External Resorption

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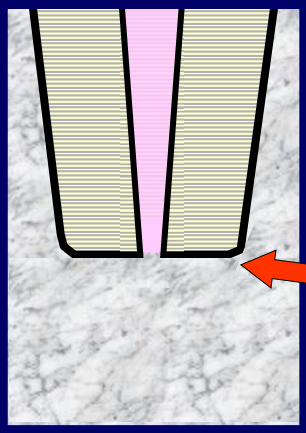
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External Resorption



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Root Resorption



External

1. Surface
2. Inflammatory
3. Replacement
4. Invasive
5. Orthodontic
6. Pressure
7. Physiological
8. Idiopathic

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Orthodontic Resorption



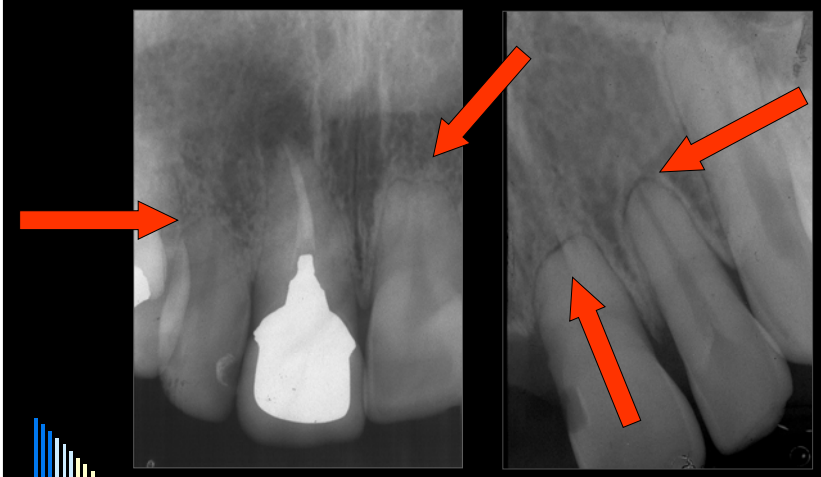
Features

- ? Due to forces applied during orthodontic treatment
- Shortened tooth root with rounded or blunt apex
- More common & more severe in upper incisors
- PDL and pulp are normal - unless concurrent disease

- **Management:**
  - Cease orthodontics - *but this may not be possible!*
  - Monitor radiographically
  - Ensure good oral hygiene to avoid periodontal disease

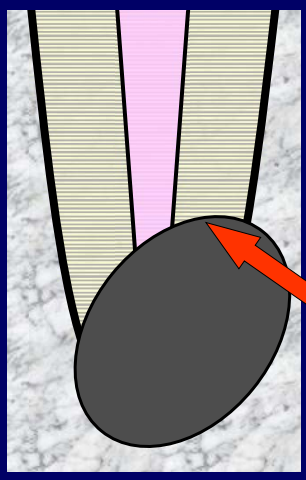
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Orthodontic Resorption



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Root Resorption



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Pressure Resorption

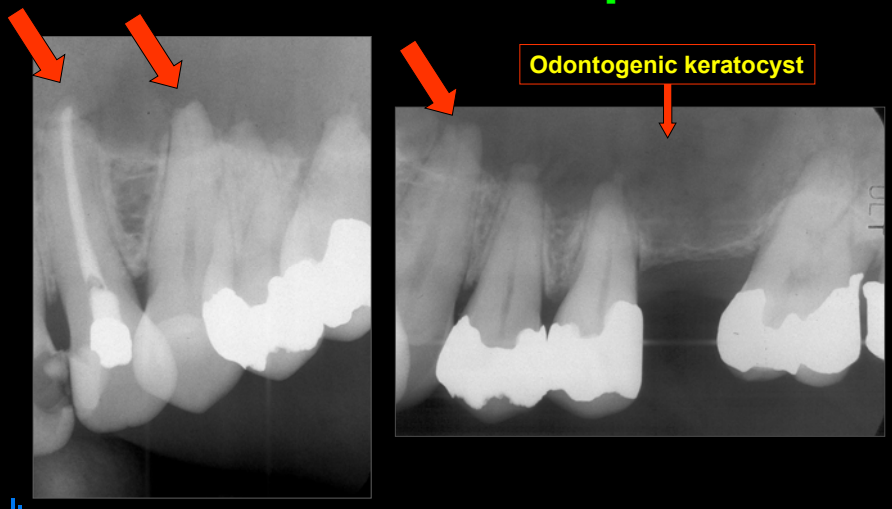


Features

- Associated with impacted teeth or other pathosis
  - e.g. cysts, tumours
- Resorption caused by pressure on the tooth root
- PDL and pulp are normal (unless concurrent disease)

