

Dental anomalies in the deciduous dentition

Importance of early diagnosis



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Introduction:

Dental anomalies are related to changes in number, size, eruption, morphology or development of the teeth (1). Most occur between the sixth and eighth week of gestation, when the enamel, dentine and cement begin histodifferentiation (2).

They may be associated with hereditary, local, systemic or traumatic factors and arise in the deciduous and / or definitive dentition (3).

Fusion is a developmental anomaly resulting from the union of one or more adjacent teeth during their formation. Any tooth may be affected and it can also involve supernumerary (4).

Its prevalence is 0.5% to 1.6% for the deciduous dentition, and 0.1% to 0.2% for the permanent dentition (5).

Objective: This poster aims to illustrate the importance of early diagnosis of dental anomalies, through the description of two clinical cases followed in the university clinic of FMDUL.

Clinical Case 1

Healthy 5-year-old child, who presented a fusion of the tooth 62 with a supernumerary (erupted between 62 and 63), (Fig. 1-2).

Diagnosis: A small carious lesion involving the entire fusion fissure, in the palatal face (Fig. 3).

Treatment: Composite restoration (Fig.4).



Fig. 1



Fig. 2



Fig. 3



Fig. 4

Clinical Case 2

Healthy 4-year-old child, with a fusion between tooth 61 and a supernumerary (erupted between 61 and 62), (Figs. 5-7).

Diagnosis: The teeth 61 and the supernumerary presented extensive carious lesions, with pulp involvement. The tooth 51 suffered trauma and developed pulp pathology (Fig. 8).

Treatment: Extraction of teeth 51, 61 and supernumerary (Figs.9-10).



Figs. 5 e 6

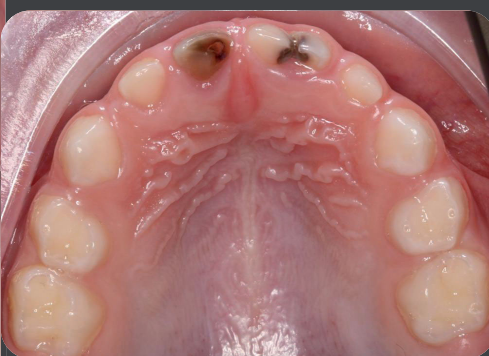
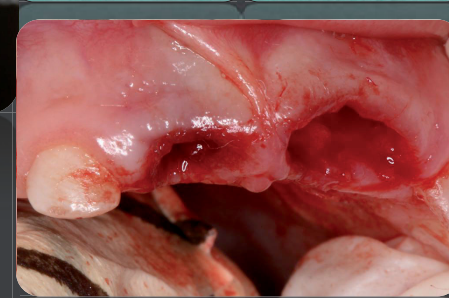
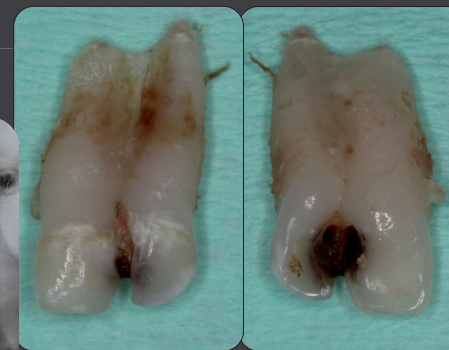


Fig. 7



Fig. 8



Figs. 9 e 10

Discussion:

In clinical case 1 early diagnosis allowed for a conservative restoration. The treatment chosen was based on the fact that it is an atraumatic option and on the expectation that the supernumerary tooth root would be reabsorbed together with the fused deciduous tooth, resulting in a normal exfoliation. Clinical control was maintained regularly until exfoliation, which occurred at the expected age, in a symmetrical way with the contralateral.

In clinical case 2, on the contrary, the teeth presented extensive carious lesions, with pulp involvement. The non-restorability and difficulty inherent to pulpal treatment led to the decision to extract the teeth.

Conclusion:

These cases demonstrate the importance of the early diagnosis of dental anomalies, in order to allow a preventive or less invasive approach.

Bibliography:

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