

Hypophosphatemic Rickets and its Dental Significance

Nahid Ramazani*, DDS

Department of Pedodontics, Children and Adolescent Health Research Center, School of Dentistry, Zahedan University of Medical Sciences, Zahedan, Iran

Received: Dec 28, 2012; Accepted: Jun 04, 2013;
First Online Available: Jun 28, 2013

I read with interest Rabbani et al's paper entitled "Dental problems in hypophosphatemic rickets, a cross sectional study" in the fourth issue of *Iran J Pediatr* 2012^[1]. Clinical oral manifestations of hypophosphatemic rickets often include premature tooth exfoliation, hypoplastic enamel and dental infections. Apical rarefaction, rickety bone trabeculation and absent or abnormal lamina dura are frequent radiographic findings^[2].

Single or multiple abscesses relate to the enlarged pulp chamber and pulp horns reaching the dentino-enamel junction or even the external surface of the tooth^[2, 3]. Defective enamel is also abraded or fractured easily^[2]. Prophylactic pulpectomy and stainless steel crown placement have been recommended in affected patients^[2,3].

Since premature tooth exfoliation is sometimes a feature in this inherited abnormality^[2], the paper

what circumstances the oral examination was done and what index has been used to assess the inflammation of the gingiva.

One of the common dental findings of the affected patients according to the above mentioned paper is taurodontism. Taurodontism is a dental anomaly characterized by a tendency for the body of the tooth and pulp chamber to enlarge at the expense of the root, leading to a elongated pulp chamber^[2-4]. This developmental condition results from improper level of horizontal invagination of the Hertwig's epithelial root sheet^[5] and seen in approximately 2.5- 3.5% of the population as an isolated trait^[4].

Taurodontism is found with conditions such as X-chromosomal disorders, Down syndrome, otodontal dysplasia, trichodonto-osseous syndrome, Mohr syndrome, microcephalic dwarfism, amelogenesis imperfecta (type IV) and ectodermal dysplasia^[2-5].

Diagnosis of taurodontism is based on radiographic examination and its clinical significance is disclosed when pulp therapy is indicated^[2]. Since this anomaly frequently occurs multiply^[4], hence it was better to report the frequency of bilateral and multiple taurodontism of posterior teeth in the paper.

Key words: Hypophosphatemic Rickets; Taurodontism; Dental Problems

References

1. Rabbani A, Rahmani P, Ziaee V, et al. Dental problems in hypophosphatemic rickets, a cross sectional study. *Iran J Pediatr* 2012;22(4):531-4.
2. McDonald RE, Avery DR, Hartsfield JK. Acquired and developmental disturbances of the teeth and associated oral structures. In: Dean JA, Avery DR, McDonald RE. McDonald and Avery Dentistry for the Child and Adolescent. 9th ed. St. Luis: Mosby 2011; Pp: 85-125.
3. Al-Batayneh OB. Tricho-dento- osseous syndrome: diagnosis and dental management. *Int J Dent* 2012; 2012:514692.
4. Chaparro González NT, Leidenz Bermudez JS, González Molina EM, et al. Multiple bilateral taurodontism. A case report. *J Endod* 2010; 36(11):1905-7.
5. Dummert, Jr CO. Anomalies of the developing dentition. In: Pinkham JR, Casamassimo P, Fields HW, McTigue D, Nowak A. Pediatric Dentistry: Infancy through Adolescence. 4th ed. Philadelphia: Mosby 2005; Pp: 61-73.

* Corresponding Author; Address: Department of Pediatric Dentistry, Dental School, Zahedan University of Medical Sciences, Azadegan st, Khorramshahr Ave, Zahedan, Iran
E-mail: ramazani77@gmail.com