

Dental pathology

Early identification

Sir, after reading the article in an October issue of the *BDJ* on *Dens invaginatus: diagnosis and management strategies* (221: 383–387), I was surprised to come across a case such as this in my surgery only a few days later!

A new patient aged 14 years presented to me for routine examination. On inspecting the teeth, a distinctive pink spot lesion was identified on the mesio-buccal aspect of the patient's 12, extending onto the palatal aspect. Further radiographic examination revealed an extensive coronal radiolucency typical of the presence of resorption, along with the characteristic signs of dens invaginatus – possibly Type II due to the apparent pulpal involvement (Fig. 1). The patient had not noticed anything other than a slight sensitivity occasionally on brushing. There was no visible caries and oral hygiene was excellent. Upon further investigation, the patient's contralateral tooth was found to be similarly affected by an apparent

Class I invagination, according to Oehler's Classification, confined to within the crown of the tooth. Based on the guidance given by the aforementioned article, this tooth was acid-etched and sealed as there was no visible caries or other pathology.

This patient is currently being referred for orthodontic treatment of a Class III malocclusion with a reverse overjet. Dental anomalies such as these, especially with such a poor prognosis in the case of the 12, have

the potential to further complicate treatment in an already challenging malocclusion. Such advanced pathology may be unusual in such a young patient – as a newly qualified dentist I have certainly never seen this before – but does emphasise the need for improved early identification and management in order to prevent such lesions developing and necessitating further complex treatment in the future.

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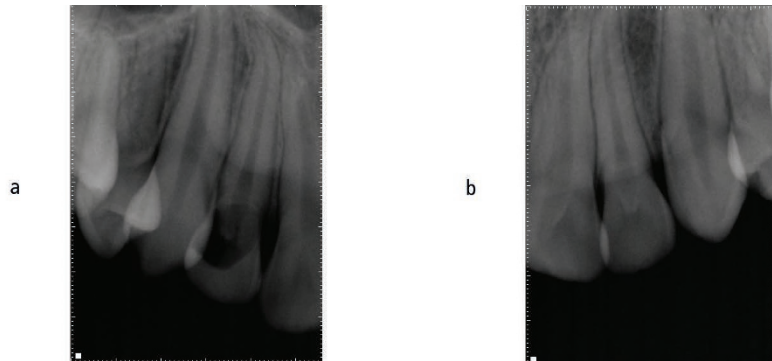


Fig. 1 Radiograph revealing an extensive coronal radiolucency typical of the presence of resorption, along with the characteristic signs of dens invaginatus