



LETTER TO THE EDITOR

Dens evaginatus as a possible cause for pulpal complications

Dear Editor,

This letter is in reference to an article that I read in the recent issue of your journal by Wang et al.¹ Although the crux of their case report was conservative treatment of immature teeth with apical periodontitis through a revascularization procedure, my letter focuses on a different issue common to both cases presented in this article. In both cases, the reason for apical periodontitis was clearly not dental caries as evidenced by clinical and radiographic images shown in the article. In Case 1, the diagnosis was acute apical abscess in a lower premolar where endodontic treatment was initiated. The most probable reason for initiating the treatment on the caries-free premolar could be because of a pin-point pulp exposure resulting from a worn accessory cusp. However, in Case 2, the authors mentioned attrition of the central cusp in the lower premolar as a probable cause for the periapical lesion. Therefore, the supplementary central cusp, also referred to as dens evaginatus, needs to be considered as a potential cause for endodontic pathosis.

Dens evaginatus is mostly observed in people of Asian descent, with an incidence ranging from 0.5% to 4.3%. These anomalies are commonly seen on premolars, and are typically bilateral in occurrence.² As per the study by Oehlers et al.,³ 70% of the tubercle contained pulpal content. Therefore, attrition or fracture of these abnormal tubercles on the occlusal surface soon after eruption can subsequently cause pulpal inflammation and infection. It is of utmost importance for the clinician to identify and manage this developmental aberration as soon as the tooth is erupted into the oral cavity in order to avoid any pulpal complications.² Various options to prophylactically prevent pulpal complications, especially in patients with immature teeth, include: (1) placement of composite reinforcements around the evagination to prevent its fracture or removal of the tubercle, followed by preventive resin restoration when pulp is not exposed; or (2) pulp capping/partial pulpotomy

when pulp exposure is encountered following the sterile removal of the protuberance.^{4,5} Therefore, early detection and clinical management of dens evaginatus can provide a conducive environment for teeth to follow their natural course of development.

Conflicts of the interest

The author has no conflicts of interest relevant to this article.

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