



Support for Thermoplastic Bite Impressions

I would like to reply to Dr. John Lewis' comments in the *Letters to the Editor* section of the November/December 2004 issue of *Pediatric Dentistry*. I have had several communications with Dr. Lewis and other board members about the unreferenced, editorial opinion expressed in the American Board of Forensic Odontology (ABFO) position paper on thermoplastic bite impressions. Because the ABFO mission is to "promote and enhance the science of forensic odontology", and realizing that the ABFO guidelines and standards on bite mark evidence may have failed law enforcement in several high-profile cases in the past, it is important to publish this short response to Dr. Lewis' comments.

Thermoplastic bite impressions, like other biometric forensic modalities (ie, fingerprints, facial and intraoral photographs, dental radiographs, dental chartings and documentation, and study casts), are recommended as an adjunct to assist in tracking and identification of deceased or missing children. The bite impressions record the size and shape of the teeth, position of the teeth in the arch, and the relationships of the maxillary and mandibular arches to each other. They also capture saliva for DNA analysis and scent dog tracking. They can be readily digitized.¹

I would like to refer Dr. Lewis to the referenced American Academy of Pediatric Dentistry policy statement on Child Identification Programs² which recognize the importance of dentistry's role in identification and the use of bite registrations (impressions) as part of the dental record. This is important as many children nationally may not have access to dental care, a dental home, receive routine dental care or any recent radiographs or restorations on which most dental identifications are based.³

The bite impression concept was introduced in Massachusetts at Tufts University in 1985 and was mentored by Dr. Stanley Schwartz, former Massachusetts State Forensic Dentist and past president of the ABFO.⁴ In Massachusetts alone over 200,000 children have been

"toothprinted" though public and private schools, community programs and dental offices. It is supported locally by the current Massachusetts State Forensic Dentist (an ABFO diplomate), Massachusetts Dental Society, Massachusetts Crime Prevention Officers Association and the National Center for Missing and Exploited Children, American Institute on Domestic Violence, fifteen state dental societies, district attorneys, legislators and numerous other law enforcement and philanthropic organizations.

In any challenge of identification, whether it is for a child, grandchild or a patient, who would not agree that a thermoplastic bite impression would be a much welcomed biometric tool, even in helping only one family?

Comments or requests for the "Open Letter" response (dated September 28, 2004) to the ABFO position paper can be forwarded to my attention.

References

1. Tesini DA, Thompson T. Applications of Digital Images Derived from Toothprints Thermoplastic Bite Impression Wafers. *J Mass Dent Society* 2005;53(4):26.
2. American Academy of Pediatric Dentistry. Policy on Child Identification Programs. *Pediatr Dent* 2004;27(7):20-21.
3. ABFO Body Identification Guidelines. Available at: www.abfo.org/ID. Accessed September 2004.
4. Tesini DA, O'Malley KD, Schwartz S. Development of a Bite Impression Technique for use in Identification of Unknown and Missing Children. *J Mass Dent Society* 1985;34(2):61.

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