

Letters to the Editor

An incidental finding

We present a curious case of a patient referred by the GDP to the local Oral and Maxillofacial unit. The patient had been urgently referred due to an exophytic growth in a post-operative LR6 extraction socket. Incidentally, he had been complaining of a more posterior discomfort to the ipsilateral side of his mouth. Initial examination showed a mild trismus and a small granulomatous lesion overlying the extraction socket.

An OPG was taken (Figure 1) that showed two anomalies. The first, within the extraction site, appeared to show a retained foreign body – likely a root-filling material. The second, in the region of the angle of the mandible, appeared densely radio-opaque and coiled or braided.

A biopsy was performed to the LR6 socket tissue and the socket explored and debrided. All tissue obtained was sent for histology, which later confirmed granulation tissue. Careful re-examination of the patient, focused to the right posterior lingual sulcus, revealed a large coiled brush with a central malleable metal process. Initially, it had been missed, as it lay between the palato-glossal arch and the base of the tongue. The object was removed without complication and quickly identified as a large interdental brush, whose handle had separated. The adjacent mucosa was examined and found to be mildly erythematous but with no ulceration. Immediate relief followed the removal of the brush.

We felt it prudent that dental



Figure 1. Right sectional OPG.

professionals are aware of the potential for work hardening of the malleable metal of interdental brushes. In this case, it ultimately led to a fracture separation of the handle. Patients need to be made aware of the finite span of these brushes when being advised on their use.

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Paediatrics: an unusual case of bilateral double teeth

I would like to share with you an unusual case of bilateral double teeth. In our community dental service, I was referred a 7-year-old boy for management of rampant caries in his posterior primary dentition. On examination, an incidental finding was two double teeth in his incisor region (Figure 1). These were asymptomatic and his mother reported a similar appearance to his primary teeth before they exfoliated.

Prevalence of double teeth is 0.5–1.6% in the primary dentition, which decreases to 0.1–0.2%¹ in the permanent dentition. As in this case, double teeth are most common in the anterior dentition and can be caused by gemination, fusion and twinning.² Gemination occurs as a result of attempted division and fusion when two separate tooth germs have

joined (namely the central and lateral incisors bilaterally), which seems to be the case in this situation. The aetiology of double teeth is unknown. Theories include environmental factors, trauma, systemic diseases, genetic factors or vitamin deficiencies.³

Radiographic examination suggests that the apices of these fused teeth have not matured and an incidental finding was the appearance of possible rotated upper permanent incisors, which supports suggestions that dental anomalies can be closely associated (Figure 2).⁴ (Note also the large periapical radiolucency associated with the lower right second primary molar).

No active treatment on these teeth was carried out at this stage, as his parents found the appearance acceptable. We plan to monitor the development of the patient's occlusion, as double incisor teeth are at increased risk of a malocclusion,⁵ and for any pulpal pathology. Should treatment be indicated in the future, a multidisciplinary



Figure 1. Appearance of the two double teeth in the lower incisor region.



Figure 2. Dental panoramic tomograph of the patient.