disaster victim identification (DVI) community, due to the number of victims and the number of countries of origin of the victims, will benefit from this internationally standardized forensic oro-dental data, by using standardized terminology of useful concepts.

Current odontological comparison software is based on the concept of restoration comparison. Utilizing each tooth as a field, comparison and/or elimination queries and advance sorting algorithms creates a ranking of possible matches to aid the forensic odontologist in the initial records comparison. Biometric, familial, radiographic, and visual information support the likelihood of a match. By standardizing the descriptors used to describe this information, the likelihood of identifying an individual based on the forensic odontologist's data increases.

0.2 Principle

Many descriptors of a tooth are determined from radiographic interpretation; specific “similar” radiographic attributes are grouped together into single unified descriptors. This should allow for the unambiguous interpretation of a tooth attribute and ensure that a radiographic attribute can be described by a single unified attribute. Generally, consistency of assigning a unique attribute to a radiographic feature is utilized in this document in order to create unambiguous descriptors even at the expense of combining similar, but not identical, attributes.

The permanent dentition takes priority when both the primary and permanent teeth are present if both are concurrently visible in the mouth; however, the presence of the primary tooth should also be noted.

The pertinence of these descriptors should be weighted with the time differences between the date of the records and the presumptive date of recording of the current data.

If a descriptor involves multiple teeth, then that descriptor shall be utilized for all the teeth involved.

0.3 Rationale

A significant volume of information is gathered during dental evaluation and treatment. Forensic odontologists charged with the task of identifying individuals need comprehensive information in order to prove or disprove identification. While much of the information gathered by the dentist might not aid in claims adjudication, it is not possible to predict in advance what item or items in the dental record might be conclusive in identification. This document is designed to fill a void by establishing documentation requirements for the submission of antemortem dental information for identification.

Terms and definitions describing teeth, pathology or anomaly of teeth or tooth restorations are limited to ISO 3950 oro-dental codes that map to individual teeth.

Terms and definitions describing multiple teeth, jaw or mouth conditions, pathologies, relationships, or prostheses are limited to ISO 3950 oro-dental codes that map those entities.

Terms and definitions which are limited to other specific ISO 3950 oro-dental locations are annotated accordingly in the notes to entry and related annexes.

Terms and definitions describing dental devices, pathologies, or entities that do not have a specific location are limited to ISO 3950 code 00, 01, 02 and the notes to entry and related annexes.

An entry with a “(by report)” notation indicates that optional free-form text can be included with the term to further characterize the entity being described. See [Figure 1](#).

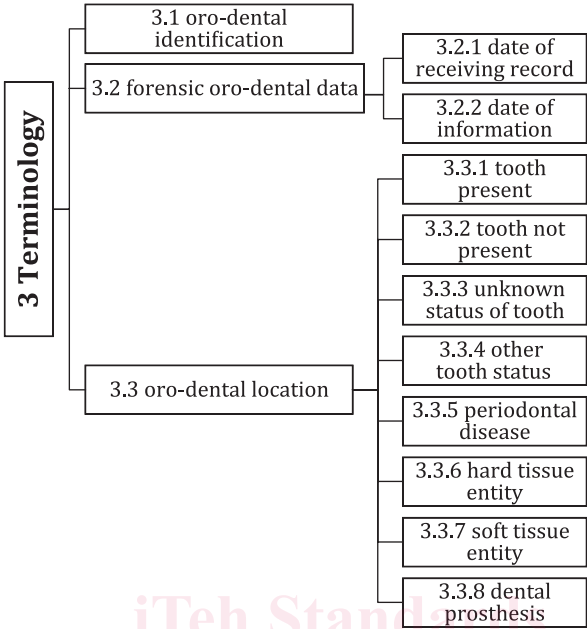


Figure 1 — Overview of the main elements of Clause 3

Dentistry — Vocabulary and designation system for forensic oro-dental data

1 Scope

This document defines the terms used to describe the distinctive characteristics of an individual's mouth by dentists and forensic dental experts. These terms are organized by concepts based on a forensic approach to the characteristics of a mouth, with many concepts specific to the identification domain that are not defined elsewhere in ISO dentistry vocabularies (e.g. "*present tooth*").

