



CATÓLICA
FACULDADE DE MEDICINA DENTÁRIA

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AN UNUSUAL CASE OF A TALON CUSP ON FUSED PRIMARY TEETH

Dissertação apresentada à Universidade Católica Portuguesa
para obtenção do grau de Mestre em Medicina Dentária

Por:
Helena Freire Romanos

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Orientador: Prof.^a Doutora Patrícia Correia
Coorientadora: Prof.^a Doutora Glória Castro

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Epígrafe

“...embora ninguém possa voltar atrás e fazer um novo começo,
qualquer um pode começar agora e fazer um novo fim.”

Chico Xavier

Dedicatória

Dedico esse trabalho ao meu marido Thiago que há 19 anos está ao meu lado, agradeço o companheirismo e apoio em todos os momentos.

Agradecimentos

A Deus, misericordioso, agradeço por ser o meu guia e meu amparo.

“Deus nosso Pai, que Sois todo poder e bondade, dai força àqueles que passam pela provação, dai luz àqueles que procuram a verdade, e ponde no coração do homem a compaixão e a caridade...”

Trecho da Prece de Caritas

A toda a minha família e aos meus amigos que estão no Brasil, obrigada pela torcida, pensamentos positivos, carinho e apoio.

À Universidade Católica Portuguesa obrigada pela oportunidade de realizar esse sonho

A toda equipa de funcionários e professores obrigada pela dedicação e aprendizado.

À orientadora Patrícia Correia, sempre presente sendo atenciosa e com um profissionalismo impecável. Obrigada pela paciência e desejo muito sucesso na sua carreira acadêmica.

Aos meus amigos de turma Alcion, Alessandro, Alexandre, Cibele, Erica, Erika, Fábio, Joanna, Luiz, Rafael, Thomas, Tobias, Vanessa, Júlia, João Carlos, Reinaldo e Rodrigo, desejo a vocês todo o sucesso do mundo. Que possamos manter contato e continuarmos dividindo experiências e muitas risadas!!!!!!

O meu agradecimento em especial para a minha dupla/binômica Aline. Agradeço todos os momentos que passamos juntas, muito sucesso na sua carreira, que você conquistou tudo que almeja!!!

Resumo

A cúspide de Talon (cúspide em garra) e a fusão dentária são anomalias dentárias raras. A cúspide de Talon normalmente aparece na superfície lingual ou palatina de dentes anteriores, tanto na arcada maxilar quanto na mandibular, com maior incidência na dentição permanente. Enquanto que os dentes fusionados são mais comuns nos dentes decíduos na região anterior. Este artigo descreve um caso clínico raro de cúspide de Talon em dentes decíduos fusionados. Estas anomalias dentárias podem causar problemas funcionais e estéticos, sendo de suma importância a adoção de medidas profilática como a aplicação de verniz de flúor e de selantes de fissuras, além da monitorização clínica regular para prevenir ou minimizar possíveis complicações futuras.

Palavras Chaves: Fusão Dentária, Dentes Decíduos, Anomalias Dentárias

Abstract

Talon cusp and tooth fusion are uncommon developmental dental anomalies. Talon cusp normally occurs on the palatal or lingual surface of maxillary or mandibular anterior teeth in the permanent dentition, while fused teeth are more prevalent in primary anterior teeth. This report presents a rare case of concomitant Talon cusp with the fusion of primary left maxillary incisors. Understanding these dental anomalies and the potential risk factors are important to provide an adequate treatment plan to prevent by using fluoride varnish applications and fissure sealants, or minimize future complications.

Keywords: Fused Teeth; Primary Teeth; Tooth Abnormalities

Índice Geral

1- Introdução	1
2- Artigo.....	2
3- Anexos	11
3.1- Critérios da revista para submissão.....	11
3.2- Comprovativo de submissão	19
3.2-1.Etapas preenchidas para submissão	19
3.2-2.Carta de confirmação	22

1- Introdução

Desde a faculdade que realizo trabalhos inseridos em projectos de iniciação científica no âmbito da Odontopediatria.

O Mestrado foi uma imersão integral tanto no âmbito clínico como científico. Tive a oportunidade de atender e acompanhar casos peculiares.

Entre os casos clínicos que atendi, inclui-se uma menina de um ano e meio que acedeu à clínica de emergência dentária. Esta paciente veio acompanhada pelos seus pais com queixa relacionada a um comprometimento estético. Ao efectuar o exame clínico, verificou-se inicialmente uma união, ao nível da coroa, entre os dentes decíduos 61 e 62. Observou-se também a existência de uma cúspide em garra na face palatina do dente 62. Foi realizada uma radiografia oclusal superior para confirmar o tipo de anomalia, obtendo-se o diagnóstico diferencial de fusão dentária.

Este é um caso raro de uma associação de anomalias em dentes decíduos e, por este motivo, pareceu-nos pertinente a sua documentação.

