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Development of dentition

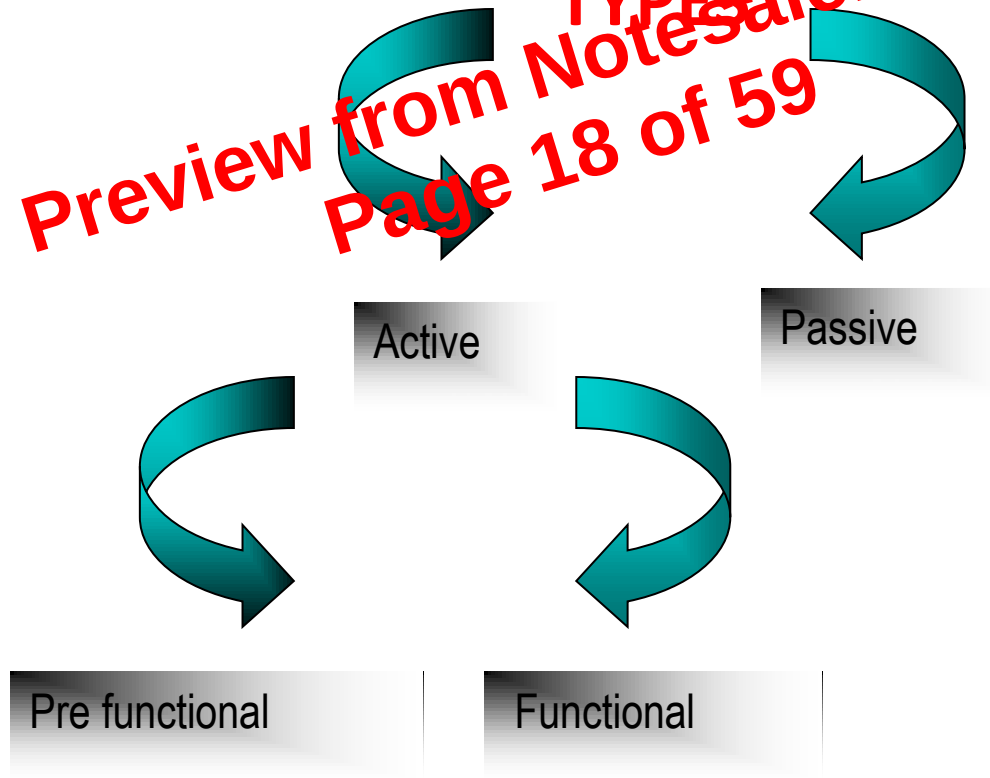


Histologic differences

- Large apical foramen
- More reparative dentin + irregular
- Nerve fibres pass to odontoblastic layer
- Density of innervation is less
- Localization of infection is poor
- Smaller foramen
- Less reparative dentin formation
- Pulp nerve fibres stop among odontoblasts and even to predentin
- Density of innervation is more
- Infection in pulp is localized

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PASSIVE ERUPTION

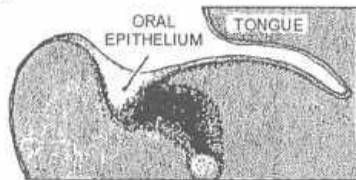
- Age
- Gingival recession leads to exposure of more of tooth structure
- Actual movement of gingiva
- Tooth remains in same position

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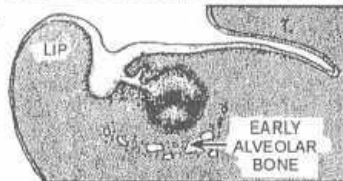
Changes in tissues around the teeth

- **Delicate connective tissues** → more **prominent**, extending between the forming root and the alveolar bone surface
- **First PDL fiber bundles** appear at the cervical area of the root
- Crypt is **remodeled** and bone fills to conform smaller root diameter

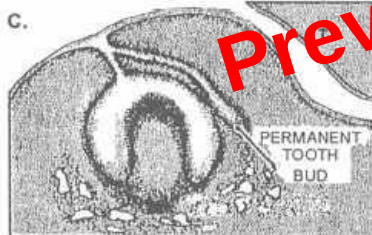
A.



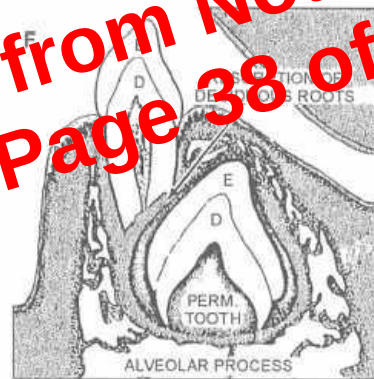
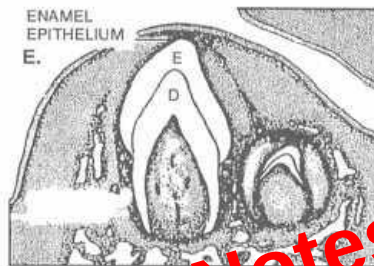
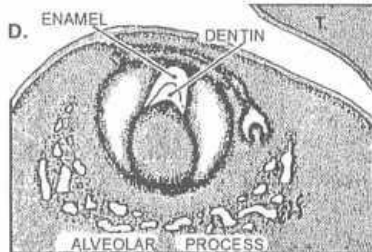
B.



C.



D.



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Mechanism of resorption and shedding

- Exact mechanism of resorption and shedding **not known**. **Odontoclasts** play a major role as they differentiate at predicted sites of pressure.
- Initial **removal of mineral** followed by **extracellular dissolution** of the organic matrix
- Growth and increased loading of jaws, these **forces far exceed** the limit that the primary tooth PDL can withstand → **trauma to ligament** and initiation of resorption

- Eruption sequestrum – usually seen with eruption of permanent first molar. Composed of cementum like material formed within the dental follicle, generally overlying the central fossa of associated tooth and contoured within the soft tissue
- Treatment – As tooth erupts, the fragment sequestrates. Spontaneous resolution. If causing irritation it can be removed

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Fig. 16.5A: Non-erupting central incisor

