

Tracing back a modern dental disease: a severe case of Molar Incisor Hypomineralisation (MIH) in an Imperial Roman Child (Isola Sacra, 1st-3rd century AD)

Martina Trocchi^{1,2}, Marta Mazur³, Alessia Galbusera³, Flavio Cognigni⁴, Marco Rossi⁵, Alessandra Sperduti^{6,7}, Maurizio Bossù³, Livia Ottolenghi³, Luca Bondioli^{8,9}, Alessia Nava³

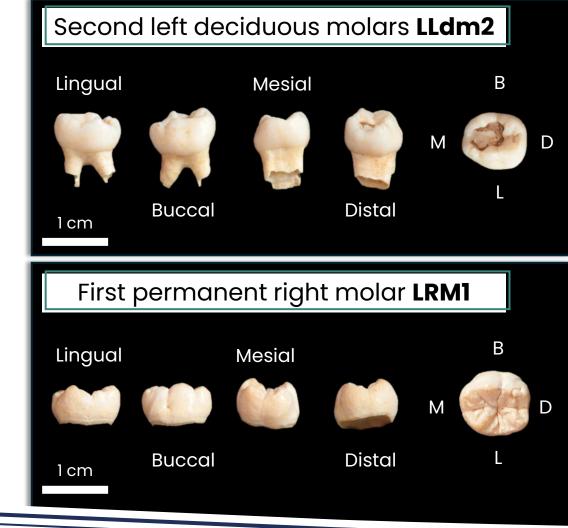
1. CNR-ISC Institute of Complex Systems 2. Earth Science Department, Sapienza University of Rome 3. Department of Odontostomatological and Maxillofacial Sciences, Sapienza University of Rome 4. Carl Zeiss S.p.A., Research Microscopy Solutions, Milan 5. Department of Basic and Applied Sciences to Engineering, Sapienza University of Rome 6. Bioarchaeology Service, Museum of Civilizations, Rome 7. Department of Asian, African and Mediterranean Studies, University "L'Orientale", Naples 8. Institute of Geological Sciences, Polish Academy of Sciences, Krakow 9. Department of Cultural Heritage: Archaeology and History of Art, Cinema and Music, University of Padua

First permanent right molar **LRM1**

Introduction

Molar-Incisor Hypomineralization (MIH) is a pathological condition involving a qualitative alteration in the mineralization process of dental enamel [1]. While some studies have reported possible cases of MIH in ancient populations [2], its wide variety of phenotypes and complex clinical features pose challenges to a definitive diagnosis, especially in the milder cases [3].

This study presents the so far oldest known case of severe MIH identified in the mandibular dental remains of a Roman child from Isola Sacra (Portus Urbis Romae, 1st-3rd century CE) (Figs A) by integrating clinical, X-rays imaging (XRM) and histomorphometric analysis [4].

