Entheseal Changes in an Ancient Egyptian Skeletal Collection

M.A. Thesis Proposal

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Abstract

The purpose of this study is to examine the effects of age, sex, and body size on entheseal changes in an ancient Egyptian skeletal collection. Entheseal changes have been widely considered to reflect past activity patterns. However, recent bioarchaeological and biomedical research has shown biological factors to be correlated with the morphological changes that occur at the entheses (Milella et al. 2015; Nolte and Wilczak 2013; Wilczak 1998; Benjamin et al. 2008; Foster et al. 2014). This study utilizes the Coimbra method (Henderson et al. 2013, 2015) to score six fibrocartilaginous entheses: infra and supraspinatus, subscapularis insertion, common flexor origin, common extensor origin, and biceps brachii insertion.

Introduction

The primary goal of this research is to examine the effects of biological factors on entheseal changes of an ancient Giza, Egypt skeletal collection. This project will build upon previous research that examines the effects of biological factors on entheseal change using the Coimbra method (Henderson et al. 2013, 2015). Effects of age, sex and body size on six fibrocartilaginous entheses will be tested for this project. Previous findings have shown a strong correlation between age and entheseal changes (Villotte and Knusel 2013; Milella et al. 2012; Henderson et al. 2012), as well as a correlation between sex and entheseal changes (Milella et al. 2012; Nolte and Wilczak 2013). Based on those previous studies, it is hypothesized that there will be statistically significant correlations between age, sex and entheseal changes found within this particular skeletal sample. In using a relatively new method for recording entheseal changes, and on a skeletal sample in which entheseal changes has yet to be examined, this research will contribute to the discussion of usability of this particular method across populations and skeletal samples and on which entheseal changes may be more related to biological factors versus mechanical factors.

Recent biomedical research looking at biomechanical effects on enthesis etiology and development has influenced the ways in which bioarchaeologists are examining entheseal changes (Benjamin and McGonagle 2009; Benjamin et al. 2008). Such research is directly applicable to discussions of past activity patterns and occupations that are often expected to be reflected in morphological changes and variation seen on skeletal remains, particularly at the entheses. By incorporating research from biomedicine, bioarchaeolgy, and archaeology, we can glean a better understanding of the multifactorial etiologies of entheses. This research project aims to be beneficial towards future analyses of the human skeletal collection from Giza and to provide insight on biological factors effecting entheseal changes seen on these individuals. Such information can be utilized in further discussions of biomechanical effects on entheseal change, and contribute to bioarchaeological reconstructions of past lifeways.

Background

Entheseal change research in bioarchaeology has been widely applied in reconstruction of past activity patterns and occupational stressors. Early studies examined musculoskeletal stress markers (MSM) and markers of occupational stress (MOS) as being directly reflective of various physical activities and occupations (Kennedy 1983; Lawrence et al. 1987; Kelley and Angel 1987; Hawkey and Merbs 1995; Hawkey 1998). These studies examined the morphological changes and variation seen at tendon and ligament attachment sites using a variety of qualitative methods to discuss the ways in which bone responds to repeated physical stressors. Kennedy (1983) was among the first to describe MOS and the applicability of forensic methodology in identifying individuals and characteristics such as handedness in bioarchaeological analyses of individuals' physical activities during life. Following Kennedy (1983), Lawrence and colleagues (1987) conducted a study that similarly used morphological changes to describe occupational stressors seen on individuals excavated from the First African Baptist Church in Philadelphia. This paper looked at general variation of a few upper and lower limb tendon and ligament attachment sites, citing Kennedy' s (1983) study looking at supinator crest variation.

Hawkey and Merbs (1995) were applied a method that was initially developed by Hawkey (1988) to look at MSM in a Hudson Bay Eskimo population. They looked at three specific characteristics of muscle attachment sites that were separately scored on a scale of 0-3. The variation seen within this population were interpreted as being indicative of gendered division of labor, which continues to be a recurring area of interest for bioarchaeologists looking at MSM, or entheseal changes. These earlier studies evolved from considering general variations or changes observed at muscle attachment sites, to recognizing more specific changes that could be examined as separate features. These changes and variations also began to be viewed as caused by a combination of habitual muscle strain (microtrauma) and possible overuse injuries (macrotrauma). Such research set a foundation for identification of more specific changes and further investigation into the multifactorial etiology of entheseal changes.

Since the Hawkey and Merbs (1995) study, a couple of other methods have been developed to score and record entheseal changes. Mariotti and colleagues (2007) developed a scoring system for 23 different entheses that looked at variations in robusticity, enthesophytes, and enthesopathies. Robusticity has been a commonly observed feature in entheseal change research, which has been considered to be a good indicator of bone remodeling via mechanical stressors and physical activity. However, more recent studies and methods have sought to refine the ways in which entheseal changes are scored, and look closely at more specific features with varying expressions of change. Villotte (2006) developed a method that separated the two different types of entheses, fibrous and fibrocartilaginous. This distinction between types of entheses has been explored in biomedical literature and is important because the two types attach to bone differently, thereby responding to mechanical or biological factors differently as well (Benjamin and Ralphs 1998; Benjamin et al. 2002; Benjamin et al. 2008). Villotte (2006) observed this difference in his method, and further acknowledged two different zones of fibrocartilaginous entheses that is also observed in the Coimbra method.

