

TALONS CUSP SERIES FROM RIGHT MAXILLARY TO LEFT CANINE – A RARE CASE REPORT

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ABSTRACT

A talon cusp also known as dens evaginatus of anterior tooth and resembles an eagle's talon, projects lingually from the cingulum areas of a maxillary or mandibular permanent incisors¹. The cusps predominantly occur on permanent lateral incisor (55%) or central incisors (33%) but incidence on mandibular incisors (6%) and maxillary canine (4%) is less frequent. This case report presents an unusual occurrence of Talon's cusp with a series from maxillary right canine to maxillary left canine. Based on clinical and radiographic findings importance of developmental anomalies and management of talon's cusp are also discussed.

KEYWORDS: Talon cusp, Dens evaginatus, Additional cusp.

INTRODUCTION

The developmental dental anomaly Talon's cusp was first described by Mitchell in 1892 as a horn like process, curving from the base downward to the cutting edge on the lingual surface of a maxillary central incisor of a female patient. This accessory cusp was named by Mellor and Ripa as Talon's cusp because of its resemblance in shape of eagle's talon. It occurs more frequently in maxilla than mandible and maxillary anterior region has more prevalence as compared to posterior.^[1] Dens evaginatus is preferred when describing posterior teeth with accessory cusp-like projections. The talon cusp is composed of normal enamel and dentin with a varying degree of pulp tissue. This cusp blends smoothly with the tooth except that there is a deep developmental groove where the cusp blends with the sloping lingual tooth surface.^[1] Cusp is more common on permanent maxillary lateral or central incisors and occurrence in the deciduous dentition is very rare.^[2]

CASE REPORT

A 23-year-old patient reported to the Department of oral medicine & radiology, with the chief complaint of pain in the upper left back tooth since one week. Pain was sudden in onset, moderate, throbbing type, intermittent in nature and radiating to ear lobule, temple region which precipitates on having cold and hot beverages, during extended intraoral examination we came across series of

talon cusp on six permanent maxillary teeth, there was one talon cusp on the palatal aspect of each tooth from right maxillary canine to left maxillary canine (Figure 1). No history of similar condition was reported in his family. No systemic abnormalities were detected. The patient's IQ and physical growth were within the normal limits. Intraoral examination revealed deep proximal (mesial) caries irt 26. Thirty two number of teeth present (11, 12, 13, 14, 15, 16, 17, 18, 21, 22, 23, 24, 25, 26, 27, 28, 31, 32, 33, 34, 35, 36, 37, 38, 41, 42, 43, 44, 45, 46, 47, 48), talons cusp were present palatally from right maxillary canine to left maxillary canine and 21 was discolored along with talon cusp (Figure 2), no history of pain and sensitivity noticed, IOPA and maxillary occlusal radiograph was taken.

DISCUSSION

The permanent dentition is affected more as compared to the primary dentition, and the males being affected more than females.^[4-6] A deep developmental groove may be present where the cusp fuses with the underlying surface of the affected tooth, talon cusps contain a pulpal extension. Radiographically, the cusp is seen overlying the central portion of the crown and includes enamel and dentin. Only a few cases demonstrate visible pulpal extensions on dental radiographs Various treatment modalities for mandibular incisors include prophylactic placement of sealants in the developmental groove,

recontouring, periodic reduction of Talon's cusp followed by topical fluoride application, and endodontic treatment in cases which results in pulp exposure, followed by their separation and shaping out in required forms. Sharp edges can also be smoothed easily after endodontic procedures. If any occlusal interferences are encountered the teeth can be ground in two to three appointments

CONCLUSION

Talon's cusps in maxillary anterior teeth particularly on permanent canines with continuous series are very rare. Case history, diagnosis and management of talon's cusp is important to prevent dental problems. Patient education is must in such cases.

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