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

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

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

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