The hierarchical structure of this document is designed to describe attributes of a tooth, the mouth and a prosthesis/orthosis with increasing levels of discriminative characteristics (e.g. material characteristics, *restored tooth* surface) and the possibility to connect any level of description of an attribute with the most comprehensive concept.

This document is intended to be used for data exchange between antemortem and postmortem files and remove ambiguity on the terms used to describe an individual's mouth.

This document is intended to be used in conjunction with ISO 1942 and ISO 3950.

2 Normative references

The following documents are referred to in the text in such a way that some or all their content constitutes requirements of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

ISO 1942, *Dentistry — Vocabulary*

ISO 3950, *Dentistry — Designation system for teeth and areas of the oral cavity*

3 Terms and definitions

For the purposes of this document, the terms and definitions given in ISO 1942 and the following apply.

ISO and IEC maintain terminological databases for use in standardization at the following addresses:

- ISO Online browsing platform: available at <https://www.iso.org/obp>
- IEC Electropedia: available at <http://www.electropedia.org/>

3.1

oro-dental identification

science and art of comparing *antemortem dental data* (3.2.2.1) with *postmortem dental data* (3.2.2.2) to help determine the identity of an individual

3.2

forensic oro-dental data

recorded information describing the oral cavity and surrounding tissues for legal purposes

3.2.1

date of receiving record

date when the forensic information is recorded in the forensic record

Note 1 to entry: The date of receiving record is determined using ISO 8601-1.

3.2.2
date of information
date when the forensic information was created

Note 1 to entry: The date of information is determined using ISO 8601-1.

3.2.2.1
antemortem dental data
historical forensic oro-dental data (3.2)

3.2.2.2
postmortem dental data
current forensic oro-dental data (3.2)

3.3
oro-dental location
designation code for tooth, teeth or area of the oral cavity of the forensic information

Note 1 to entry: The oro-dental location shall be determined in accordance with ISO 3950.

3.3.1
tooth present
tooth or substantial part of a tooth visible in clinical or in radiologic examination, or reported present in the dental record

Note 1 to entry: If only a portion of the root remains and the coronal portion of the tooth has been replaced by a dental prosthesis (whether fixed or removable) that is not anchored by the remaining root, the tooth is not considered present. See Figure 2.

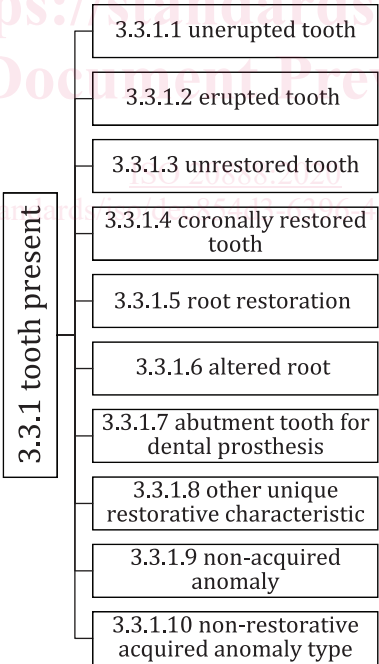


Figure 2 — Overview of the main elements of a tooth present

3.3.1.1
unerupted tooth
tooth present (3.3.1) that is not visible in the oral cavity

Note 1 to entry: If the erupted tooth is also abnormally angulated it can be described under malpositioned angulation.

3.3.1.2**erupted tooth**

tooth present (3.3.1) that is partially or completely visible in the oral cavity

Note 1 to entry: If the erupted tooth is also abnormally angulated, it can be described under malpositioned angulation.

3.3.1.2.1**overerupted tooth****hypererupted tooth**

tooth whose occlusal plane is significantly occlusal to the normal plane of occlusion

Note 1 to entry: This term is used regardless of the aetiology of the overeruption.

3.3.1.2.2**undererupted tooth****hypoerupted tooth**

tooth whose occlusal plane is significantly apical to the normal plane of occlusion

Note 1 to entry: A tooth is considered hypoerupted versus impacted only when a substantial portion of the coronal portion of the tooth is in the oral cavity, the path of eruption is unobstructed, and the root apices are fully closed.

Note 2 to entry: This term is used regardless of the aetiology of the undereruption.