O *Journal of Dentistry for Children* foi a revista escolhida para a submissão do artigo. Esta revista publica no âmbito da especialidade de Odontopediatria, estando inserida na *American Academy of Pediatric Dentistry* e na indexação da *Scopus*

2- Artigo

An Unusual Case of a Talon Cusp on Fused Primary Teeth

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ABSTRACT

Talon cusp and tooth fusion are uncommon developmental dental anomalies. Talon cusp normally occurs on the palatal or lingual surface of maxillary or mandibular anterior teeth in the permanent dentition, while fused teeth are more prevalent in primary anterior teeth. This report presents a unique case of concomitant Talon cusp with the fusion of primary left maxillary incisors. Understanding these rare dental anomalies and potential risk factors is important to provide an adequate treatment plan to prevent or minimize future complications.

Keywords: Fused Teeth; Primary Teeth; Tooth Abnormalities

INTRODUCTION

The development process of the human dentition is very complex. Disruptions can occur in different stages of tooth development, which may result in unique features in both primary and permanent dentitions.¹

A Talon cusp, or *dens evaginatus* of an incisor tooth, is a relatively rare developmental anomaly characterized by the presence of a prominent cusp-like structure in the cingulum area of the cemento-enamel junction or/and from the labial surface of the maxillary or mandibular anterior teeth in the permanent dentition. It is a rare finding in the primary dentition.² This anatomical structure is composed of normal enamel and dentin and may have diverse extensions of pulp tissue.²⁻⁴ It can be classified into three types: type 1 or True Talon is a morphologically well-delineated additional cusp that prominently projects from the palatal surface of primary or permanent anterior tooth and extends at least half the distance from the cemento-enamel junction to the incisal edge. Type 2 or semi Talon is an additional cusp of 1 mm or more that extends to less than half the distance from the cemento-enamel junction to the incisal edge. Type 3 or trace Talon is an enlarged or prominent cingula.⁵ Its prevalence is low, with an incidence, between 0.06% to 8% of the population.^{1,5,6} There is a higher incidence in males than females and permanent teeth are

frequently more affected, compared to primary teeth. Maxillary lateral or central incisors followed by mandibular incisors and maxillary canine are the most affected with Talon cusp with an incidence of 55%, 33%, 6%, and 4%, respectively.³

Teeth fusion is a rare developmental disorder characterized by the union of two adjacent teeth at the crown level, causing the formation of a tooth with an enlarged clinical crown. The prevalence is approximately 0.1%^{7,10} in the permanent and 0.5%⁷ in the primary dentitions, however, there are conflicting reports in the literature of its distribution according to gender, race, and location.⁷

A Talon cusp on fused primary teeth is a very rare finding. This report describes a palatal Talon cusp on fused primary maxillary left incisors.

CASE REPORT

A 18 months old girl presented at the Department of Pediatric Dentistry of the Faculty of Dentistry of the *Universidade Federal do Rio de Janeiro (UFRJ)* as a clinical emergency. The parent's main complaint was that her daughter had a tooth that began to come through behind another. The child had no relevant previous medical and dental history and there was no family history of dental anomalies. The child was still using a bottle at night-time.

Extraoral examination revealed no abnormalities. The intraoral examination showed that the child had an early primary dentition, with no dental caries, but generalized plaque accumulation. The soft tissues, such as mucosa, the floor of the mouth, palate, fraenum, and tongue were normal.

In the 2nd sextile, a large tooth was observed with a pyramidal, cusp-like shape in the palatal surface (Figure 1), that resembled a Talon cusp. Clinically, the crown appeared to be fused, with distinct labial and palatal grooves (Figure 2). The Talon cusp did not appear to interfere with the patient's occlusion or speech and the fused teeth were

clinically asymptomatic. The remaining primary dentition presented normal characteristics and occlusion.

An upper occlusal radiograph of the fused teeth revealed two separate root canals, with separate apical foramina. The Talon cusp was superimposed on the image of the double crowns and there was a slight rotation of the left maxillary primary lateral incisor (Figure 3).

At the initial consultation, acclimatization, and oral prophylaxis were performed. The mother received oral hygiene and diet instructions and was advised to discontinue night bottle feeding to prevent caries formation. Oral hygiene advice included tooth brushing with parental supervision, at least twice a day, and a smear amount of toothpaste containing at least 1350 ppm of fluoride. A food diary was requested to fill and return at the following appointment.

The parent was informed that three month interval monitoring appointments would be required, to assess oral hygiene compliance and dental development.

Informed written consent was obtained, from the patient's mother, regarding usage of medical records and clinical photos for case management and scientific publications.

DISCUSSION

Fused teeth and Talon cusps are congenital anomalies that develop during tooth-bud morphodifferentiation as a result of developmental errors of both the ectoderm and mesoderm. Several mechanisms have been proposed to explain the etiology of dental fusion, including the impact of pressure or physical forces producing close contact between two developing teeth follicles, embryological persistence of the interdental lamina between two germs, and genetic predisposition. Some of the most important environmental factors are thalidomide, fetal alcohol exposure, and hypervitaminosis.⁸

Dental anomalies in permanent teeth have been reported as a result of primary teeth fusion, either in the same arch or unrelated region.⁹ The most common complication of

primary teeth fusion is the absence of its permanent successor.⁸ In this case, we cannot observe whether or not there is an absence of the left maxillary permanent lateral incisor due to radiographic limitation.