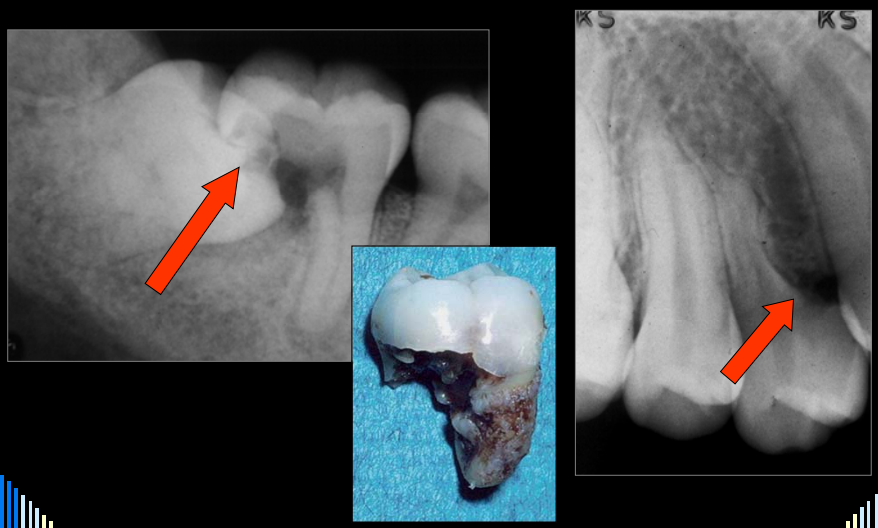
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Pressure Resorption



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Pressure Resorption



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Pressure Resorption



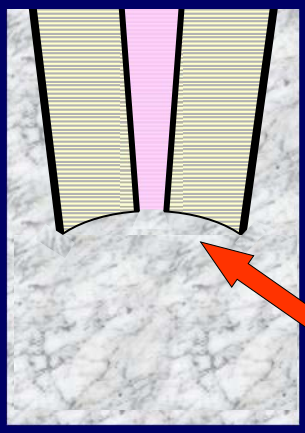
Management

- will depend on the cause of the resorption:

1. ***If caused by a cyst or tumour -***
   - Curette the lesion *(and biopsy to confirm diagnosis!!)*
   - Watch & reassess the resorbing tooth - esp. pulp status
2. ***If caused by an impacted tooth -***
   - Extract impacted tooth
     - Then watch & reassess the resorbing tooth - esp. pulp
   - OR: Extract both the resorbing & the impacted teeth