3.3.1.2.3**malpositioned tooth**

tooth that is not in the normal position or angulation relative to the dental arch

Note 1 to entry: The malpositioned tooth shall be an *erupted tooth* (3.3.1.2).

3.3.1.2.3.1**drifted tooth**

tooth that has migrated into an edentulous space previously occupied by a different tooth

Note 1 to entry: The type of tooth drift shall be as specified in [Annex A](#).

Note 2 to entry: The drifted tooth shall be an *erupted tooth* (3.3.1.2).

3.3.1.2.3.2**angulated tooth**

tooth that has an inclination that deviates from the norm

Note 1 to entry: The type of tooth that is visible at clinical examination and is at the plane of occlusion shall be as specified in [Annex B](#).

Note 2 to entry: The angulated tooth shall be an *erupted tooth* (3.3.1.2).

3.3.1.3**unrestored tooth**

tooth that does not have any visible or radiographic evidence of a *dental restoration* (3.3.1.4.1)

Note 1 to entry: The unrestored tooth shall be an *erupted tooth* (3.3.1.2).

Note 2 to entry: This entry is limited to ISO 3950 codes 01, 02, 03, 04, 05, 06, 07, 08, 10, 20, 30, 40.

Note 3 to entry: Pit and fissure sealant is not a dental restoration.

3.3.1.4**coronally restored tooth**

tooth that has any type of *dental restoration* (3.3.1.4.1)

Note 1 to entry: A pit and fissure sealant is not a dental restoration.

3.3.1.4.1

dental restoration

dental device that restores or replaces lost tooth structure

Note 1 to entry: This definition differs from ISO 1942 in that lost tooth and oral tissues are excluded so that there is no ambiguity with the definition of a *dental prosthesis* (3.3.8).

Note 2 to entry: In a dental record, multiple iterations are allowed.

3.3.1.4.1.1

direct dental restoration

dental restoration (3.3.1.4.1) that is placed directly onto or within a tooth

Note 1 to entry: In a dental record, multiple iterations are allowed.

3.3.1.4.1.2

indirect dental restoration

dental restoration (3.3.1.4.1) that is fabricated outside the mouth

Note 1 to entry: The dental restoration fabricated outside the mouth shall be as specified in [Annex C](#).

Note 2 to entry: In a dental record, multiple iterations are allowed.

3.3.1.4.1.3

other dental restoration type

dental restoration (3.3.1.4.1) whose origin is known and not covered by any of the other categories (by report)

Note 1 to entry: Optional free-form text can be included to further characterize the entity being described.

3.3.1.4.1.4

number of dental restorations

number of parts of the tooth that have been replaced by a restoration

3.3.1.4.1.5

dental surface restored by dental restoration

part of the tooth that has been replaced by the *dental restoration* (3.3.1.4.1)

Note 1 to entry: The parts of the tooth that have been replaced by the dental restoration shall be as specified in [Annex D](#).

Note 2 to entry: In a dental record, multiple iterations are allowed.

3.3.1.4.1.6

dental restoration material

constituent elements utilized in a *dental restoration* (3.3.1.4.1)

Note 1 to entry: The material utilized in the dental restoration shall be as specified in [Annex E](#).

Note 2 to entry: In a dental record, multiple iterations are allowed.

3.3.1.4.1.7

dental restoration colour

predominant hue of the *dental restoration* (3.3.1.4.1) that is affixed to the *dental implant* (3.3.2.6.1)

Note 1 to entry: The colour utilized in the dental restoration shall be as specified in [Annex F](#).

Note 2 to entry: In a dental record, multiple iterations are allowed.

3.3.1.4.1.8

fracture of dental restoration

tooth that exhibits a *dental restoration* (3.3.1.4.1) that has a substantial portion of material missing due to factors other than normal wear

3.3.1.4.2**endodontically treated tooth**

tooth with therapy performed on the endodontium

Note 1 to entry: This term can be used if there is definitive evidence of treatment regardless of the extent of treatment and the presence or absence of endodontic obturation material.

3.3.1.4.3**coronally endodontically treated tooth****pulpotomized tooth**

endodontically treated tooth (3.3.1.4.2) limited to the pulp chamber

3.3.1.4.3.1**coronally endodontically treated tooth obturation material**

constituent element used in sealing the *coronally endodontically treated tooth* (3.3.1.4.3)

Note 1 to entry: The type of material utilized in obturating the coronally endodontically treated tooth shall be as specified in [Annex G](#).