Talon cusp is a horn-like projection of the cingulum area, which may have clinical implications.¹⁰ In particular, wide Talon cusps may cause occlusal trauma, displacement of the affected tooth, caries, pulpitis, periapical pathology, attrition of the opposing tooth, and periodontal lesions, due to increased occlusal stress.^{5,11}

Due to its diverse clinical presentations, Talon cusps have been described in many different ways: exaggerated cingula, accessory cusp, supernumerary cusp, and interstitial cusp.^{10,12} The exact etiology of the Talon cusp is still unknown, however, it appears to have both genetic and environmental components⁴. The literature has reported an association with other odontogenic anomalies including supernumerary teeth, megadont and *dens evaginatus*,¹² complex odontoma, tooth impaction, and hypodontia.¹³ This anomaly can also be associated with some syndromes.^{14,15} In the present case, there were no other dental anomalies, as well as no findings in the medical records of the University Hospital.

Managing Talon cusp depends on its clinical presentation and patient's dental development, since it may interfere with esthetics, cause occlusal trauma, and often leads to plaque stagnation, increasing caries risk.¹⁶ When required, treatment can include sequential grinding, pit and fissure sealant application, pulpotomy, endodontic treatment, placement of a restoration or crown, and ultimately, tooth extraction.¹¹ On occasions, it only requires active monitoring. In this case was proposed the following treatment plan: oral hygiene instructions, applications of topical fluoride varnish, and clinical monitoring, every three months. Long-term follow-up was highlighted to prevent future complications, but unfortunately, the patient's mother did not attend subsequent appointments

It is challenging to exclude the presence and extent of pulpal tissue in the Talon cusps in a 2D radiograph, due to the superimposition of hard tissues. Cone beam computed

tomography can be an excellent tool, to assess the anatomy and location of root canals, which the conventional radiograph cannot accomplish.^{7,17} In young children, as ours, a 2D conventional occlusal radiography, is often the best option.

This case report describes an asymptomatic left maxillary primary incisors fusion with a Talon cusp that, despite being the mother's main complaint due to poor aesthetics, it was not interfering with function.

Tsujino *et al*⁹ and Açikel *et al*¹⁸ reported several teeth fusion in the primary dentition, which were mostly observed between mandibular lateral incisors and canines.

In the literature, there are reports of Talon cusp in primary teeth associated with dental gemination¹¹. Cho *et al*¹⁶ and Goswami *et al*¹⁹ reported cases of fused teeth with Talon cusp in mandibular permanent anterior teeth.

In this case report, there was an association of a Talon cusp with fused primary teeth, two very rare dental anomalies. These rare dental anomalies can affect both function and aesthetics. Regular clinical monitoring and adequate preventive measures will prevent or minimize future complications.

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Figure 1
Intra-oral occlusal view photograph: pyramidal, cusp-like shape in the palatal surface of the primary maxillary left lateral incisor.



Figure 2
Intra-oral frontal view photograph: unilateral fusion of primary maxillary left lateral incisor and central incisor.

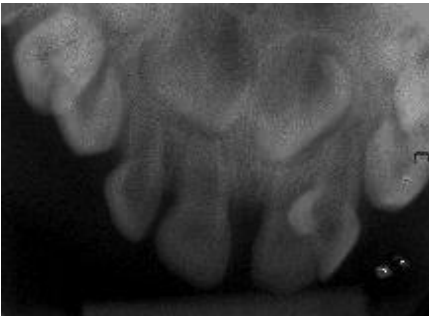


Figure 3
Upper standard occlusal radiograph: dental fusion at coronal level, between the lateral incisor and central incisor with two distinct roots.

3- Anexos

3.1- Critérios da revista para submissão

AAPD Instructions for Authors

Journal of Dentistry for Children

The *Journal of Dentistry for Children (JDC)* is an internationally renowned journal whose publishing dates back to 1934. Published three times a year, *JDC* promotes the practice, education and research specifically related to the specialty of pediatric dentistry. It covers a wide range of topics related to the clinical care of children, from clinical techniques of daily importance to the practitioner, to studies on child behavior and growth and development. *JDC* also provides information on the physical, psychological and emotional conditions of children as they relate to and affect their dental health. This peer-reviewed journal features scientific articles, case reports, and abstracts of current pediatric dental research.

Pediatric Dentistry

Pediatric Dentistry is the official publication of the American Academy of Pediatric Dentistry, the American Board of Pediatric Dentistry and the College of Diplomates of the American Board of Pediatric Dentistry. It is published bi-monthly and is internationally recognized as the leading journal in the area of pediatric dentistry. The journal promotes the practice, education and research specifically related to the specialty of pediatric dentistry. This peer-reviewed journal features scientific articles, case reports, and abstracts of current pediatric dental research.

Introduction

Manuscripts that are selected for publication promote the practice, education and research for the specialty of pediatric dentistry. Manuscripts are considered for publication only if the article, or any part of its essential substance, tables or figures have not been or will not be published in another journal or are not simultaneously submitted to another journal.

The statements, opinions, and advertisements are solely those of the individual authors, contributors, editors, or advertisers, as indicated. Published manuscripts do not necessarily represent the views of the editor, the AAPD Communications Department, or the American Academy of Pediatric Dentistry organization.

