

ANNUAL CARDIOLOGISTS MEETING

&
2nd International Conference on

DENTAL & ORAL HEALTH

November 26-27, 2018 | Madrid, Spain

Dental Union abnormalities

Fabiana Martinez

North Eastern Private University, Venezuela

The anomalies of growth and development are classified in: shape, size, union, number, structure and color. But in this paper I will look at the most common that are the dental anomalies of Union. The etiology and pathogenesis of these anomalies are not clear, having involved traumatic and inflammatory factors that have affected both follicles. The exact etiology cannot be determined by the difficulty to establish the embryological circumstances, since these alterations result from abnormal events in the embryonic development of the tooth. Some authors point out that the association of certain tooth abnormalities and some mental disorders suggests the involvement of the neural crest in dental development. Other research found that high doses of vitamin A may cause anencephaly and dental fusion in pregnant laboratory rats. Hitchin and Morris described the ontogeny of conoids incisors and showed that the primary disorder is the persistence of the interdental lamina. They also showed cases of fusion within members of the same family, which could be attributed to a probable autosomal dominant hereditary pattern, with a low degree of penetration. There is some degree of agreement in the literature about a possible hereditary component for

double teeth in humans.

These anomalies of Union are: the Fusion dental, concrescence, twining, twinning and coalescence. It is important to note that sometimes the merger and the combination are clinically indistinguishable, and it may be necessary to do an exhaustive anamnesis in which it is important to ask the patient if he has suffered dental losses, as well as to carry out a study Radiographic where the use of Rx periapical, Pantomografia and occlusal, can help to find an accurate diagnosis. The dental Union anomalies can generate an increase in size in the dental structure that can be seen in the clinical examination and confused with a macrodoncia in some cases, being that it could be a fusion, or concrescence. These have higher incidence in the primary dentition may affect both dentitions. In addition to the brief review of the current literature, I will present 3 clinical cases where through the use of a good radiographic examination and an exhaustive anamnesis we can perform a correct diagnosis, and plan an appropriate treatment for the type of anomaly Dental.

fabianamartinez24@iCloud.com