

Pulp stones associated with the renal calculi

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Abstract

Pulp calcifications stones are discrete calcifications in the pulp of teeth. They are a frequent finding on bitewing and periapical radiographs. Johnson and Bevelander stated that a single tooth may have stones ranging from 1 to 12 or even more, with sizes varying from minute particle to large masses that occlude the pulp space. They often develop in teeth that appear quite normal in other respects. In this review we say about the relationship of pulp stone with renal calculi.

Keywords: Pulp Stone, Renal calculi.

Introduction

Pulp stones are often incidental to dental procedures. X-rays and in the literature the incidence of pulp the stones have been studied in many studies. X-ray criteria or histological sections. The dentist can observe the detection of pulp stones. x-rays if they are greater than 200 µm. Therefore, the prevalence is probably higher if detected from x-rays, x-rays they are the only way to non-invasively evaluate paper pulp in clinical research.¹ Pulp stones formation is still something like a Mystery. Studies show that a high frequency of islet cells, as epithelial origin have been observed with toothpaste on the teeth that had been exposed to an experimental intrusion.² The pathological irritant microorganisms for tooth decay in the pulp tissue can cause damage to the vascular wall, resulting in the deposition of calcium salts in the fabrics.³ The others are orthodontic, idiopathic dental movement sand predisposing genetic factors.⁴ Studies related to the prevalence of pulp stones, based on radiographic examinations, have been reported with various percentages [ranging from 8% to 95%].⁵⁻⁷ Since these calcifications generally do not cause pulp disease or subjective symptoms, apart from the obvious endodontic problem of hindering access to root canals and their shaping.⁸

Nephrolithiasis is a relatively common disease in western countries. The lifetime prevalence varies between 5 and 10% in the United States and the United

States.⁸ Distribution is increasing worldwide.⁹ Consequently polygenic origin and the multifactorial nature of Lithiase, the formation of calculations is a complex process. Although Significant progress has been made in recent decades when describing the formation of kidney stones, many questions about the pathogenesis of calculus remain unanswered. It turns out that a kidney stone disease is common related to type 2 diabetes, obesity, dyslipidemia, hypertension and cardiovascular disease.^{10,11}

Etiology

The etiology of the different types of stones is unknown. Although the incidence seems to increase with age, There is no clear correlation with irritation or inflammation of the pulp. So for tooth decay or trauma. Because the pulp of the calves If uncut teeth have been reported, it is doubtful that Pulpal A disease like inflammation is a syndrome.

Kretschmer and Seybold¹¹ reported an extremely high value of percentage of pulp stones produces a pure streptococcus during culture. Risk free on this basis, it has been suggested that microorganisms are the cause of pulp calcification. How would the pulp of an affected tooth have been? normal, apart from the calculation and how to properly recognize this fact Bacteria can be pushed into pulp tissue at the time of the tooth. During extraction, bacteria are very unlikely to affect growth and development of these pulp tubers.

Stafne and Szabo¹² have tried to correlate Pulpaknollen with Various local or systemic diseases, including cholelithiasis, kidney disease Lithiasis, arteriosclerosis, gout, acromegaly, deforming osteitis, Hypercementosis and mandibular or palatine bull. First data indicates that there is no exact relationship between them Conditions and mass population.

Association with systemic conditions

Pulp stones have been identified in patients with genetic or systemic disorders. Diseases such as dentinal dysplasia, dentinogenesis imperfecta and certain diseases such as Vander-Woude syndrome.¹³ There is also evidence of hypercalcemia, gout and kidney stones, they are primary factors for the calculation of pulp.¹⁴ Edds et al. He suggested that 74% of patients reported with Cardiovascular disease had detectable pulp stones, while only 39% of Patients without a history of cardiovascular disease had pulp stones. The discovery suggests that dental x-rays are useful for identifying them. Patients with cardiovascular disease for greater early detection.¹⁵ Bernick discovered that calcifications and lumens contracted in case of excision pulp is sent, both medium and small precapillary arteriole of cardiovascular patients.¹⁶

Clinical significance

The clinical importance of Pulp calcification is not completely understood. It has been reported many times that the pulp stones are a cause of pain that varies from mild to severe Pain.¹⁷ Given the association between the calculation of pulp and nerve tissue both in the formation of pulp stones and in the inclusion of nerve fibers it was thought to be an idiopathic pain caused by pulp of stones.¹⁸ Before the extraction of Teeth with detectable pulp stones in the hope of Pain relief cannot be said.¹⁹ Toothache is expected because pulp is common Pulp stones and calcifications Pulp have been described as Symptoms of changes in pulp tissue and not its cause. pulp stones have been compared to kidney and gall bladder stones, but a much higher incidence of unexplained dental pain would be expected, given the high prevalence of pulp stones and pulp calcifications.²⁰

Conclusion

Pulp stones are mainly a sign of ageing of human pulp. Appear to be a part of normal physiological age changes in the body. routine dental radiographs could deliver as a significant prognostic tool for early detection of potential renal stones. This screening modality could easily be advocated as a tool in public health programs for early identification of possible renal calculi symptoms since it requires less radiation.

Source of Funding

None.

Conflict of Interest

None.

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