Types of Manuscripts

Type of manuscript must be one of the following: *Meta-Analyses/Systematic Reviews*, *Scientific Studies*, *Case Reports*, or *Literature Reviews (JDC only)*, *Letters to the Editor*, *Editorials* and *Brief Communications*. Authors submitting manuscripts are expected to follow these instructions before submissions will be accepted for review consideration.

Meta-Analyses / Systematic Reviews

Authors of systematic reviews must adhere to Preferred Reporting Items for *Systematic Reviews* and *Meta-Analyses*, available at: "<http://www.prisma-statement.org/statement.htm>".

Structured *Abstracts* for systematic reviews are recommended. Headings should include: *Research Question*, *Research Protocol*, *Literature Search*, *Data Extraction*, *Quality Appraisal*, *Data Analysis* and *Results*, and *Interpretations of Results*.

Scientific Studies

Full-length manuscript not to exceed 3,500 words (including structured *Abstract*, *Introduction*, *Methods*, *Results*, *Discussion*, *Conclusions*, and *Acknowledgments*; excluding *References* and *Figure Legends*). The structured abstract should be no longer than 200 words and contain the following sections: *Purpose*, *Methods*, *Results*, and *Conclusions*.

The *Introduction* section should include only pertinent references. The *Methods* section should be sufficiently detailed to replicate the study. The *Results* section should include only results and not discussion of the data. The *Discussion* section should discuss the results, of the present study and compare them to the existing knowledge base. The *Conclusions* section should consist of succinct, numbered statements that are supported by the results of the study. They should not repeat the *Results* section.

Maximum Figures: 4 • Maximum Tables: 3 or viceversa.

Randomized Clinical Trials

Studies that are *Randomized Clinical Trials* should review and consider CONSORT guidelines and checklist available at: "www.consort-statement.org".

Maximum Figures: 4 • Maximum Tables: 3 or viceversa.

Cohort Studies

Studies that are observational cohort, case-controlled and cross-sectional studies must include submission of STROBE checklist addressing the guidelines available at: "www.strobe-statement.org/index.php?id=avao;ab;c-checklists".

Maximum Figures: 4 • Maximum Tables: 3 or viceversa.



Type of article	Abstract maximum length & type	Maximum text length	Maximum references	Maximum no. of figures	Maximum no. of tables	Notes
<i>Meta-Analyses/ Systematic Reviews</i>	200 words, structured	3,500 words	No limit	4*	4*	Inclusion of large tables or more figures will be at the Editor-in-Chief's discretion and may require electronic publication
<i>Scientific Studies</i>	200 words, structured	3,500 words	40	4	3	
<i>Case Reports</i>	150 words, unstructured	1,850 words	20	4	3	
<i>Literature Reviews (JDC only)</i>	150 words, unstructured	2,500 words	0	0	4	
<i>Brief Communications</i>	150 words, structured	2,000 words	20	2	2	
<i>LTEs & Responses to the LTE</i>	None	1,000 words	8	0	0	
<i>Editorials</i>	None	1,000 words	40	2	2	Invited by the Editor-in-Chief

Case Reports

Full-length manuscript not to exceed 1,850 words (including unstructured *Abstract*, brief *Introduction*, *Description of Case*, *Discussion*, *Acknowledgments* (if any), and *References* (if any). The unstructured *Abstract* should be no longer than 150 words.

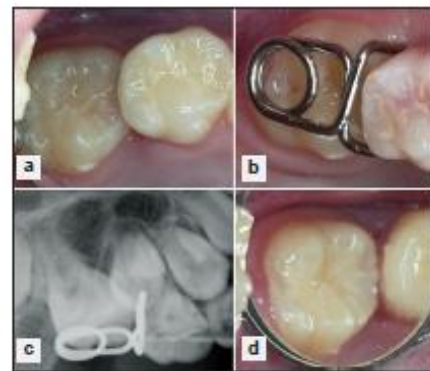
Maximum Figures: 4 • Maximum Tables: 3 or viceversa.

Literature Reviews (JDC only)

Full-length manuscript not to exceed 2,500 words (including unstructured *Abstract*, *Introduction*, the *Review of the Literature* with appropriate subheading, *Discussion*, *Conclusions*, and *Acknowledgments*; excluding *References*). The unstructured *Abstract* should be no longer than 150 words.

Maximum Tables: 4

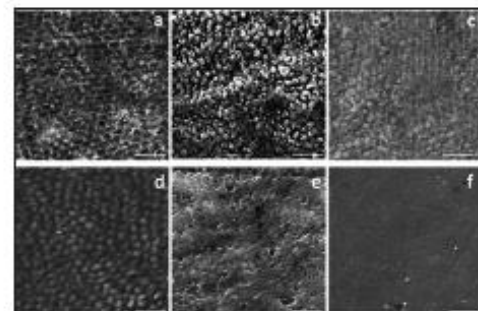
* Authors desiring to have more figures or tables than provided in the Table above MUST agree to electronic publication of their manuscript, and must select this preference. Each separate chart, graph or photograph will be counted as a separate figure. Figures grouped together will be counted as their individual parts. See samples below:



Example of 4 Figures



Example of 3 Figures



Example of 6 Figures

Letters to the Editor & Responses to the Letter to the Editor

Full-length manuscript not to exceed 1000 words; excluding References.

