A Review: The Etiology and Diagnosis of Internal Root Resorption (IRR)

Mazen Doumani¹, Adnan Habib¹, Ibrahim Sulaiman Alqasir², Mahdi Ahmed Alnassir², Mustafa Ahmed Alali².

¹(Department Of Restorative Dental Sciences, Al-Farabi Dental College, Riyadh, Saudi Arabia)
²(Internship Dentist In Al-Farabi Dental College, Riyadh, Saudi Arabia)

Corresponding Author: Mazen Doumani¹


I. Introduction


II. Etiology

Irr Is Established After Necrosis Of Odontoblasts And Is Associated With Chronic Partial Pulp Inflammation And Partial Pulp Necrosis (9). 3d Imaging Has Shown Irr To Be Circumscribed And Oval Shaped (10). Irr Is Usually Asymptomatic. And Discovered By The Clinical Sign Of A ‘Pink Spot’ On The Crown (10). Different Factors May Contribute To Cause Resorption Include Trauma, Caries And Restorative Procedures, But Sometimes It Could Be Idiopathic Too. It Is More Often Observed In Males Than In Females And Most Commonly Affected Teeth Are Maxillary Incisors (11). High Temperature During The Cavity Preparation Or Crown Preparation, And Biological Treatment With Calcium Hydroxide And May Lead To Irr (12). Internal Resorption Due To The Location, Divided Into: Type A (Intracoronal Resorption), Type B (Intra-Root Resorption), Type C (Resorption With Perforation Of The Canal Wall). And Type D (Perforating The Wall Of A Tooth Crown) (13, 14). Irr Is Usually Asymptomatic. It Is Estimated That Only In 2% Of Cases May Occur Clinical Symptoms (15). Vitality Tests On The Pulp Do Not Deviate From The Norm And May Be Negative In The Case Of The Canal Perforation Ongoing With The Pulp Necrosis. The Vascular Change In The Pulp Produces Hyperemia Increasing Oxygen Tension, And Causing An Acidic Ph Level That Attracts Multinucleated Cells, Odontoclasts And Dentinoclasts (15). Dominance Of Inhibitory Substances Such As Opg

III. Diagnosis


References


DOI: 10.9790/0853-1702105658 www.iiosrjournals.org 57 | Page
A Review: The Etiology And Diagnosis Of Internal Root Resorption (Irr)