PRÉVALENCE

DENS EVAGINATUS



EDTM

C'est quoi une dens evaginatus ?



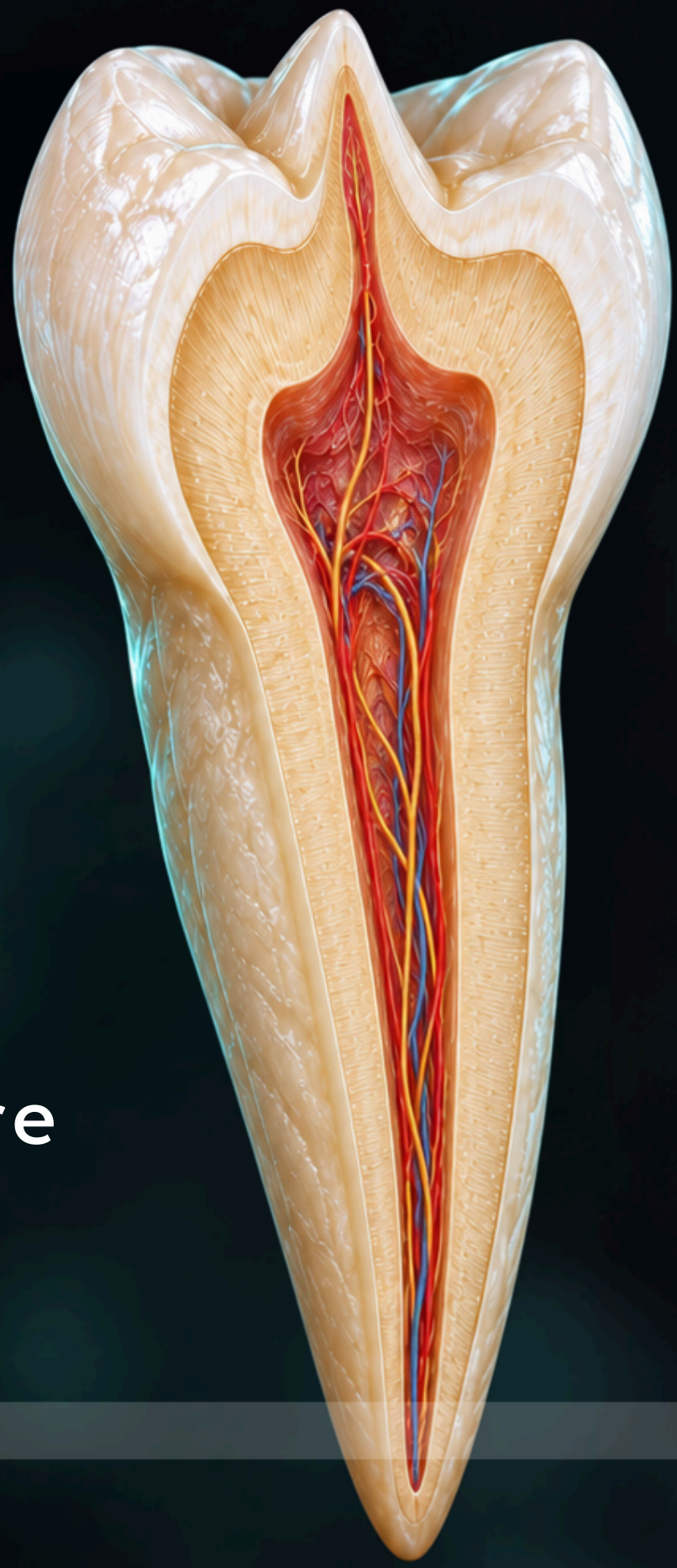




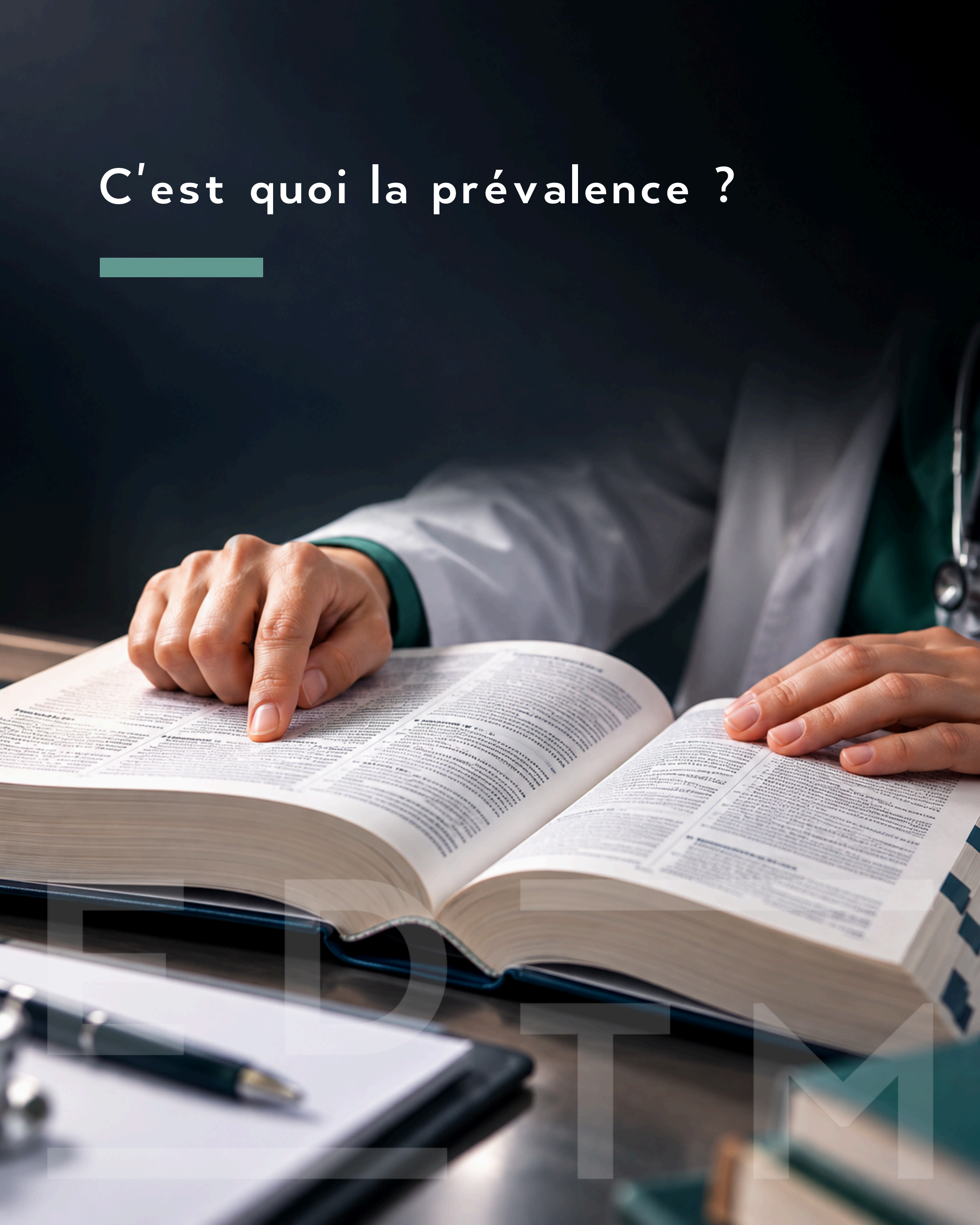


DÉFINITION

Le dens evaginatus est une anomalie dentaire rare du développement caractérisée par la présence d'un petit tubercule ou d'une cuspide supplémentaire en forme de protubérance.



C'est quoi la prévalence ?



DÉFINITION

C'est nombre total de cas d'une maladie dans une population donnée à un moment précis ou sur une période définie.



EDTM

Prévalence 0.5%-6.3% accrue dans la population asiatique

Current Management of Dens Evaginatus Teeth Based on Pulpal Diagnosis

Kittipun Lerdrungroj [1], Danuchit Banomyong [2], Kamolthip Songtrakul [3], Patcharin Porkaew [4], Siriruk Nakornchai [5]

Affiliations + expand

PMID: 37506764 DOI: 10.1016/j.joen.2023.07.017

Abstract

Introduction: Dens evaginatus (DE) is a dental anomaly with a supernumerary tubercle projection that typically contains dentin and pulp tissue. However, the tubercle projection can fracture, exposing the dentin and potentially the dental pulp, which induces pulpal diseases. Managing DE should be primarily based on the clinical diagnosis of the pulp.

Methods: The literature search in prevalence, prophylaxis, and management of dens evaginatus was performed in PubMed database as well as by manual search, in which the related contents were collected and descriptively analyzed.

