DENTAL MEDICINE **Bilateral Fusion of Primary Maxillary Incisors: A Case Report**

Introduction

Fusion of primary teeth is a rare developmental anomaly resulting from the union of two adjacent tooth germs [1]. It most commonly affects anterior teeth and can lead to altered tooth morphology, crowding, delayed exfoliation, and aesthetic concerns [1]. Bilateral fusion is even less common and presents unique diagnostic and clinical management challenges [2]. When fused teeth are associated with caries or missing permanent successors, treatment decisions become increasingly complex and require multidisciplinary planning.

Case Report

Patient Age: 5 years, 5 months.

Chief Complaint: First dental checkup with no chief complaint. Medical History: Non-contributory.

Clinical Findings:

- Bilateral incomplete fusion of teeth D & E and F & G (Figure 1).
- Interproximal caries present between fused teeth (Figure 2).
- Caries appeared hard and arrested upon clinical exam.

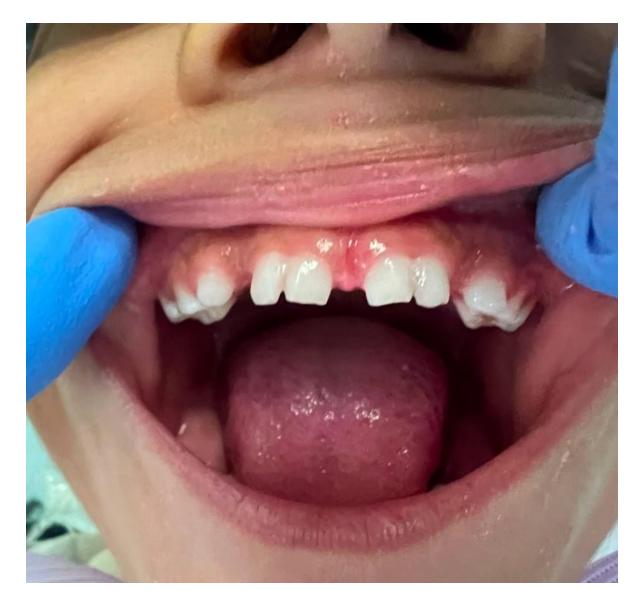


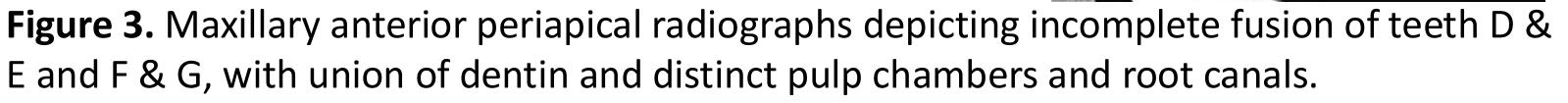
Figure 1. Clinical photograph depicting incomplete fusion of teeth D & E and F & G, with a separating groove between fused and F & G. teeth.



Figure 2. Clinical photograph depicting interproximal caries between fused teeth D & E

- **Radiographic Findings:** • Teeth D & E and F & G incomplete fusion confirmed with union of dentin and distinct pulp chambers and root canals (Figure 3).
- Caries extending towards pulp chambers on teeth D, E, F and G (Figure 3).
- Congenital absence of permanent maxillary lateral incisors (Figure 5).
- No other caries or anomalies noted throughout the dentition (Figures 4 and 5).







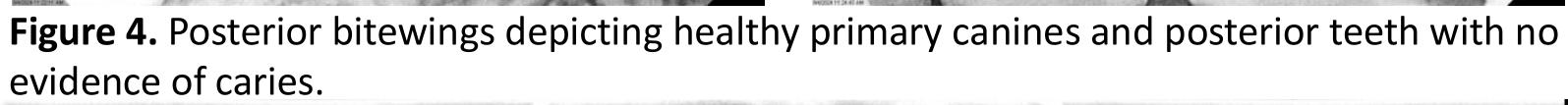
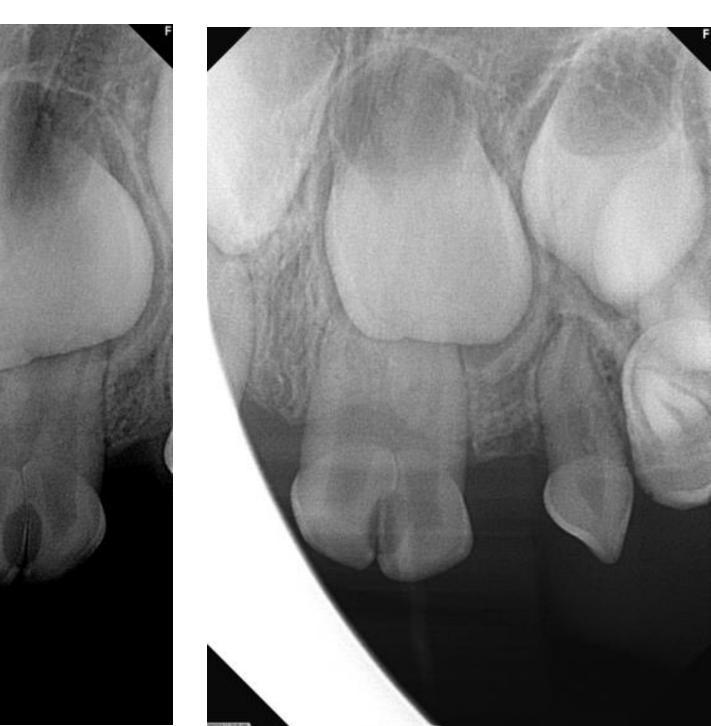




Figure 5. Panoramic radiograph depicting congenitally missing permanent maxillary lateral tooth buds.

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Treatment Options Discussed

1. No Treatment

- infection.
- pulp therapy or extraction.
- Extraction of teeth D, E, F, and G

Management Plan

- permanent lateral incisors.
- Management of congenitally missing permanent lateral incisors to include:
 - Orthodontic evaluation for possible canine substitution.
 - Space management as needed for future prosthetic options.
 - Prosthetic options after growth completion to include: partial removable dental prosthesis, fixed dental prosthesis, or dental implant.
 - Long-term multidisciplinary follow-up.

Conclusion

Bilateral fusion of primary maxillary incisors is a rare clinical finding that may be complicated by interproximal caries and the absence of permanent successors [3]. This case highlights the importance of early diagnosis, parent education, and a coordinated, multidisciplinary treatment approach that balances immediate needs with long-term occlusal and esthetic outcomes.

References

• Poor prognosis due to the depth of caries and risk of pulpal involvement and

2. Teeth D, E, F, and G caries removal and restoration with glass ionomer

Guarded prognosis due to high risk of pulp involvement and potential need for

• Fair prognosis and prevents future complications with extracted teeth.

 The legal guardian was counseled regarding the dental anomaly, the presence of caries in the fused teeth, available treatment options, and the importance of future multidisciplinary management and follow-up to address the congenitally missing

1. Kumar P, Kaur J, Verma KG, Goyal V, Juneja S. Fusion of primary teeth - An odontogenic anomaly. J Oral Med Oral Surg Oral Pathol Oral Radiol. 2018;4(1):53–5. 2. Mohtesham I, Shakil M, Jose M, Prabhu V. Fusion of deciduous central incisors. Arch Med Health Sci. 2015;3(1):85–7. doi:10.4103/2321-4848.154951

3. Goswami M, Lohia S. Exploring dental fusion in primary dentition: A pediatric dental perspective. Cureus. 2024 Sep 2;16(9):e68469. doi:10.7759/cureus.68469