



Figure 2: Pulp stones in the lower right first molar, coronal localized

5. Discussion

Calcifications in the dental pulp, as a phenomenon with diverse occurrence and manifestation, represent a subject of constant interest not only from the perspective of being a separate dental entity but also because of the fact that they are interesting to observe and deal with from diagnostic and therapeutic aspect.

The fact that pulp stones are referred to as being provocateurs of pain with different intensity makes them cause difficulties in diagnosing.

When observed from therapeutic aspect, they appear to be of greater importance because they can make the access to the dental roots difficult or in some cases completely impossible, and they can also be the reason for groundless extraction of a tooth or a group of teeth.

With respect to the so-far made analyses and literature findings, which mainly refer to, and considering the presence of the continuous expansion of techniques and ways of monitoring certain pathological conditions of the dental pulp, this study paper provides a relevant evidence about the frequency of calcifications in the pulp of the molars. With this is made a try to use the epidemiologically processed data in the clinical assessment and prophylaxes.

The anamneses evidence from the patients who had pains, were overlapping. All of them insisted that they had pretty intensive, random, neuralgiform pains, primarily in the molar area or with unclear location, with irradiation towards the temple. Also, there appeared to have general difficulties with intensive headaches, as well as difficulties of rheumatic, vascular and neurogene nature.

The prevalence of dental calcification regarding the localization of teeth the dental arches showed that dental calcifications are prevalent in molars with 52% in the

maxilla, (which is visible in Figure 1), and they are also prevalent in the mandible with 48% (Figure 2) with both the sexes.

Due to the fact that up to present time there have been primarily presented single studies on dental calcifications, there was imposed the need for dental calcifications from clinical and roentgenological perspective, with special aspect on the diagnosis problem, especially regarding the intact arches, most often dislocated in a wrong therapeutic direction [13].

Such oversight at a final instance could represent an intolerable diagnostic and therapeutic mistake that can lead to a system tooth/teeth loss [13].

In the literature data there is no lack of presentations of separate descriptions of dental calcifications, from all actual aspects (etiological, histological, statistical examinations), which gives space for further tries to define and make clarifications regarding this dental entity that is prevalent in everyday casuistic, but does not appear to be always detected. Still, small is the number of dentists who at the early diagnostic phase focus their attention to the possibility of dental calcifications, as a field of certain unclear symptomatology. Therefore, the obtained results refer to the variability of this morphological unit. In that sense, the prevalence of denticles with 52% in the maxilla compared to the mandible where the prevalence of denticles is 48% enables faster and easier detection of dental calcifications, and consequently faster and easier pain provocateur diagnosis.

Le May in 1991 concluded that in the basis of this process there lies initial calcification of some of the components of the pulp tissue (collagen fibers, necrotic cells, altered base substance etc.) which in that way forms ossification core around which there appears to form concentric-layer or

irregularly amorphous sedimentation of mineral salts. This is how pulp stones and diffuse calcifications are formed [14].

Taking into consideration the obtained results, it can be pointed out that these results are primarily roentgenologically determined, regardless whether this has been done accidentally, when it has been suspected that they are possible to occur or with other detailed analysis indicated from certain pathological processes of other dental tissues.

Thus, for the purpose of detecting and analyzing dental calcifications in their initial phase, it is essentially important to stress out the significance of "Panoramix" roentgen technique, as well as the retro-alveolar scanning according to Dick.

Radiographic determination of dental calcifications according to the above mentioned findings enables relevant statistical analysis, presentation of frequency of the distributions in various types of teeth, which largely corresponds to the findings of other authors [14, 15,16].

Through part of the x-ray images in the material presented in this study paper, this general conclusion is clearly visible through the presented photos and statistical analyze [table 1, figure 1,2 and 3].

The comparison of the teeth that had caries or teeth that had been restored, regarding the intact teeth, led us to a conclusion that denticles have more frequent occurrence in teeth with caries i.e. in teeth that had been restored, and less frequent or rare occurrence with the non-restored teeth [13,17,18].

The localization of denticles appears to be more frequent in the coronary and has less frequent or rare in the radicular part of the dental pulp [13,19,20].

6. Conclusion

The analyses we carried out by making advantage of the radiography showed that greater attention should be paid to the analysis of the X-rays, especially to the Panoramic X-rays, because they enable detection of the dental calcifications in the asymptomatic teeth regarding the jaws as a whole We insist on this because of the fact that the present clinical image is not very specific, which on its behalf imposes the need for analysis which would be more than just a usual everyday routine method, and also the need for medical observation in order to avoid making oversight of any kind regarding these cases.

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