Labial and palatal talon cusp on the maxillary supernumerary tooth in a deciduous dentition

Seema Bargale,¹ Shitalkumar Sagari,² Sharad Purohit,² Shital Kiran³

¹Department of Pedodontics & Preventive Dentistry, K M Shah Dental College & Hospital, Vadodara, Gujarat, India

²Department of Oral Pathology & Microbiology, Jodhpur Dental College and Hospital, Jodhpur, Rajasthan, India

³Department of Pedodontics & Preventive Dentistry, Karnavati School of Dentistry, Gandhinagar, Gujarat, India

Correspondence to

Dr Seema Bargale,
drseemabargale@gmail.com

Accepted 24 February 2014

DESCRIPTION

The occurrence of talon cusp in the deciduous dentition is very rare.¹ Aetiology for the formation of the talon cusp is unknown. However, it may be due to the combination of genetic and environmental factors and hyperactivity of the dental lamina early in odontogenesis.²

A 7-year-old boy reported with a symptom of an abnormally appearing upper front tooth. His medical and family history was unremarkable. Parents reported the history of exfoliated primary right central incisor. Intraoral examination revealed the presence of an accessory cusp on the labial and palatal aspects of the primary maxillary right central incisor region, extending from cemento-enamel junction towards the incisal edge on the labial and palatal aspects (figure 1). The supernumerary teeth with talon cusp on the labial and the palatal side were noted, resembling 'X'-shaped appearance from the occlusal aspect (figure 2), mesiodistal and labiopallatal diameters were measured as 8.4 and 6.9 mm, respectively. There was no interference in the occlusion on closure of the jaw.

An intraoral periapical radiograph revealed a 'V'-shaped radio-opaque structure on maxillary

Figure 2 Cusp-like projection on the labial and the palatal side giving it a rhomboid appearance on maxillary right central incisor.

Figure 1 Accessory cusp on the facial aspect of maxillary right central incisor.

Figure 3 V-shaped radio-opaque structure on supernumerary maxillary right central incisor and pulp horn extending to nearly half the length of the talon's cusp along with congenitally missing permanent right central incisor.

CrossMark

To cite: Bargale S, Sagari S, Purohit S, et al. *BMJ Case Rep* Published online: [please include Day Month Year] doi:10.1136/bcr-2013-202300

Learning points

- ▶ General dentist should have a thorough knowledge about the anomalies such as talon cusp and their association with syndromes.
- ▶ Treatment plan should be decided after proper investigation and diagnosis because, in some cases, patients may just need a follow-up or no treatment at all.
- ▶ Proper and early diagnosis will prevent the occurrence of complications later on in life.

supernumerary primary right central incisor and pulp horn extending to nearly half the length of the talon's cusp. The supernumerary tooth resembled permanent maxillary central

incisor with a mature root but permanent maxillary right central incisor was congenitally missing (figure 3).

The child's parent was informed that, after complete eruption of the tooth up to occlusal plane, talon cusp will be grinded gradually to prevent occlusal interference and covered with a desensitising agent.

Contributors SS diagnosed the condition, SP was involved in the investigation process, SK contributed to the management of the patient and SB prepared the manuscript. All the authors approved the manuscript.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

REFERENCES

- 1 Neville BW, Damm DD, Allen CM, *et al*. Oral and maxillofacial pathology. 3rd edn. W.B. Saunders Company, 2008:87.
- 2 Sumer AP, Zengin AZ. An unusual presentation of talon cusp: a case report. *Br Dent J* 2005;199:429–30.

Copyright 2014 BMJ Publishing Group. All rights reserved. For permission to reuse any of this content visit <http://group.bmj.com/group/rights-licensing/permissions>.
BMJ Case Report Fellows may re-use this article for personal use and teaching without any further permission.

Become a Fellow of BMJ Case Reports today and you can:

- ▶ Submit as many cases as you like
- ▶ Enjoy fast sympathetic peer review and rapid publication of accepted articles
- ▶ Access all the published articles
- ▶ Re-use any of the published material for personal use and teaching without further permission

For information on Institutional Fellowships contact consortiasales@bmjgroup.com

Visit casereports.bmj.com for more articles like this and to become a Fellow