

Enamel Hypoplasia: Case Report

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Abstract: Not applied.

Keywords: Enamel; Enamel Hypoplasia; Amelogenesis Imperfecta.

Citation: Lima AR. Enamel Hypoplasia: Case Report. Brazilian Journal of Dentistry and Oral Radiology. 2023 Jan-Dec;2:bjd24.

doi: <https://doi.org/10.52600/2965-8837.bjdor.2023.2.bjd24>

Received: 1 May 2023

Accepted: 29 May 2023

Published: 22 June 2023



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Figure 1: Right, left and frontal side photos showing enamel hypoplasia lesions.

In the clinical photographs of the 21-year-old male patient, several relevant characteristics for dental evaluation are observed. The patient, who is normosystemic, attended the dental office for a routine assessment. During the intraoral examination, it was possible to observe that several teeth exhibited brown or yellowish opaque structures on the enamel surface. These areas of pigmentation may indicate the presence of stains or intrinsic discolorations, which affect the enamel color and can be caused by a variety of factors, including genetics, trauma during dental development, or exposure to certain chemical agents [1].

Additionally, white lesions were identified at specific points on the enamel, presenting a matte appearance in some areas and glossy in others. These lesions may be indicative

of a variety of conditions, including incipient caries, dental fluorosis, or enamel hypoplasia. The variation in the appearance of the lesions suggests different stages of development or different compositions of the lesions, which may require distinct treatment approaches. It is relevant to note that the patient reported a similar family history, with his mother and sister also presenting the same condition. This suggests a possible genetic predisposition to these specific dental characteristics. Recognition of the genetic component is important for accurate assessment and determining the most appropriate treatment plan [2, 3].

It is important to emphasize that the observed lesions were not painful and were not associated with biofilm, indicating the absence of active caries or associated periodontal disease. This information is crucial for differentiating between carious lesions and other conditions of enamel pigmentation or opacity. Both enamel hypoplasia and amelogenesis imperfecta are conditions that affect the formation and structure of dental enamel, resulting in changes in the appearance and integrity of the teeth. However, there are distinct differences between these two conditions: Some structural changes in enamel can cause diagnostic difficulties that affect this tissue, such as enamel hypoplasia and amelogenesis imperfecta [3].

Considering the presented case, the patient was referred to the services of a dental specialist in restorative dentistry with a diagnosis of enamel hypoplasia. Based on this assessment, appropriate treatment options will be proposed, which may include procedures for aesthetic restorations or other interventions to improve the appearance and health of the affected teeth. The clinical photographs provide valuable information about the dental characteristics of the patient, including pigmentation, opacity, and the presence of lesions. This information is essential for diagnosis and treatment planning, aiming to ensure a personalized and effective approach for each patient.

Funding: None.

Research Ethics Committee Approval: We affirm that the participant consented to the research by endorsing a clear consent document, and the investigation adhered to the ethical standards outlined in the Helsinki Declaration.

Acknowledgments: None.

Conflicts of Interest: None.

Supplementary Materials: None.

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