

# ECTOPIC ERUPTION OF A DILACERATED CENTRAL INCISOR

## PATIENCE IS A VIRTUE

### Kirk

*When Kirk was two years old, he fell and intruded his maxillary right central incisor. His parents took him to the dentist, and the dentist removed the tooth.*

It was not until Kirk was almost six years old that the extent of his injury became apparent. He began to complain of irritation on the inside of his upper lip, and his parents could see that it was red and sore, so they brought him in for evaluation.

I could see that the intrusion had caused a dilaceration of his permanent central incisor and that the tooth was ectopically erupting. The constant irritation had caused a traumatic ulcer on the inside of his upper lip. Even in a complicated case such as this, I prefer to try to save that tooth rather than extract it, and after explaining the options to Kirk's parents, they agreed that we should try to save it.

*Figure KL1* is a photograph showing the position of the ectopically erupting left central incisor (#9). *Figure KL2* is a radiograph showing the dilacerated tooth with malformed root and wide-open apex, the unerupted and incompletely formed maxillary right permanent central incisor (#8), and the primary right central incisor still in place.

Using electrosurgery, I cut back the tissue to further expose the crown of the dilacerated tooth #9 (*KL3*). Next I cut the incisal edge back so that it would be in alignment with the curvature of the arch. If this had exposed the pulp, I would have done a vital pulpotomy, but I was fortunate that a pulpal exposure did not occur. I fitted a copper band tightly around the tooth (*KL4*) and proceeded to make a temporary crown (*KL5*). It sure was ugly, but when Kirk's lip was in its normal position (*KL6*), it was acceptable, and it was certainly better than losing his permanent central incisor.



**Figure KL1**  
Shows ectopically erupting permanent central incisor. Kirk was six years old.



**Figure KL2**  
Shows dilaceration of #9 and erupting right permanent central incisor.



**Figure KL3**  
The tissue was cut back to expose the crown.



**Figure KL4**  
Shows copper band in place after cutting back incisal edge.



Figure KL5  
Shows ugly appearance with temporary crown in place.



Figure KL6  
Shows appearance with lip in normal position.



Figure KL7  
Two years later the case looks a little better with the eruption of #8.

Two years later, when Kirk was eight years old, his right central incisor erupted enough so that he looked much better (KL7). A radiograph taken at this time shows the dilacerated #9 with stunted growth, but with an almost fully formed apex, and shows #8 almost fully formed but with an open apex (KL8).

Whenever possible, I like to let passive eruption take place and wait until a patient is 16-18 years old before making a permanent crown, although there are instances when I age the patient by removing gingival tissue with electrosurgery for esthetic or restorative reasons. As Kirk grew older, however, it became increasingly difficult to keep his temporary from coming loose, so when he was 11 years old,

I decided to make him a crown. I performed a root canal in one visit, obturated the canal with Pulpdent Root Canal Sealer using the Pressure Syringe technique, and took an impression for a cast core. At the next visit, the cast core was cemented to place (KL9), and I took an impression for a crown. At the following visit, the crown was cemented to place (KL10). What a dramatic transformation.

Figure KL11 is a photograph taken one year later when Kirk was 12 years old. He sure is handsome with his beautiful smile. Results such as this require patience on the part of the parents and the practitioner, but it sure is worthwhile.



Figure KL8  
Shows closure of dilacerated left central incisor #9 and wide open apex on #8.



Figure KL9  
Shows Pulpdent Root Canal Sealer and cast core in place on dilacerated tooth #9.



Figure KL10  
Shows final restoration.



Figure KL11  
Kirk at twelve years old. What a beautiful smile.