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Physiological Resorption

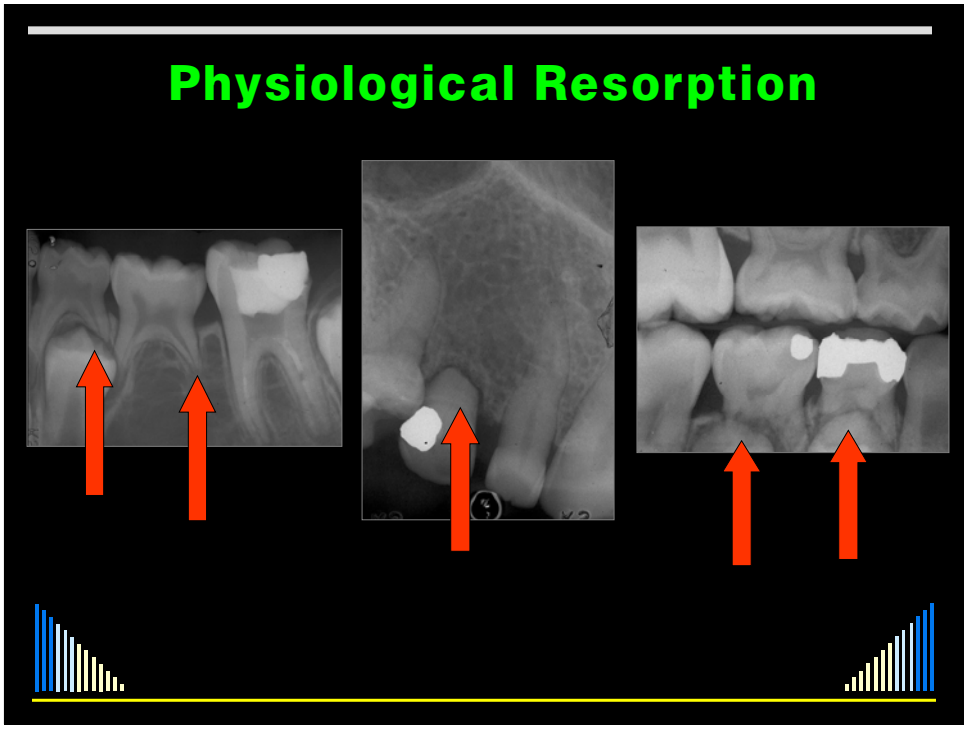


Features

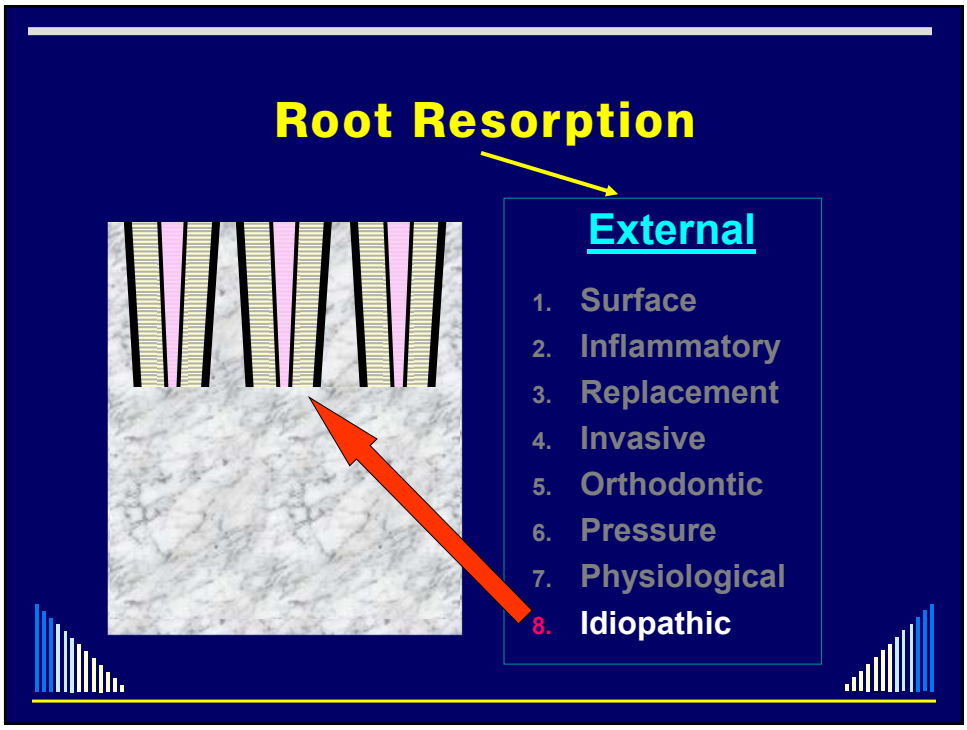
- Resorption of deciduous teeth during exfoliation
- Occurs with or without permanent successor present
  - But rate may be very slow if no successor

- **Management:**
  - Usually no treatment required
  - But: Extract if affecting eruption of permanent tooth

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Physiological Resorption

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Idiopathic Root Resorption

Features

- External resorption of numerous teeth
  - Causes and mechanisms are unknown
    - → Can be apical resorption creating short roots
    - → OR: may be multiple sites of invasive resorption