3.3.1.4.4**fully endodontically treated tooth****pulpectomized tooth**

endodontically treated tooth (3.3.1.4.2) in both the pulp chamber and the radicular portion of the tooth

3.3.1.4.4.1**obturing material in fully endodontically treated tooth**

constituent element used in sealing the *fully endodontically treated tooth* (3.3.1.4.4)

Note 1 to entry: The type of material utilized in obturating the fully endodontically treated tooth shall be as specified in [Annex G](#).

Note 2 to entry: In a dental record, multiple iterations are allowed.

3.3.1.4.4.2**number of canals obturated in fully endodontically treated tooth**

number of canals with the presence of an endodontic obturation material

Note 1 to entry: This term may be used even if lateral canals are present or the root canal system separates into additional distinct canals through small portions of the root.

3.3.1.4.5**retrograde endodontically treated tooth**

endodontically treated tooth (3.3.1.4.2) resulting from an apical approach

3.3.1.4.5.1**obturing material in retrograde endodontically treated tooth**

constituent element used in sealing the *retrograde endodontically treated tooth* (3.3.1.4.5)

Note 1 to entry: The material utilized in obturating the apices shall be as specified in [Annex G](#).

3.3.1.4.5.2**number of apices treated with obturation of the retrograde endodontically treated tooth**

number of canal apices with the presence of an endodontic obturation material

Note 1 to entry: This term may be used even if lateral canals are present or the root canal system separates into additional distinct canals through small portions of the root.

3.3.1.4.6**other endodontic entity**

endodontic entity not described by other descriptors

3.3.1.5

root restoration

root post

tooth that has a *dental restoration* (3.3.1.4.1) that fills the root canal system of the tooth to serve as a restoration or aid in the retention of another dental device

3.3.1.5.1

number of canals which retain the root restoration

number of canals that the *root restoration* (3.3.1.5) substantially extends into

Note 1 to entry: This term may be used even if the tooth has not had endodontic treatment.

Note 2 to entry: This term may be used even if the tooth does not have a core restoration as part of the post system.

3.3.1.5.2

root restoration material

constituent element used in a *root restoration* (3.3.1.5)

Note 1 to entry: The material utilized in the root restoration shall be as specified in [Annex H](#).

3.3.1.6

altered root

tooth whose root system has been altered either by pathology or treatment intervention

3.3.1.6.1

root amputation

multi-rooted tooth whose root system has been intentionally sectioned with at least one of the roots removed for therapeutic purposes

Note 1 to entry: This term may be used even if definitive restorations are not present on the tooth.

3.3.1.6.2

sectioned tooth

tooth that has been intentionally separated into multiple sections with none of the roots removed for therapeutic purposes

Note 1 to entry: This term may be used even if definitive restorations are not present on the tooth.

3.3.1.6.3

retained instrument

root canal instrument present in one or more canals

Note 1 to entry: This term may be used regardless of where any additional obturation materials coexist in the same or other canals of the tooth.

3.3.1.6.4

other-altered root

tooth whose root has been intentionally altered for therapeutic purposes and not covered by other descriptors (by report)

Note 1 to entry: Optional free-form text can be included to further characterize the entity being described.

3.3.1.7

abutment tooth for a dental prosthesis

tooth code that supports a part of a *dental prosthesis* (3.3.8)

3.3.1.7.1

abutment device affixed to a tooth

device on a tooth that supports part of a *dental prosthesis* (3.3.8)

Note 1 to entry: The tooth supported component that supports the prosthesis shall be as specified in [Annex I](#).

3.3.1.7.2**retainer on a dental prosthesis**

device that supports part of a *dental prosthesis* ([3.3.8](#))

Note 1 to entry: The prosthesis supported component that supports the prosthesis shall be as specified in [Annex J](#).

3.3.1.7.3**splinted to adjacent teeth**

tooth with a *dental restoration* ([3.3.1.4.1](#)) connected to adjacent tooth

3.3.1.8**other unique restorative characteristic**

unique restorative characteristic not covered by other descriptors

3.3.1.9**non-acquired anomaly**

congenital abnormality of a tooth

Note 1 to entry: The type of tooth with a congenital abnormality shall be as specified in [Annex K](#).