Editorials

Full-length manuscript not to exceed 1,000 words; excluding References and Figure Legends.

Maximum Figures: 2 • Maximum Tables: 2 or viceversa.

Brief Communications

Full-length manuscript not to exceed 2,000 words (including structured Abstract; excluding References and Figure legends). The structured Abstract should be no longer than 150 words. The scope of this style submission is for concise scientific studies and not intended to be a substitute for literature review.

Manuscript Submission

All new manuscripts must be submitted to AAPD's online submission and review website, ScholarOne Manuscripts; *Pediatric Dentistry* at: "<http://mc.manuscriptcentral.com/pediagent>"; *JDC* at: "<http://mc.manuscriptcentral.com/jdentchild>". Authors who do not yet have an account on the website should click the 'Create Account' link on the upper right-hand corner of the welcome page and follow the step-by-step process to open an account. On the dashboard page, authors should select the Author Center. In the Author Center, they should click the 'Click here to submit a new manuscript' link.

If you already have an account, enter your user ID and password and log in.

Manuscript submission guidelines for *Pediatric Dentistry* follow the 'uniform requirements for manuscripts submitted to biomedical journals' which have been developed by the International Committee of Medical Journal Editors (ICMJE). Please visit the ICMJE website at: "http://www.icmje.org/manuscript_prepare.html" for more information.

Author Information

The author must include each author's name, earned academic degrees, professional title (such as 'associate professor', 'chair'), work affiliations, complete address, telephone and fax numbers, and email address. These can be uploaded to the site as a Microsoft Word Document (it is recommended that statements from all authors be placed in a single document). No honorary designations such as 'FRCS', 'FICD', 'Diplomate', should be listed.

A submission with more than one author implies that each author has significant intellectual contribution to the submission. Only individuals who have made a significant contribution to the study or manuscript should be listed as authors. Contributors who do not meet the criteria for authorship, such as individuals who provided only technical help or writing assistance, should be listed in the *Acknowledgments* section at the end of the manuscript. The corresponding author should submit the

following statement for each author (fill in the blanks): The responsibility of _____ was to _____.

Authors (including authors of letters to the editor) are responsible for disclosing all financial and personal relationships that might bias their work. If such conflicts exist, the authors must provide additional detail in the appropriate text box during online submission. Funding sources for the work being submitted must be disclosed in the *Acknowledgments* section of the manuscript.

Authors should express their own findings in the past tense and use the present tense where reference is made to existing knowledge, or where the author is stating what is known or concluded. Footnotes should be avoided and their content incorporated into the text. The editors reserve the right to revise the wording of papers in the interest of the journal's standards of clarity and conciseness.

Author and institution blinded submissions will be selected by the Editor or Section Editors to be sent to at least two reviewers. The corresponding author may submit the names and email addresses of up to four qualified potential reviewers for their manuscript. These individuals (as well as requests to exclude reviewers) will be considered by the editorial membership. Preferred reviewers should not be colleagues at the contributors' institution or present or former research partners.

Manuscripts will be published in English, using American spelling. Manuscripts must be submitted with proper English grammar, syntax, and spelling. Before submitting a manuscript for consideration authors may consider using a professional editing service such as: "<http://www.journalexperts.com>". AAPD does not endorse such service and use of such service has no relation with acceptance of a manuscript for publication.

Two versions of the manuscript must be uploaded, one version containing all the author information and one version without any information identifying the authors or their institutions (in the text as well as the Title page. The title page of the manuscript must provide the following data of the contents complying with the criteria for specific types of submissions as described:

- Abstract: number of words _____.
- Body of text (excluding Abstract, Acknowledgments, References, Figures and Tables): number of words _____.
- Number of tables: _____.
- Number of figures: _____.

Tables should appear at the end of the main document, while photos, photomicrographs and graphs are to be submitted as separate files (.jpg or .tif format only). Do not embed tables, photos, figures or graphics in the text of the manuscript. Each table and figure should have a number (if more than one) and title included with appropriate footnotes (and figure legend for figures). Prior to submission, the corresponding author must guarantee that the article has not been published and is not being considered for publication elsewhere.



Manuscript Preparation

Authors are advised to review several recently published articles to familiarize themselves with proper format and requirements.

Title: Titles should be as brief as possible while clearly conveying the main point or purpose of the article. The manuscript title is limited to 20 words or less, and a short title limited to five words or less must also be submitted. All submissions, including titles and subheads, are subject to change during the editing process.

Short Title: Also referred to as a 'Running Head', must be a brief but comprehensive phrase of what the paper is all about, or a brief version of the title of the paper. Not to exceed 50 characters.

Keywords: A maximum of five keywords must be submitted. Authors should ensure that the keywords appear in the title and/or abstract and that they are PubMed searchable.

Abstract: All submissions must include an abstract. An abstract should be brief, providing the reader with a concise but complete summary of the paper. Generalizations such as 'methods were described' should not be used. Meta-Analyses/Systematic Reviews and Scientific Studies should have a structured abstract of no more than 200 words with the following sections: *Purpose, Methods, Results* and *Conclusions*. Case Reports, Literature Reviews (JDC only) and Brief Communications should have an unstructured abstract of no more than 150 words.