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Idiopathic Root Resorption

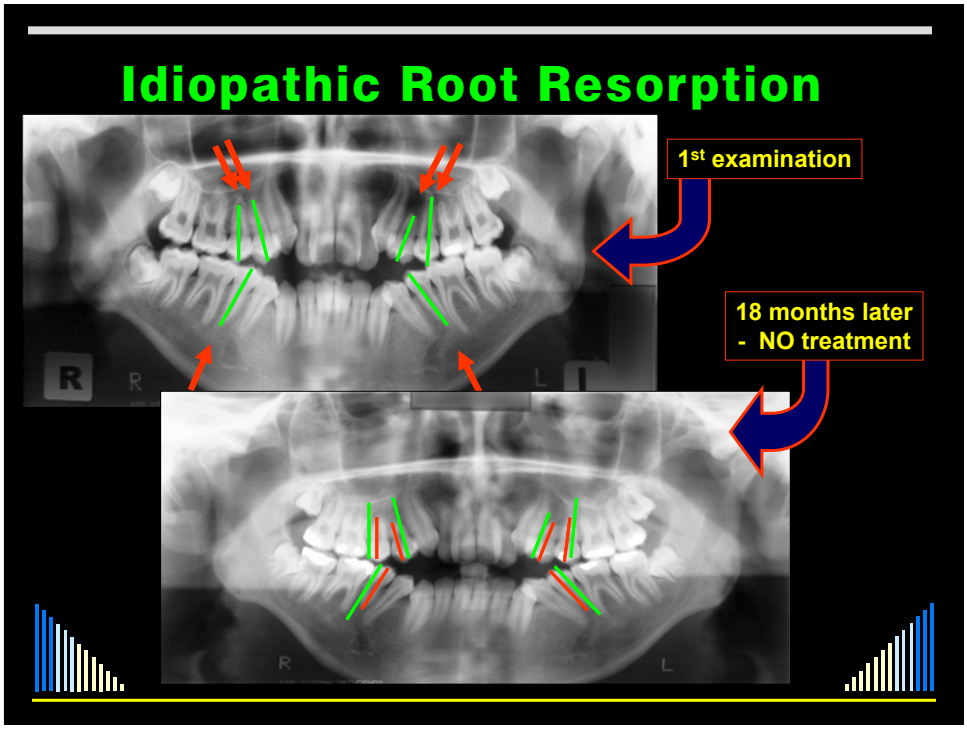
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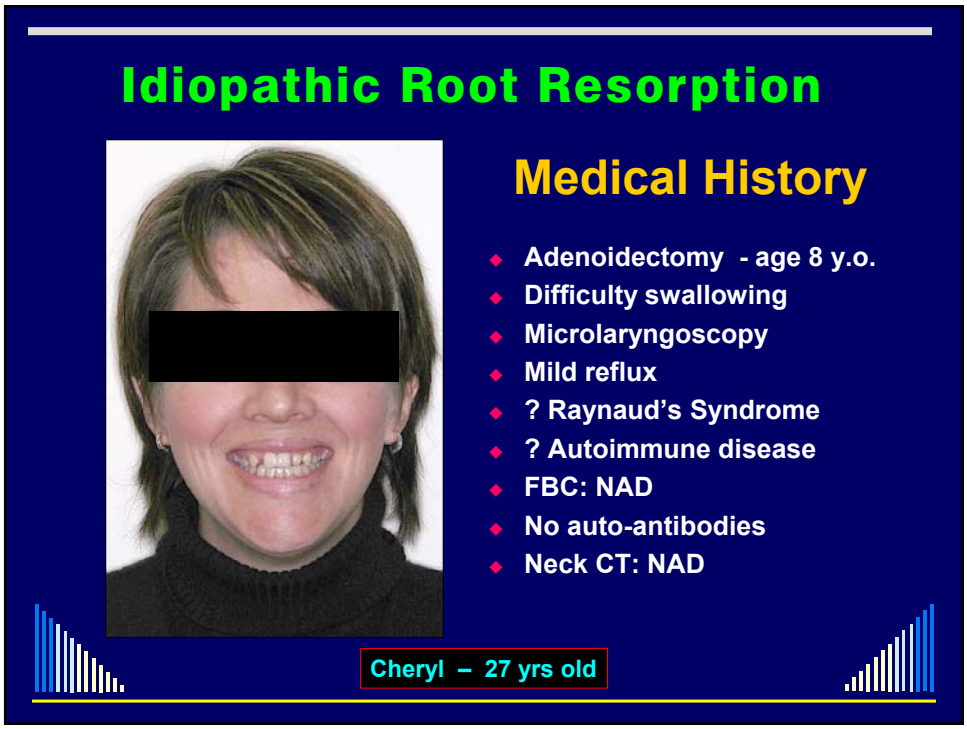
Management

