

Clinical Image*Open Access, Volume 5***Dens in dente****Basudev Mahato^{1*}; Snehanjan Sarangi¹; Shreya S Saha²; Samir Mandal³**¹Associate Professor, Department of Oral Pathology, Dr R Ahmed Dental College, Kolkata, India.²Senior Resident, RSS Medical college, Mathura, India.³Assistant Professor, Sovarani Memorial College, Howrah, India.***Corresponding Author: Basudev Mahato**

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Received: Jun 29, 2024

Accepted: Aug 23, 2024

Published: Aug 30, 2024

Archived: www.jcimcr.org

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DOI: www.doi.org/10.52768/2766-7820/3230

Description

11 years old male child presented with a small conical supernumerary tooth between permanent maxillary left central and lateral incisor. Clinically the supernumerary tooth was asymptomatic, and an erythematous mass of granulation tissue overlying the tooth was evident. Intra oral periapical radiograph showed root resorption and rarefaction of bone with thickening of periodontal (PDL) space. Crown showed invagination of the surface enamel extending below the cemento-enamel junction indicative of dens invaginatus (DI)/ dens in dente (tooth within tooth). According to Oehlers classification type II, the invagination extends into the pulp chamber but remains within the root canal with no communication with the PDL. There is an evidence of Parulis denoting an intraoral opening of sinus tract due to invagination of the surface enamel [1].

DI is a developmental anomaly resulting in deepening or invagination of the enamel organ into the dental papilla prior to calcification of the dental tissues. Numerous theories have been hypothesized but the definitive cause of this lesion is still

unclear [2]. Early diagnosis of DI is essential to prevent any dental caries/degeneration/necrosis of pulp and subsequent periapical pathology. Due to complexity of its anatomy, endodontic treatment remains challenging. Long term review, close-follow-up and monitoring of the tooth are advised and if the symptoms do not regress, the tooth needs to be extracted.

References

1. Oehlers F A. Dens Invaginatus. I. Variations of the invagination process and associated anterior crown forms. Oral Surg Oral Med Oral Pathol. 1957; 10: 1204-1218
2. Hülsmann M. Dens invaginatus: aetiology, classification, prevalence, diagnosis, and treatment considerations. Int Endod J. 1997; 30(2): 79-90.



Figure 1: (A) Supernumerary tooth present between upper permanent central and lateral incisor. (B) Parulis overlying vital supernumerary tooth. (C) Supernumerary tooth radiograph exhibiting dilated invagination lined by enamel.