

(CASE REPORT)



Pink tooth of mummery in mandibular left incisor

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Abstract

A 76-year-old male patient reported to our department with a chief complaint of discolored lower front tooth since 2–3 years. He had a history of some minor trauma to the teeth 5 years back, post which no dental treatment was undertaken. There was no episode of pain or any other associated discomfort. His medical history was non-contributory. On clinical examination, tooth 31 was found to be discolored giving it a generalized pinkish-yellow hue, prominently on the labio-proximal aspect. Neither fracture nor dentinal caries were evident in relation to the concerned teeth [Figure 1]. However, the patient had resorbed ridges due to his age. No swelling, sinus tract or erythema were detected. The vertical and the axial percussions were unproductive. A provisional diagnosis of internal resorption of tooth was given based on the patient's history and clinical picture, which confirmed the same.

Keywords: Pink tooth; Internal Resorption; Ridge Resorption; Trauma; Permanent incisor; Pulpal hemorrhage

1. Introduction

The tooth resorption can occur in the root canal or in the crown. Although, root resorptions are relatively common, the coronal resorptions, however, are rarely seen. Tooth resorption can be differentiated into internal and external resorption and occasionally combinations of both can be found on the same tooth. Internal resorptions are much less common than external ones. Skillen reported the first case of intra-coronal resorption in an unerupted tooth in 1941, described it as "intra-follicular caries". However, Kronfeld affirmed that caries couldn't affect a completely unerupted tooth. According to such authors internal resorption is initiated within the pulp cavity whereas external resorption is initiated in the periodontium. Another idiopathic resorption that involves the crown of the teeth was described by Mummery JH in 1920 as a pink spot on tooth surface. The resorption begins in the pulp and progresses peripherally through the dentin and can involve the cementum and enamel. When the tooth erupts, the crown discolors and a characteristic pink spot may appear where the pulp is visible through the thinned enamel. Although most accepted cause is of dental trauma, others include persistent chronic pulpitis or heat generated from rotary instrument during tooth preparation procedures. Typically asymptomatic, in radiographic images, it is presented as well-circumscribed coronal radiolucent area in the tooth. Histopathological evaluation describes numerous capillaries in the pulpal granulation tissue undermining the coronal enamel. The pulp tissue in the area of destruction is vascular and exhibits increased cellularity and collagenization. These cases can be treated with nonsurgical root canal therapy (follow-up or pulpectomy) as well as via surgical removal (extraction), depending upon the extension of resorption and on the condition of the tooth. The following case presents a patient with coronal resorption in the permanent tooth and the treatment chosen.

2. Case report

A 76-year-old Indian male with the chief complaint of pink spot on the left mandibular front tooth was referred to the Government dispensary sec 38-D Chandigarh, India. Intraoral examination revealed the presence of pink spot on the

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mandibular left incisor. Clinically the ridges were resorbed due to the age of the patient (Figure 1). The internal resorption involved the dentin and part of the enamel of the coronal tooth. Given the severity of resorption and the asymptomatic nature of the concerned tooth, as was found on the percussion test, the patient was informed about the risks involved and decision to not undergo a surgical procedure was taken. The patient's age was also a contributing factor towards this decision. The patient was advised to undergo soft tissue massage and to maintain high quality Calcium and protein supplement with 4000IU of Vit D intake to prevent any further resorption of the alveolar ridge.



Figure 1 Pink tooth of mummery in tooth number 31 with resorbed ridges

3. Conclusion

In conclusion, Pink tooth of Mummery may be seen as pink spot on the surface of tooth. The tooth described in this case most likely resulted from dental trauma. No surgical treatment was chosen for the concerned tooth. Dietary supplements were given to control further resorption of mandibular ridge. By better understanding uncommon cases like the Pink tooth of Mummery, clinicians may be better able to predict and plan the most appropriate treatment outcomes.

Compliance with ethical standards

Disclosure of conflict of interest

The authors declare that they have no conflict of interest, with respect to research, authorship or publication of the article.

Statement of ethical approval

The case report was conducted in accordance with the Declaration of Helsinki. The collection and evaluation of all protected patient information was performed in a compliant manner.

Statement of informed consent

Informed consent was obtained, including permission for publication of all photographs and images included herein.

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