A hyperplastic pulpitis (pulp polyp) case was reported at the centre of a bridge abutment tooth associated with extensive caries and periapical radiolucency in a middle-aged female patient contrary to the fact that it usually develops in a large open cavity.

A 31-year-old-female patient had a bridge from 35 to 37 on her mandibular left side. She had discomfort in her mandibular left second molar. The bridge was removed. Radiographic and clinical evaluation revealed that a pulp polyp was associated with a radiolucent periapical involvement. Reddish cauliflower-like growth pulp was seen at the centre of her mandibular left second molar. Later, a root canal therapy was applied as treatment and the root canals were prepared with Profile rotary system and filled with gutta percha and AH26.

We report the diagnosis and treatment of a pulp polyp that proliferated under a bridge in a limited space, in contrast to the usual development in a large open cavity.

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**Keywords**
Abutment, hyperplastic pulpitis, periapical involvement, pulp polyp

**Anahtar Kelimeler**
Köprü ayağı, hiperplastik pulpitis, periapikal radyolusensi, pulp polibi
INTRODUCTION

Hyperplastic pulpitis is a type of irreversible chronic open pulpitis and occurs most often in young teeth with incompletely formed roots. It develops when carious pulp exposure creates a large open cavity. It is asymptomatic, except during mastication, when pressure of the food bolus may cause discomfort. Thermal and electrical sensitivity tests may elicit normal responses. Radiographic examination generally shows a large open cavity with direct access to the pulp chamber. This disorder is generally seen only in the teeth of children and young adults. The appearance of this kind of polypoid tissue is clinically characteristic: a fleshy, reddish pulpal mass fills most of the pulp chamber or carious cavity. Pulp polyps are also seen in chronic wide carious occlusal surfaces of a molar tooth where the antagonist tooth does not exist for a long time. Because of this, the hyperplastic pulp tissue extends beyond the cavity of a tooth, and it may appear as if the gum tissue is growing into the cavity. When pulp involvement is extensive or long-standing, periapical radiography may reveal an incipient chronic apical periodontitis. Stabholtz et al. and Çalışkan reported that hyperplastic pulpitis associated with periapical involvement presented as radiolucencies or radiopacities on radiographic examination.

The purpose of this case report is to report that a hyperplastic pulpitis associated with periapical radiolucency can develop in an abutment tooth under a bridge in middle aged people.

CASE REPORT

A 31-year-old-woman applied to the Department of Endodontics, Faculty of Dentistry, Hacettepe University with discomfort in her mandibular left second molar. The patient had a bridge from 35 to 37 on her mandibular left side and she reported that the bridge was built 10 years ago. Radiographic evaluation revealed that hyperplastic pulpitis was associated with radiolucence periapical involvement (Fig. 1). First, the bridge was removed and a reddish cauliflower-like growth of pulp polyp was seen at the centre of her mandibular left second molar, which had been prepared to receive the bridge (Fig. 2). Later, root canal therapy was applied as treatment and the root canals were prepared Profile rotary system and filled with gutta percha and AH26 (Fig. 3).

DISCUSSION

Chronic hyperplastic pulpitis develops when carious pulp exposure creates a large open cavity. This opening establishes a pathway for drainage of the inflammatory exudate. When drainage is established, acute inflammation subsides and chronic inflammatory tissue proliferates through the opening inflammation created by the exposure to form a polyp. The polyp may cover most of what remains of the crown of the tooth, giving the lesion the appearance of a fleshy mass. The management of this pulp polyp consists either of conservation of the tooth through endodontic treatment or extraction of the tooth. The pulp polyp produces little or no pain; however, masticatory forces may produce irritation and bleeding. A hyperplastic response of the pulp to acute inflammation occurs in young teeth but has never been reported to have developed in the teeth of middle-aged patients.
In the case of hyperplastic pulpitis reported here, the patient was a 31-year old middle-aged person. Another interesting finding was that there was an unusual pulp polyp development under the bridge abutment which was much bigger than the normal. This may be attributed to a big gap between the prepared tooth and the bridge.

Our case has revealed findings similar to those of Stabholtz et al.\(^6\) and Çalışkan\(^1,2\), who demonstrated by radiographic evaluation that hyperplastic pulpitis was associated with radiolucence periapical involvement. Root canal therapy treatment was successfully applied.

We believe that the case of hyperplastic pulpitis reported here are rare. Contrary to developing in a large open cavity, it proliferated under a bridge in a limited space.

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REFERENCES


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