Introduction: The introduction should provide the context for the article, the objective of the study, and should state the hypothesis or research question (purpose statement), how and why the hypothesis was developed, and why it is important. It should generally not exceed two or three paragraphs.

Methods: The methods section should include as appropriate, a detailed description of the study design or type of analysis and dates and period of study; condition, factors, or disease studied; details of sample (e.g., study participants and the setting from which they were drawn); method of random sequence generation in detail (coin flip, random table, etc.); method of allocation concealment in detail (opaque envelopes, sequential numbered drug containers, etc); description of treatment providers; whether providers and participants were blinded; inclusion and exclusion criteria; intervention(s), if any; outcome measures; method of blinding of outcome assessors; method of standardization and calibration of outcome assessors, including kappa statistics; and statistical analysis.

Results: The results reported in the manuscript should be specific and relevant to the research hypothesis. Characteristics of the study participants should be followed by presentation of the results, from the broad to the specific. The Results section should not include implications or weaknesses of the study, but should include validation measures if conducted as part of the study. Results should not discuss the rationale for the statistical procedures used.

Discussion: The discussion section should be a formal consideration and critical examination of the study. The research question

or hypothesis should be addressed in this section, and the results should be compared to and contrasted with the findings of other studies. New results not previously reported in the *Results* cannot appear first in the Discussion. (Note: A lengthy reiteration of the results should be avoided.) The study's limitations and the generalizability of the results should be discussed, as well as mention of unexpected findings with suggested explanations. The type of future studies needed, if appropriate, should be mentioned.

Conclusion: The conclusion should help the reader understand why the research should matter to them after they have finished reading the paper. Conclusions should be numbered, succinct statements that are supported by the results of the study. They should not repeat the Results section.

Acknowledgment: Funding and other sources of support must be disclosed in the acknowledgment section. Personal acknowledgments should be limited to appropriate professionals who have contributed intellectually to the paper but whose contribution does not justify authorship.

References: References are a critical element of a manuscript and serve three primary purposes—documentation, acknowledgment, and directing or linking the reader to additional resources. Authors bear primary responsibility for all reference citations. References should be numbered consecutively with superscript Arabic numerals in the order in which they are cited in the text. A list of all references should appear at the end of the paper in numeric order as they are cited in the text. Journal abbreviations are those used by Index Medicus. The reference style to use is the recent edition of the American Medical Association Manual of Style.

The following are sample references:

Journal

For journals, list all authors when there are six or fewer; when there are seven or more, list the first three, then 'et al.' Page numbers should be included where possible. For example: 12-8, 191-5, 347-51.

Bogert TR, García-Godoy F. Effect of prophylaxis agents on the shear bond strength of a fissure sealant. *Pediatr Dent* 1992;14(1):50-1.

Book

Bixler D. Genetic aspects of dental anomalies. In: McDonald RE, Avery DR, eds. *Dentistry for the Child and Adolescent*. 5th ed. Philadelphia: CV Mosby Co.; 1987:90-116.

The Reference Manual of Pediatric Dentistry

For Clinical Practice Guidelines, do not use the reference manual but rather the original source that it was published in. When referencing other documents in this manual, use the latest publication for example:

American Academy of Pediatric Dentistry. **TITLE**. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2019:page range.

Other articles, report, or monograph issued by a committee, institution, society, or government agency

Medicine for the public: Women's health research Bethesda, Md.: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health; 2001. DHHS publication 02-4971.

World Wide Web

All websites and web articles (URLs) must be listed in the reference section at the end of the manuscript with the last date that the URL was accessed in parenthesis. DO NOT include links to websites in the text.

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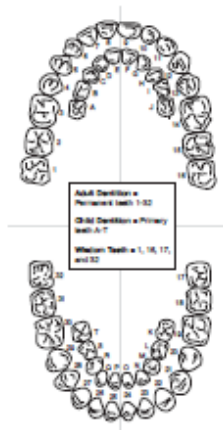
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Text formatting:

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- Double space all text.
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Units of measure: Authors should express all quantitative values in the International System of Units



(SI units) unless reporting English units from a cited reference. Figures and tables should use SI units, with any necessary conversion factors given in legends or footnotes. For most cases spell out numbers under 10, and use numerals for numbers 10 and above — this applies to all ages, days of the month, degrees of temperature, dimensions, percentages; proportions, scores, serial numbers, speeds, sums of money, time of day, and percent values. Numbers beginning a sentence should be spelled out. Report percentages to one decimal place (i.e., XX.X percent) when sample size is ≥ 200 . Laboratory data values should be rounded to the number of digits that reflects the precision of the results and the sensitivity of the measurement procedure.

Statistical tests: The results of all statistical comparisons should be reported to include the statistical test value and the associated *P*-value and confidence interval, if appropriate. Except when one-sided tests are required by study design, such as in non inferiority trials, all reported *P*-values should be two-sided. In general, *P*-values larger than 0.01 should be reported to two decimal places, those between 0.01 and 0.001 to three decimal places; *P*-values smaller than 0.001 should be reported as $P < 0.001$. Results in the abstract and the paper generally should include estimates of effect size and 95 percent confidence intervals (95% CI), not just *P*-values or statements that a difference was statistically significant.

