CASE REPORT

A 12 years-old with a preliminary diagnosis of a pre-eruptive radiolucency lesion (PRBL) on the distal surface of tooth 15 was identified on exam. The differential diagnosis with an interproximal carious lesion was performed and was confirmed on clinical observation after placing a separator orthodontic elastic between teeth 15 and 16.

DISCUSSION

Pre-eruptive intracoronal radiolucency is characterized by a well circumscribed radiolucent area within the dentine of unerupted teeth and close to the amelodental junction1-5. In the literature, the aetiology is not fully understood, however some evidence suggests that these lesions may result from a resorption process1,2. The diagnosis is mainly radiographic, mainly on routine intraoral radiographs. Hence, many of these lesions are only identified retrospectively1-5.


There is no consensus regarding the clinical management of this lesion, due to the low predictability of its clinical course. However, O’Connell et al. suggest that in cases of minor lesions or teeth close to eruption, follow-up is recommended. When indicated, the restoration should be performed after tooth eruption. Complementarily, surgical exposure may be necessary, in cases of major lesions, with apparent pulp involvement or with evidence of fast progression. In more extensive lesions, tooth extraction may be the only treatment option1.

CONCLUSION

The early diagnosis is crucial to stop further progress of the lesion, reducing the risk of pulp involvement1-2. Thus, the assessment of radiographs of permanent teeth still under development becomes essential in odontopediatric consultation1-4,5.

There are no reports of progression or reactivation of the lesion after dental restoration. Therefore, this seems to be, whenever possible, the most appropriate therapeutic option. However, more clinical studies are required in order to develop clinical guidelines for the treatment of this type of structural defect.

BIBLIOGRAPHY