In 2009 researchers who had been involved in MSM research met at the University of Coimbra in Portugal to review past research and work towards developing a more effective methodology and terminology for future research. Researchers at this meeting divided up into three working groups: methodology, terminology, and occupation. The methodology working group developed the first phase of the Coimbra method, which was revised during a second meeting in 2013 by altering some definitions and terminology to improve overall usability and rates of inter and intra-observer agreement (Henderson et al. 2013, 2015, 2016; Wilczak et al. 2017). This method looks at a series of features specifically on fibrocartilaginous entheses and was applied in looking for correlations between variations of features and biological factors such as age. The terminology working group concluded that entheseal changes was more appropriate than musculoskeletal stress markers in that musculoskeletal stress markers implies a mechanical, physical activity etiology, which may not necessarily be the case for all changes and variations observed at the entheses. The occupation working group worked towards developing a standard protocol for grouping occupations based on socio-cultural criteria and physical activity criteria.

An important component within past and present entheseal change research in bioarchaeology is the integration of biomedical research to better understand entheses and how the soft tissue interacts with bone. Benjamin and various colleagues have published papers since the 1980s through to 2009 that have been largely informative for bioarchaeologists (Benjamin et al. 1986, 1992, Benjamin and Ralphs 1998; Benjamin and McGonagle 2001, 2009; Benjamin et al. 2002, 2004, 2006, 2008, 2009). Such articles have explored various effects on entheses such as age, disease and different levels of physical activity, as well as described the different ways in which both fibrous and fibrocartilaginous entheses attach to bone. Many other biomedical researchers have published articles that similarly describe entheses and potential factors contributing to enthesis development, all of which have been practical for bioarchaeologists seeking to understand the multifactorial etiology of entheseal changes in the archaeological record (Cooper and Misol 1970; Dorfl 1980; Grant et al. 1981; Hurov 1986; Apostolakos et al. 2014). In light of this research, my aim will be to apply the most recent research method to characterize entheseal changes in skeletal remains from Giza, Egypt. The archaeological research of George A. Reisner, original collector of this skeletal collection, contributed to the context of the individuals utilized for this study. Reisner conducted excavations in Giza during the early 1900's, known as the "Hearst Expedition of the University of California," (Reisner 1942). These excavations took place over the course of 33 years, and the cultural materials as well as human remains are all currently housed at the University of California, Berkeley.

Methods

The ancient Giza, Egypt skeletal collection housed at the Phoebe A. Hearst Museum ad the University of California, Berkeley will be utilized for this project. It is projected that approximately thirty individuals will be utilized for this analysis. It is currently unknown how many males and females will be represented in this sample, and the sample size is subject to change upon further examination of the collection. Six upper limb fibrocartilaginous entheses will be scored and recorded on each individual: infraspinatus, supraspinatus, subscapularis insertion, biceps brachii insertion, common flexor origin, and the common extensor origin. Age-at-death, sex, and body size to determine sexual dimorphism will also be recorded. Statistical analysis using SPSS software will be performed to test for effects of age and sex on entheseal changes. Other components of this analysis will be looking at asymmetry alongside entheseal change, in order to better assess effects of age and sex and to consider biomechanical effects. Body size effects on entheseal changes will be tested from measurements of the upper limb bones to account for sexual dimorphism.

The Coimbra method will be the primary method employed in this study, and will be used to record entheseal changes. This method is a scoring system that considers features of the fibrocartilaginous entheses individually, and each attachment site is divided into two zones for separate scoring (Henderson et al. 2015; 2013; 2010; Wilczak et al. 2017). Zone 1, or the margin of the enthesis, is defined as the most distant from the acute angle formed by the intersection of tendon and bone, and zone 2 is the remainder of the tendon attachment surface (Villotte 2013). Each zone expresses different characteristics of changes (Henderson et al. 2015; 2016). A series of features on each zone of the enthesis are assessed and assigned a score of 0, 1, or 2 depending on the degree of expression except for textural change, which is scored as 0 or 1. For zone 1, the features that are scored are bone formation and erosion. For zone 2, the features that are scored are textural change, bone formation, erosion, fine porosity, macro-porosity, and cavitation. This researcher has undergone proper training on using the Coimbra method from one of the original developers, Dr. Cynthia Wilczak.