Tooth names: The complete names of individual teeth should be given in full in the text of articles using the following convention: [(primary/permanent), (maxillary/mandibular), (right/left), (central/lateral or first/second/third), (tooth type)]. Examples: 'primary maxillary right first molar', 'permanent mandibular first molars', but 'mandibular right second pre-molar'. In tables these names may be abbreviated by the Universal system (A-T for primary teeth, 1-32 for permanent teeth).

Commercially-produced materials: Any mention of commercially produced materials, instruments, devices, software, etc., must be followed by the name of the manufacturer and the manufacturer's location in parentheses. Example: '... in an Excel spreadsheet (Microsoft, Inc, Redmond, Wash., USA).'

Abbreviations: Abbreviations should be used to make manuscripts more concise. The first time an abbreviation appears, it should be placed in bold in parentheses following the full spelling of the term [e.g., "...permanent first molars (**PFMs**)..."]

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Human and animal subjects: Review of research involving human subjects is required by federal law. Federal laws and regulations regarding research on human subjects have specific requirements for Institutional Review Board (IRB) and study

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Figures: Image resolution, after cropping to the area of interest, should be 300-600 dpi. Figures should be submitted individually as .jpg or .tif files. Each separate chart, graph or photograph will be counted as a separate figure. Figures grouped together will be counted as their individual parts. Photomicrographs must include a scale labeled with a convenient unit of length (e.g., 50 μ m). Figures should be numbered in Arabic numerals in the order of the first citation in the text. Legends for each figure must be printed on a separate page. Include a key for symbols or letters used in the figures. Figures should be saved and submitted as a separate file. Figure legends should be understandable without reference to the text. A key for any symbols or letters used in the figure should be included. Abbreviations should be explained in a footnote to the figure. If illustrations, tables, or other excerpts are included from copyrighted works, the author is responsible for obtaining written permission from the copyright holder prior to submitting the final version of the paper. Full credit must be given to such sources with a superscript reference citation in the figure legend. Reference citations in figure legends or captions should follow numerically the reference number in the text immediately preceding mention of the figure. Figures take up additional page space and should be limited to those that add value to the text.

Tables: Tables should be double-spaced, appear on separate pages, and should be titled and numbered in Arabic numerals in the order of the first citation in the text. Short headings should appear at the top of each column. Explanatory matter should be placed in captions, not in the title. For footnotes, use the following symbols in this sequence: *, **, †, ‡, §. Tables should be understandable without alluding to the text. Due to space limitations, only tables adding value to the text should be included.

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Revision: Manuscripts may have publication potential but are not yet ready for final publication. The study as presented may not merit acceptance as is but may warrant consideration after substantive revision (e.g., reorganizing the conceptual structure, conducting additional experiments, or modifying analyses). The action editor will give the author an invitation to revise and resubmit for another round of reviews (usually with the same reviewers). An editor cannot guarantee acceptance of a revised manuscript, but authors who respond flexibly and attend closely to suggested revisions enhance their chances for an acceptance. Authors must include a detailed cover letter outlining their responses to the revisions. Revisions **must be submitted using Track Changes** so the original with the sections deleted can be seen along with the new text.

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This checklist applies specifically to original research articles, yet much of it will apply to submission of other manuscript types, as well. Please see the section 'Types of Manuscripts' in the Instructions for Authors for complete information.

Submission Documents

- Submit manuscript in .doc or .docx format.
- Manuscript is double spaced.
- Used basic fonts such as Arial, Courier, Helvetica no smaller than 11 points.
- Two versions of the manuscript are to be uploaded, one version containing all the author information and one version without any information identifying the authors or their institutions (blinded).
- Tables appear at the end of the main document, while photos, photomicrographs and graphs are to be submitted as separate files (.jpg or .tif format only).
- IRB approval, informed consent (verbal or written), HIPAA compliance (if from the United States), and/or animal care committee must be included with the submission.
- IRB approval letters must be in English, on official IRB letterhead, and over an official signature of the IRB approval agent.
- For **Randomized Clinical Trials (RCT)**: Studies that are RCTs should consider CONSORT guidelines and checklist available at: "www.consort-statement.org" in the organization of the submission. This document can be added as a supplemental file in ScholarOne.
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Short Title

- A brief but comprehensive phrase summarizing the paper.

Keywords

- Five words that appear in the title/abstract, and searchable in PubMed.

Abstract

- The abstract is brief, providing the reader with a concise yet complete summary of the paper.
- Date range of study should be given.
- Number of patients/animals (including age and gender, if appropriate) should be given.
- Various groups, including controls, described.
- Procedures performed should be described.
- Specifics of evaluation should parallel the results portion of the abstract.
- Abstract results parallel abstract methods.
- Abstract results contain quantitative data along with statistical significance.
- Abstract conclusions can be drawn from the results of the study.

Introduction

- Provides context for the article.
- Provides objective of the study.
- Provides a clear purpose/hypothesis.
- Does not exceed two or three paragraphs.

Methods

- As appropriate, includes a detailed description of the study design or type of analysis.
- As appropriate, includes dates and period of study.
- As appropriate, includes condition, factors, or disease studied.
- As appropriate, includes details of sample (e.g., study participants and the setting from which they were drawn).
- As appropriate, includes method of random sequence generation in detail (coin flip, random table, etc.)
- As appropriate, includes method of allocation concealment in detail (opaque envelopes, sequential numbered drug containers, etc.)
- As appropriate, includes a description of treatment providers.

