A Case Report Enamel Hypoplasia in Second Molar and Premolars

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Abstract: With the wide spread of dental care and follow up, documenting dental abnormalities become easier, especially those which affect enamel. Genetic factors and environmental factors are important elements in enamel hypoplasia. Several teeth can be affected and in dentistry they have different managing procedures. The purpose of this paper is giving treatment plans to hypoplastic teeth.

Keywords: enamel, hypoplasia, genetic factor, environmental factor, treatment plan.

1. Introduction

Ryszard Adolph Zsigmondy originally described enamel dysplasia in 1984. Defect or incomplete enamel formation of the organic matrix is referred to as enamel hypoplasia and is associated with hypocalcification and immaturity. Merging produced by ameloblastic cells, and those cells are severely sensitive to environmental changes such as infections (sinusitis, acute respiratory infections, tonsillitis, ear infections), wounds, fever, cramps, deficiency of biological processes, especially vitamins such as A, C, D, hypocalcemia, Skin rashes Disease, Chickenpox, Measles and Chemicals causes abnormality in enamel.

2. Case Report

A 15 year old girl with underdeveloped teeth came to us in our dental practice. The main complaint concerning the data subject has become sensitive and aesthetic. Hypoplastic teeth present in all premolars and second molars. A history of hospitalizations for fever is documented before 11 years ago. During this time the patient was treated with antibiotics. First molars, canines, the central incisors and lateral incisors are normal. No major sites visible orthopantomography, with good medical and imaging communication, initial examination done. Oral hygiene instructions have been issued. When the person concerned from oral hygiene has helped. Due to the age of the person concerned, the condition of her teeth is considered. The configuration of the aesthetic support is complete. Then treat with 37% chemical element phosphoric acid. With an adhesive substrate, direct composite restorations were placed on the premolars and second molars.

3. Discussion

Hypoplastic teeth have quantity with much less smaller amount of hard materials on the tips of the teeth, and the teeth do not become closed flat land. Enamel dysplasia occurs when the length of tooth formation is affected. The fusion is called amelogenesis and takes place in the dentin Degree of the classic bell. Amelogenesis consists of three phases: Induction, Fluidity, Maturation. Int the induction phase crown type depends on the level of discrimination of the bell. The preameloblastas polarized, elongated and cultured, postmitotic and secretory ameloblast. No volume techniques are developed here. Polarized in the body fluid phase. Instead of the base and supports, the ameloblast activates the dental super molecule Formation of the tooth matrix.

The enamel matrix is partially mineralized from the discrimination of alkaline phosphates. The procedure according to Art Volume is space applied to the ends of the cells and tooth matrix. The orientation of the dental crystal depends on the angle of the volume Method. During puberty, ameloblasts are striated. This passage shows characteristic of the change in ameloblasts from production to transportation.

The appearance of calcifications at the age of 18 - 24, 24 - 30, 30 - 36 months primary premolars, ordinal premolars or second molars. All Enamel formation in first premolar, second premolar and second molar 5 - 6, 6 - 7 or 7 - 8 years. In our case, the fever is registered at the age of 4 years, the age of the affected person can affect the ameloblasts Premolars and second molars and dysplasia of these specific teeth. Daily the premolar retraction value is between 2.7 and 4.6 microns per day. On other hand in a child they range from 2.5 to 4.5 microns/day. The crown formation is faster before and slower afterwards. The study showed that a growing tooth is sensitive to medication.

Hermann and McDonald's found that the incidence of dental dysplasia is higher in children encephalopathy than in normal children 7. With underdevelopment of the alveolar ridge Application of dental halides, good diet, toothbrush is recommended also addiction affects patients and parents. If the molar is badly worn, e. g. the vertical peak is wrinkled due to hypoplasia prior to vertical recovery. The tip of the growing tooth is mandatory. If recovery is then not possible extraction is the only cure of choice.

4. Conclusions

This is very important to Avoid many psychological problems caused by underdevelopment of tooth enamel the affected person entered the house, became very dissatisfied with the cosmetics and Sensitivity Problems. At one point, the priest became cheerful and friendly. It will be critical for organic diagnosis, process failures are early because they are
interdependent aesthetic and sensitive. As a dental specialist, we can do that diagnose faster and provide relief.

References