Sex will be determined using several reliable methods for sex estimation, as well as consideration of previously recorded sex data from the Phoebe A. Hearst Museum database. The Phenice (1969) method will be utilized and is understood as the most reliable method for sex estimation. This method looks at three features on the sub-pubic region of the os coxae that, if present, are female specific traits. Other single feature scoring methods that look at the pre-auricular sulcus and greater sciatic notch of the os coxae and cranial features will also be employed to ensure accuracy (Walker et al. 1988; Buikstra and Ubelaker 1994).

Age-at-death will be determined through examination of epiphyseal closure, cranial suture closure, and normal changes to the auricular surface and pubic symphyseal surface. Several researchers have published visual guides and scoring systems to do so (Schaefer et al. 2009; Brooks and Suchey 1990; Meindl and Lovejoy 1985, 1989; Buikstra and Ubelaker 1994; Samworth and Gowland 2006). A combination of methods will be utilized to place individuals into broad age categories: 30 years of age or younger, 31-50 years of age, and 51 years of age or older. The methods utilized in this study have all been repeatedly tested and evaluated for reliability and accuracy rates (Djuric et al. 2006; Nawrocki 2010; Falys and Lewis 2010; Osborne et al. 2004; Buckberry 2015). Application of these methods will involve examination of epiphyseal fusion, cranial suture closure, and post-cranial degenerative changes, separating younger from older individuals. Subadult individuals under the age of 18 will be excluded from this analysis. This approach is taken with consideration of method reliability, and in an attempt to limit potential error in ageing each individual skeleton.

Individuals that appear to have pathological conditions that are known to affect the entheses will be eliminated in this analysis. Those conditions are: diffuse idiopathic skeletal hyperostosis (DISH); seronegative spondyloarthropathies such as ankylosing spondylitis; fluorosis; acromegaly. Ankylosing spondylitis is an inflammatory joint and connective tissue diseases known to cause pathological changes to the entheses (Benjamin and McGonagle 2001; Hutton 1989). DISH is a non-inflammatory joint disease that is observed in the thoracic region of the spinal column and is similarly seen to have extraspinal manifestations at the entheses (Hutton 1989; Cammisa et al. 1998; Mader et al. 2013). Fluorosis and acromegaly are two metabolic disorders that are also known to affect the entheses, presence of which would obstruct the other features scored in this analysis (Henderson 2008).

Body size is considered in this study in order to discuss sexual dimorphism and asymmetry in this skeletal sample. These body size values will be determined using body size proxies calculated from osteometric measurements of the upper limb (Nolte and Wilczak 2013; Wilczak 1998). The following osteometric measurements will be taken: maximum length of the humerus; vertical head diameter of the humerus; distal articular breadth of the humerus; maximum length of the radius; and head diameter of the radius using both medial-lateral and anterior-posterior measurements. The body size measurements will be compared against the entheseal change scores in order to test for the strength of a correlation between the body size measurements and entheseal change score.

Several statistical procedures have been used to analyze data recorded using the Coimbra method. The methodology group from the original Coimbra workshop is currently reviewing the best strategies for these analyses (pers. comm. Wilczak). All statistical analyses will be undertaken upon consultation with the methodology working group.

Expected Findings

The hypothesis of this study is that there will be statistically significant effects of age and sex on entheseal change. This is to say that individuals of older ages will exhibit higher rates of normal, non-pathological change to the entheses. It is also expected that males will show higher rates of entheseal change than females. It is possible that age and sex correlations will differ between features of the entheses. For example, recent studies in historic European populations have shown strong correlations between bone formation and age (Henderson et al. 2015; Henderson et al. in press.). However, given that this is an entirely different population used in this study, there may be correlations seen with different features and biological factors.

It is hypothesized that this skeletal sample will show evidence of asymmetry, which may indicate that mechanical stressors and levels of physical activity could be effecting entheseal change. The results will provide information as to what types biomechanical factors are effecting entheseal change within this ancient Egyptian population, and will further be compared against past studies that have used the Coimbra method to discuss potential population differences.

Schedule

May 2017	June 2017	July 2017	August 2017	Sept. 2017	Oct. 2017	Nov. 2017	Dec. 2017	Jan. 2018	Feb. 2018
Submit final draft of Methods chapter	Submit finished 1st draft of Literature Review chapter	Submit 2nd draft of Lit. Review Chapter	Submit 1st draft of Intro. chapter	Begin statistical analysis of data	Continue work on data analysis	Submit Results chapter	Submit 1st draft of complete thesis	Submit 2nd draft of complete thesis	Submit 3rd draft of thesis
Continue work on first draft of Lit. Review chapter	Data collection at Phoebe A. Hearst Museum	Begin work on Intro. chapter	Submit final draft of Literature Review chapter	Add in statistical analysis section to Methods chapter	Submit final draft of Intro. chapter	Submit Discussion chapter			
			Submit Materials section	Submit second draft of Intro. chapter					

Committee

Chair: Dr. Cynthia Wilczak

Second Committee Member: Dr. Mark Griffin

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