

## LETTER TO THE EDITOR

Dear Editor,

I would like to compliment Drs. Cardoso and Rocha on their recent article 'Identification of factors associated with pathological root resorption in traumatized primary teeth' (*Dental Traumatology* 2008; 24:343–49). This is an important topic not only for pediatric dentists, but also for all dentists treating children for routine care and/or following traumatic injuries to the primary teeth.

However, I would like for them to have included a more comprehensive review and discussion of a relevant entity - atypical root resorption (ARR). They do briefly refer to this radiographic/clinical entity and reference two articles (Rubel I. Atypical root resorption of maxillary primary central incisors due to digital sucking: a report of 82 cases. *ASDC J Dent Child* 1986; 53:201–4 and Mortelliti and Needleman. Risk factors associated with atypical root resorption of the maxillary primary incisors. *Pediatr Dent* 1991; 13:273–7).

In their article, they categorize resorption as being either inflammatory or replacement and do not discuss how this common entity of ARR fits into that classifi-

cation. It may be that ARR starts out as an inflammatory process and eventually the prematurely resorbing root structure is 'replaced' with a 'healthy/normal' periodontal ligament.

In our article (*Pediatr Dent* 1991; 13:273–7), we reported a 14.2% prevalence of ARR on random occlusal radiographs and found it associated with children who had a positive history of both trauma to the incisors and oral habits. In addition, 'as the number of risk factors (large overjet, documented trauma, and oral habits increased, the likelihood of developing ARR also increased...'. It has been our experience that no treatment of the primary incisors demonstrating ARR is necessary as it is rare for it to develop periapical pathology. However, these teeth are often lost early because of their diminished root structure.

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