Results: Of the 264 searched literatures, 62 articles were included for this scoping review. The prophylactic management of the tubercle of DE teeth with a normal pulp should be performed as early as possible by the prep-and-fill technique or the reinforcement technique to preserve tooth vitality and continued root development, with the former reported to be superior compared with the latter. Furthermore, DE teeth with reversible pulpitis should be managed with the prep-and-fill technique. For DE teeth with irreversible pulpitis, vital pulp therapy, ie, partial or full/coronal pulpotomy, should be considered when the pulpal inflammation is limited to the coronal pulp to preserve the vitality of the radicular pulp that induces apexogenesis. A pulpectomy should be performed if the pulpal inflammation has progressed into the radicular pulp. For DE teeth with pulpal necrosis (or after pulpectomy) and immature roots, mineral trioxide aggregate apexification or regenerative endodontic procedures are the treatment options. For DE teeth with pulpal necrosis and complete root formation, nonsurgical root canal treatment is the treatment of choice. A flow chart of the decision-making for managing DE teeth based on pulpal diagnosis is proposed.

Conclusion: DE teeth should be properly managed, by prophylaxis or treatment, depending on pulpal diagnosis and related factors.

Keywords: Dens evaginatus; diagnosis; managements; premolars; treatments.

Copyright © 2023 American Association of Endodontists. Published by Elsevier Inc. All rights reserved.