- History & blood tests
  - To check for possible systemic causes
- Monitor rate of resorption - regular radiographs
- Probably extractions eventually + prostheses

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Idiopathic Root Resorption
1st examination
18 months later
- NO treatment

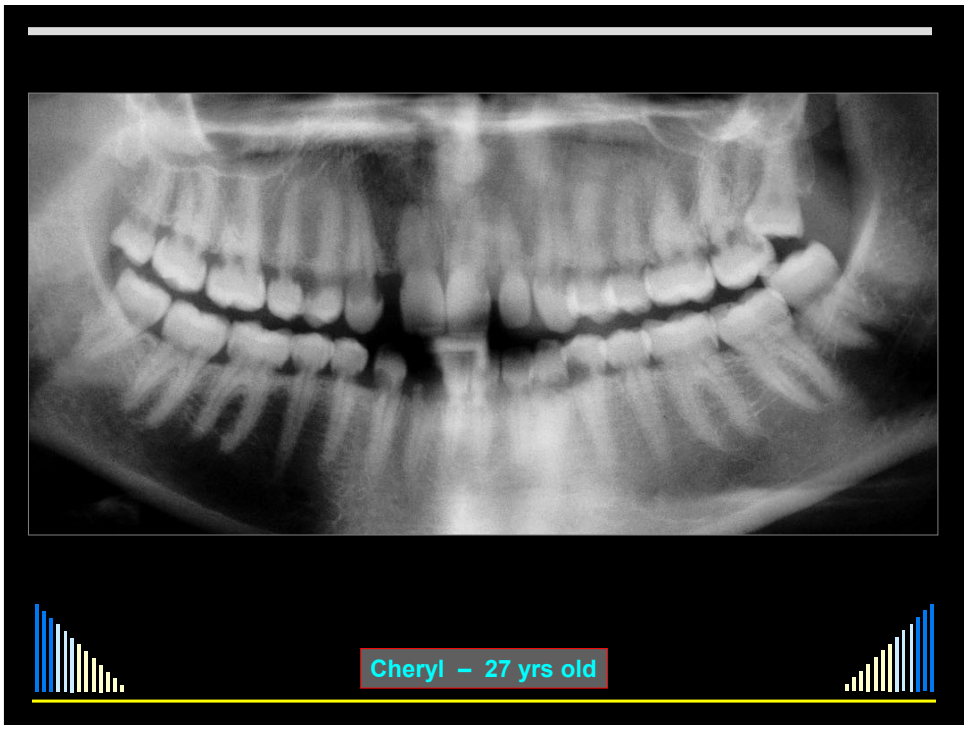
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Idiopathic Root Resorption
Medical History
Adenoidectomy - age 8 y.o.
Difficulty swallowing
Microlaryngoscopy
Mild reflux
? Raynaud's Syndrome
? Autoimmune disease
FBC: NAD
No auto-antibodies
Neck CT: NAD
Cheryl – 27 yrs old

