|  |
| --- |
| **Name:** |
| Michael Druck (D2), Rough Draft. |
| **Group:** |
| 3A-4 |
| **Pathology Question:** |
| What is the pathology behand a supernumerary tooth? |
| **Report:** |
| May be found as a result of  impacted central (midline mesiodens)/molar radiographically  intraorally following eruption  as a part of a more complex condition than hyperdontia itself, such as Ehlers-Danlos syndrome, cleidocranial dysplasia, and cleft lip/palate  formed as a result of “local, independent, conditioned hyperactivity of the dental lamina”1  many problems can arise – displacement, delayed/failure of eruption/exfoliation, crowding, and other pathology.  Dentigerous cysts/enlarged follicles  “Most radicular cysts appear as round or pear-shaped, unilocular, lucent lesions in the periapical region, and the associated tooth usually has a deep restoration or large carious lesion radiographically”2  “A dentigerous cyst is formed by the hydrostatic force exerted by the accumulation of fluid between reduced enamel epithelium and the tooth crown of unerupted teeth. As such the cyst encloses the crown and is attached to the neck at the cementoenamel junction”3  Note for the other issues that possible multidisciplinary action may need to occur (extraction, ortho, etc.) |
| **References:** |
| <http://cda-adc.ca/jcda/vol-65/issue-11/612.html>  <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3440772/#:~:text=Dentigerous%20cysts%20are%20the%20second,tooth%20is%20a%20rare%20entity>.  <https://radiopaedia.org/articles/dentigerous-cyst?lang=us#:~:text=A%20dentigerous%20cyst%20is%20formed,at%20the%20cementoenamel%20junction%205>.  Dr. Demirturk (lectures regarding cyst formation/appearance/content)  Proper formatting needed^ |