Note 2 to entry: In a dental record, multiple iterations are allowed.

3.3.1.10**non-restorative acquired anomaly**

non-congenital abnormality of a tooth whose causative action is not due to the repair of a tooth

Note 1 to entry: The type of non-acquired anomaly of the tooth shall be as specified in [Annex L](#).

Note 2 to entry: This entry is limited to ISO 3950 codes that map to individual teeth.

Note 3 to entry: In a dental record, multiple iterations are allowed.

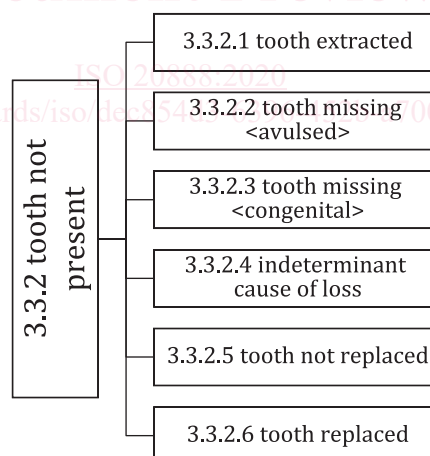


Figure 3 — Overview of the main elements of a tooth not present

3.3.2**tooth not present**

tooth not visible both in clinical and in a radiologic examination or reported as not present in the dental record

Note 1 to entry: This term is used if the tooth has been replaced by a prosthesis.

Note 2 to entry: A tooth may be considered not present even if it is replaced by a *dental prosthesis* ([3.3.8](#)).

Note 3 to entry: This term may be used alone or with a descriptor below. If no descriptor is found that describes the prosthesis, then the “other- (by report)” descriptor shall be used. See [Figure 3](#).

3.3.2.1

tooth extracted

area of the jaw previously occupied by a tooth when both the coronal portion and root portion of the both the deciduous and permanent tooth are not visible intraorally or radiographically

Note 1 to entry: This term may be used in combination with a restorative descriptor.

Note 2 to entry: This term is used when the tooth has been therapeutically lost or the loss is of unknown origin.

3.3.2.2

tooth missing

<avulsed> missing tooth whose socket exhibits no healing

Note 1 to entry: This term is only to be used if there is substantial evidence that the loss was traumatic and not therapeutic or through natural causes.

3.3.2.3

tooth missing

<congenital> tooth that has never been formed and without documentation that it ever existed in the dental treatment records

Note 1 to entry: This term is only used if there is documented evidence that the tooth bud never existed.

Note 2 to entry: Qualifying a tooth as congenitally missing should be done according to the age of the individual whose tooth is being examined.

3.3.2.4

indeterminant cause of loss

tooth with an insufficient amount of data to determine the status of the tooth

3.3.2.5

tooth not replaced

area of the jaw previously occupied by a tooth when both the coronal portion and root portion of the both the deciduous and permanent tooth are not visible intraorally or radiographically, and no fixed or removable *dental prosthesis* (3.3.8) is present to replace the tooth

3.3.2.6

tooth replaced

area of the jaw previously occupied by a tooth when both the coronal portion and root portion of the both the deciduous and permanent tooth are not visible intraorally or radiographically, and a fixed or removable *dental prosthesis* (3.3.8) is present to replace the tooth

3.3.2.6.1

dental implant

device specifically designed to be placed within, through or upon the bones of the cranio-facial complex, the primary purposes of which are to support or to resist displacement of a *dental prosthesis* (3.3.8)

Note 1 to entry: The dental implant shape utilized to replace the root portion of a tooth shall be as specified in [Annex M](#).

[SOURCE: ISO 16443:2014, 3.1.1 modified — “and/” has been deleted after the word “support”.]

3.3.2.6.1.1

dental implant material

constituent element of a *dental implant* (3.3.2.6.1)

Note 1 to entry: The composition of a *dental prosthesis* (3.3.8) which duplicates the tooth and is attached directly or indirectly (via an implant abutment) to the implant based on the restorative dental material shall be as specified in [Annex E](#).

Note 2 to entry: In a dental record, multiple iterations are allowed.