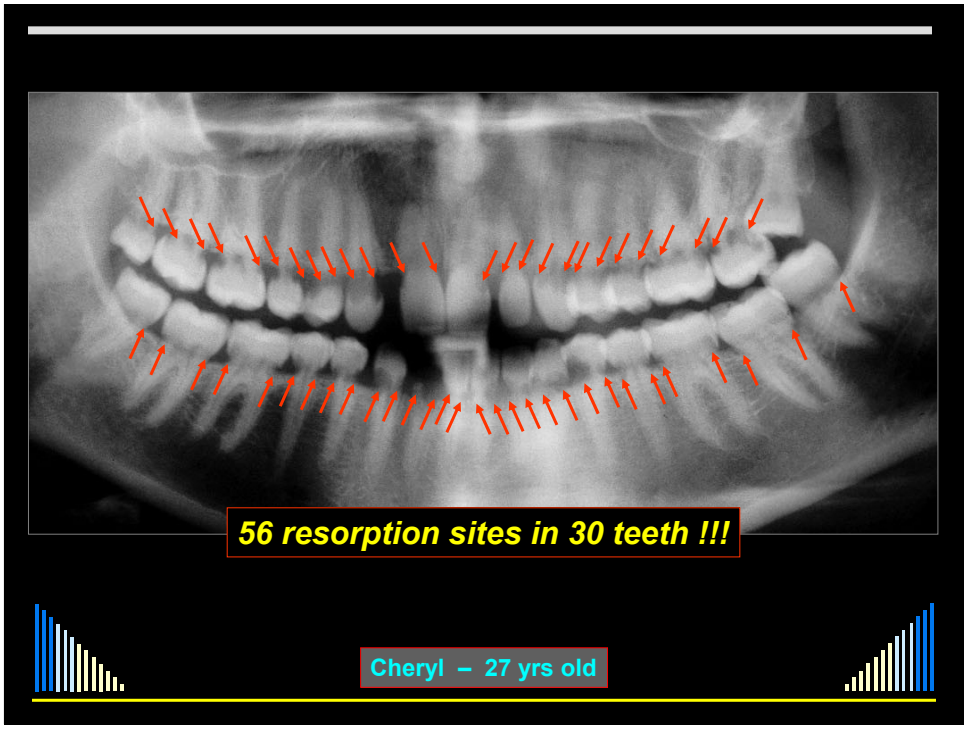
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56 resorption sites in 30 teeth !!!
Cheryl – 27 yrs old

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Cheryl – 27 yrs old

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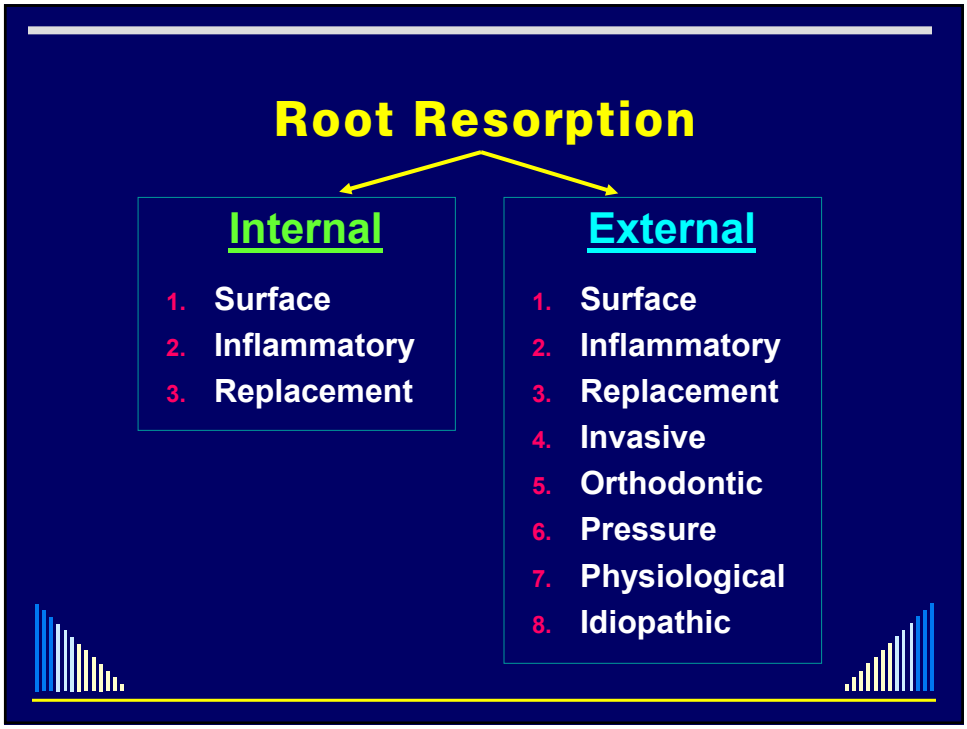


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- **Diagnosis**
  - External Invasive Resorption - 30 teeth
  - Unknown / Idiopathic origin
- **Management Plan**
  - Full clearance + immediate dentures
  - Implant-supported bridges



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