Osteoclastic Resorption Of Enamel In Third Molars. Graham R. Davis & Alan Boyde g.r.davis@gmul.ac.uk Biophysics OGD, Child Dental Health, Barts and The London School of Medicine and Dentistry, Queen Mary University of London, London E1, UK

No conflicts of interest to disclose

## **Objectives and Methods**



There are several reports in the literature of atypical radiolucencies in human third molars which have arisen by external resorption extending from the occlusal surface. The present study aimed to shed further light on this topic using 3D microscopic imaging.

- Apparently sound human third molars, collected with informed consent, fixed and stored in 70% ethanol, no records of identity or clinical histories.
- High contrast resolution x-ray microtomography (XMT).
- Teeth sectioned and cut surfaces polished. SEM, Zeiss EVO MA10, 20kV backscattered electrons, uncoated, 50Pa chamber pressure.



























WD = 8.5 mm

Stage at T = 0.0 \*

Signal A = NTS BSD EHT = 20.00 kV I Probe = 1.0 nA

14:12:66 20.2 Secs Scan Speed = 9 N = 1









OptiBeam = Normal

013

ecs eed = 7









## Horse

enamel resorption to attach coronal cementum

## **Results and Conclusions and Thanks**

XMT and SEM showed empty intracoronal resorption cavities close to the occlusal EDJ, with no discolouration of the adjacent dentine or enamel.

These excavations were at the end of long tunnels connecting to the fissure system of the occlusal surface.

The detail of resorbed surfaces of both enamel and dentine bear the characteristic osteoclastic imprint. These intra-coronal cavities arise by osteoclastic excavation starting within enamel fissures in a preeruptive period extended by delayed eruption caused by impaction.

Primary acellular cementum may be deposited on resorbed surfaces of both dentine and enamel.

