

The Pulpless Tooth: A Case of Calcified Pulp Canal

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Clinical Image

A 32-year-old male patient came to the department of oral medicine and radiology with a chief complaint of discoloured teeth in upper front tooth region since 2 years. He gave no history of pain and a history of fall 4 years ago. Past medical and dental history were non-contributory. Intraoral examination revealed yellowish discoloration of coronal aspect of left maxillary central incisor (Figure 1). No tenderness elicited on palpation and percussion. A provisional diagnosis of Ellis Class IV fracture was given. Electric pulp testing gave a negative response. Intraoral periapical radiograph revealed calcification of coronal and radicular part of the pulp canal, suggestive of trauma induced calcification. The patient was referred for endodontic evaluation followed by prosthodontic evaluation for the needful.

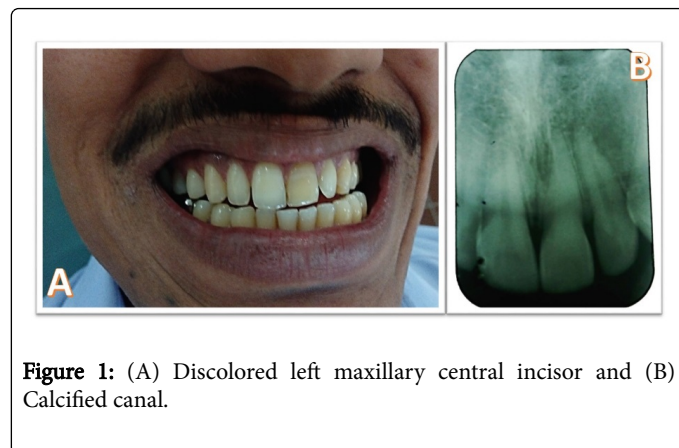


Figure 1: (A) Discolored left maxillary central incisor and (B) Calcified canal.

Dental pulp calcification presents as masses of calcified tissue present on the level of the pulp chamber and roots of the teeth, giving it a 'spooky' or 'ghostly' appearance [1]. The two chief morphologic forms of pulp calcifications are discrete pulp stones (pulp nodules, denticles) and diffuse calcifications [2]. Pulp calcifications have been noted in patients with systemic or genetic disease such as dentin dysplasia, dentinogenesis imperfecta and in certain diseases such as Vander Woude syndrome [3]. Completely calcified canals can be untreated, but should be kept on constant observation, and if discoloration of the coronal aspect of the teeth is noted, prosthetic rehabilitation becomes mandatory. In case of partially calcified canals management includes, orifice recognition, biomechanical preparation and use of chelating agents like EDTA can be considered [4].

References

1. Deva V, Mogoantă L, Manolea H, Pancă Oa, Vătu M, et al. (2006) Radiological and microscopic aspects of the denticles. Rom J Morphol Embryol 47: 263-268.
2. Shafer HL. Shafer's Textbook of Oral Pathology (6th edn.) pp. 578-579.
3. Kantaputra PN, Sumitsawan Y, Schutte BC, Tothraeontanaphol C (2002) Vander woude syndrome with sensorineural hearing loss large craniofacial sinuses, dental pulp stones, and minor limb anomalies: Report of four generations Thai family. Am J Med Genet 108: 275-280.
4. Nayak V, Kini R, Rao PK, Baliga A, Bhandarkar GP, et al. (2017) Trauma induced calcification: An Enigma. Pacific J Med Sci 17: 66-69.