aspect (Fig. 2). There were deep grooves in between the fuse teeth. Remaining teeth were absolutely healthy. A midline diastema both in the maxillary and mandibular arch was noticed.

Parental history revealed that the father of the patient had similar teeth, but he was not available for examination.

Intra-oral periapical radiograph of the fused teeth revealed incomplete fusion of the crowns of the supernumerary tooth with that of the central and lateral incisors, with separate pulp chambers and canals (Fig. 3). Since the area of vision was restricted, an orthopantomogram was advised. It revealed a missing left permanent maxillary lateral incisor (Fig. 4). All the other permanent teeth were present in their varying stages of development. The roots of the fused teeth were resorbing uniformly without preventing the eruption of the central incisors. Therefore was decided to treat the caries and seal the deep grooves in between the fused crown with pit and fissure sealants.

DISCUSSION

The fusion may be complete or incomplete depending on the developmental stage of the teeth involved. In the present case, there was an incomplete fusion between the supernumerary tooth, the central and lateral incisor teeth with separate pulp chamber and canals, indicating the fusion occurred after the calcification stage of tooth development.

Presence of fusion in the deciduous dentition is associated with high degree of anomalies in the permanent dentition is associated with high degree of anomalies in the permanent dentition commonly reported is hypodontia of the permanent dentition. Supernumerary teeth in the deciduous dentition are associated with supernumerary teeth in the permanent dentition. In the present case, although both fusion and supernumerary teeth were observed the effect of fusion on the permanent dentition was seen. Permanent lateral incisor on the left side was missing. Heredity also contributes strongly to the occurrence of fusion, as also observed. The history of patient’s father having similar tooth was obtained. Fusion is common in male patient and seen in the mandibular later incisor and canine region. But the case described, was a female patient and the fusion was between the maxillary central and lateral incisor with the supernumerary tooth.

Fused teeth are usually asymptomatic, but are associated with problems like delayed exfoliation and caries formation in the grooves dividing the crown\(^2,25-28\). Numerous treatment options have been offered in the literature to solve the clinical problem associated with fused teeth\(^29-30,31-33\). Since there was a uniform root resorption, not interfering with the path of eruption of the permanent successor, the treatment was limited to restoration of caries and sealing the grooves.

Importance of anomalies in the deciduous dentition are usually ‘underestimated’ especially when they are asymptomatic. But their occurrence may have marked effect on the permanent dentition.

REFERENCES

12. Spouge J. D. Oral Pathology, St. Louis Mosby 1973; 125-144.