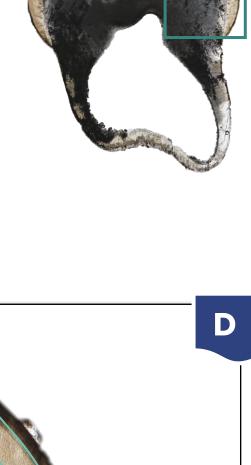


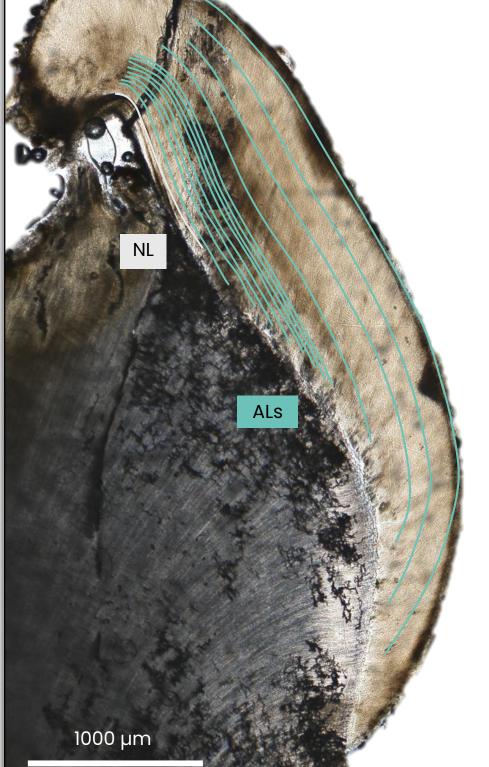


Histological analysis



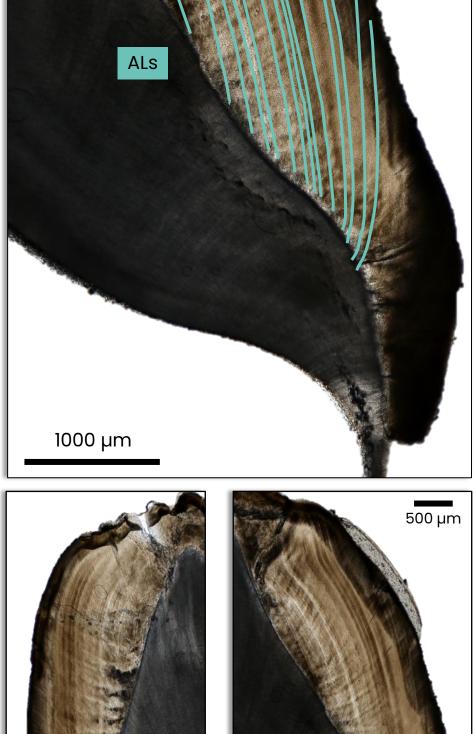








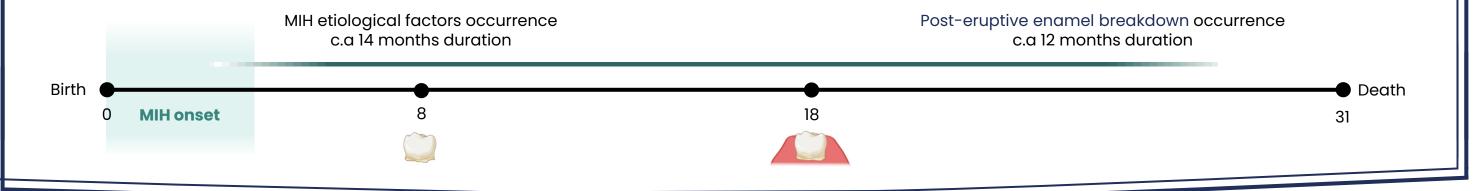






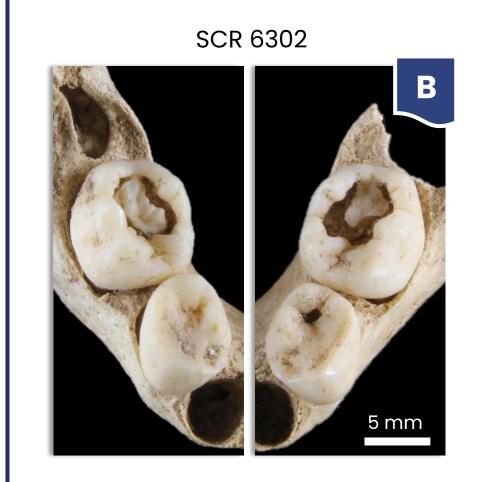
Histomorphometric analysis of MIH-affected molars (deciduous LLdm2, Fig. D; permanent LRM1, Figs E) allowed the identification of the Neonatal Line (NL, the birth marker). Several stress lines (ALs) have been identified in the enamel of both teeth, indicating a series of physiological stresses experienced by the child during early infancy [5].

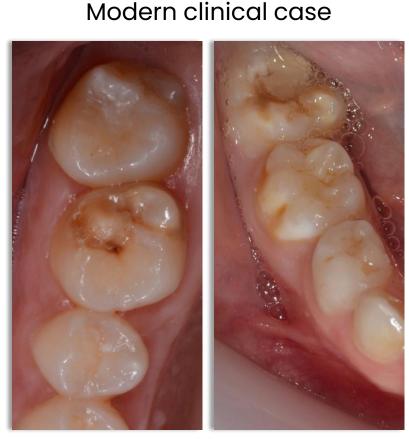
Quantification of the crown formation time allowed to frame the window of MIH development between birth and the 4th month of life.



Clinical assessment

The second mandibular deciduous molars exhibit a bilateral post-eruptive enamel breakdown (PEB) on the occlusal surface (Fig. B), exposing the underlying dentine [1].

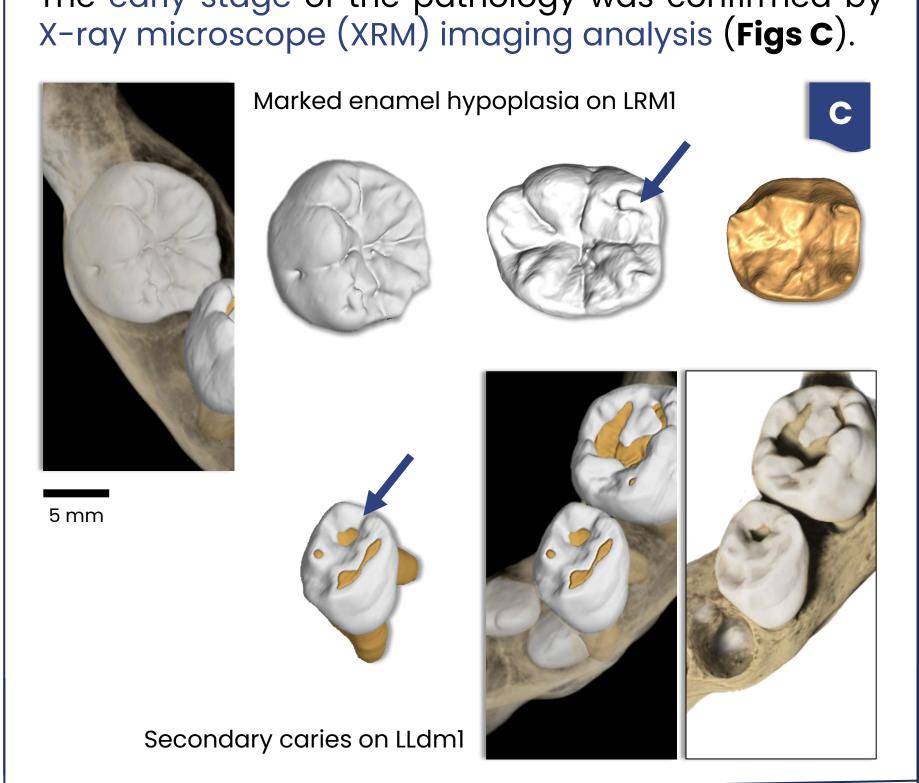




The absence of taphonomic alterations or enamel discolouration confirms the identification of the MIH phenotype.

XRM analysis

The early stage of the pathology was confirmed by



Conclusions

Through a multidisciplinary approach, the present study reports a confirmed case of severe MIH in an ancient population, revealing an earlier occurrence than typically reported in modern cases. Furthermore, it is suggested that the development of MIH may be driven by common or similar aetiological factors present in both past and contemporary populations, offering novel insights into the pathological processes underlying this condition.