Continued on next page



- As appropriate, includes whether providers and participants were blinded.
- As appropriate, includes inclusion and exclusion criteria.
- As appropriate, includes intervention(s), if any.
- As appropriate, includes outcome measures.
- As appropriate, includes method of blinding of outcome assessors.
- As appropriate, includes method of standardization and calibration of outcome assessors, including kappa statistics.
- As appropriate, includes statistical analysis.

Results

- Clearly mirrors methods; used subtitles if needed. Check for consistency in data in text, tables, and figures.
- Report the results of the statistical analysis for all variables collected and analyzed, not just for those which exhibited statistical or near statistical significance.
- Text and Tables must stand alone.

Discussion

- State pertinent new findings, and do not repeat results.
- How did your results differ from other relevant literature?
- Do not cite tables or figures in the Discussion. These should be introduced in the methods and results sections.
- Do not cite new results not previously reported in the Results. All results the author wishes to discuss must have first been presented in the Results section of the manuscript.
- Describe limitations of your study in the paragraph just before your Conclusions. Include itemization of limitations of any incomplete data.
- Describe the type of future studies needed, if appropriate.

Conclusions

- Synthesis of key points.
- List and number using Arabic numerals.
- Conclusions should be supported by data.
- Numbered succinct statements.

References

- Call out references in order they appear in text.
- Adhere to AAPD guidelines.
- Verify accuracy of your references.

Tables

- Adhere to AAPD Maximum requirements according to Type of Manuscript.
- Include title for each table.
- Numbers correspond to numbers in text.
- Define abbreviations below each table.

Figures

- Adhere to AAPD maximum requirements according to type of manuscript.
- Image resolution, after cropping to the area of interest, should be a minimum 300-600 dpi.
- Figures should be submitted individually as .jpg or .tif files.
- Figures should be numbered in Arabic numerals in the order of the first citation in the text.
- Legends for each figure must be printed on a separate page.
- Figure legends should clearly define findings on each figure, with labels mentioned in the caption if they are used in the figure.
- If based on individual subject, caption should include subject age and gender.

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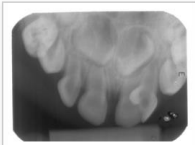
3.2- Comprovativo de submissão

3.2-1. Etapas preenchidas para submissão

✓ Step 1: Type, Title, & Abstract [✎ Edit](#)

FIELD	RESPONSE
Manuscript Type	Case Report
Study Design	Case Report
Title	An Unusual Case of a Talon Cusp on Fused Primary Teeth
Short Title	Dental anomalies in primary teeth
Abstract	<p>Talon cusp and tooth fusion are uncommon developmental dental anomalies. Talon cusp normally occurs on the palatal or lingual surface of maxillary or mandibular anterior teeth in the permanent dentition, while fused teeth are more prevalent in primary anterior teeth. This report presents a unique case of concomitant Talon cusp with the fusion of primary left maxillary incisors. Understanding these rare dental anomalies and potential risk factors is important to provide an adequate treatment plan to prevent or minimize future complications.</p> <p>Less text</p>

✓ Step 2: File Upload [✎ Edit](#)

FIELD	RESPONSE
File 1	all author Manu.pdf
File 2	No Author Manu.pdf
File 3	<p>Figura 1.jpg</p> 
File 4	<p>fig>2.jpg</p> 
File 5	<p>Figure 3.jpg</p> 

✔ Step 3: Attributes

[Edit](#)

FIELD	RESPONSE
Keyword: Search for keywords from the website link above.	<ul style="list-style-type: none">• Fused Teeth• Primary Teeth• Tooth Abnormalities
Reviewer Selection Topics	<ul style="list-style-type: none">• dento anomalies• preventive dentistry• dental development

✔ Step 4: Authors & Institutions

[Edit](#)

FIELD	RESPONSE
Author 1	<p>Romanos, Helena Freire</p> <p>lenafr2013@gmail.com</p> <p>Universidade Federal do Rio de Janeiro, Paediatric Dentistry and Orthodontics, Rio de Janeiro, RJ, BR 934854209</p>
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Author 4	<p>Castro, Gloria Fernanda</p> <p>gfbacastro@yahoo.com.br</p> <p>Universidade Federal do Rio de Janeiro, Paediatric Dentistry and Orthodontics, Rio de Janeiro, RJ, BR</p>

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✓ Step 5: Reviewers & Editors

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FIELD	RESPONSE
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✓ Step 6: Details & Comments

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FIELD	RESPONSE
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Manuscript Information: Literature review not to exceed 4 – Scientific and Case report not to exceed 7.

* Total Number of Figures and Tables, Literature review, and Scientific and Case report:	3
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3.2-2. Carta de confirmação

Submission Confirmation



Thank you for your submission

Submitted to Journal of Dentistry for Children
Manuscript ID JDCHILD-2020-06-2440
Title An Unusual Case of a Talon Cusp on Fused Primary Teeth
Authors Romanos, Helena
Salazar, Sabrina
Correa, Patricia
Castro, Gloria
Date Submitted 22-Jun-2020

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