

## Molars with additional cusps: A clue to aberrant root or canal morphology.

Tahir Yusuf Noorani.<sup>1</sup>

**Affiliations:** <sup>1</sup>Conservative Dentistry Unit, School of Dental Sciences, Universiti Sains Malaysia, Kelantan, Malaysia.

**Corresponding author:** Tahir Yusuf Noorani. Conservative Dentistry Unit, School of Dental Sciences, Universiti Sains Malaysia, 16150 Kubang Kerian, Kelantan, Malaysia. Phone (60) 108009385. E-mail: dentaltahir@yahoo.com

I have read with great interest, the article written by Awooda and Sulaiman.<sup>1</sup> Indeed, the management of a mandibular molar with five canals performed by the undergraduate is very commendable. Such cases may turn out to be a nightmare even for experienced dentists. However, I would like to highlight a very important point that was mentioned by the authors in the case report, however, its importance was not discussed. The authors mentioned that upon clinical examination six cusps were seen on the mandibular 1<sup>st</sup> molar.<sup>1</sup> The finding of an unusual crown anatomy, that is, the presence of an additional cusp or an abnormally large clinical crown can serve as a clue to suspect the presence of accessory roots or additional root canals.<sup>2,3</sup> Nevertheless, it may not be always possible to rely on the coronal anatomy, as the tooth may be badly broken down or in certain cases, an extra coronal restoration may be present. Furthermore, it is worth noting that accessory roots and root canals can be found in teeth with normal coronal anatomy as well.

In addition to the above, it was also worth noting that the diagnosis given by Awooda and Sulaiman<sup>1</sup> based on the clinical signs and symptoms was 'Acute Irreversible Pulpitis'. However, as per the recommendations of the *American Association of Endodontists*, a more appropriate term to be used as a diagnosis in this case would be "Symptomatic Irreversible Pulpitis".<sup>4</sup> Furthermore, the authors mentioned that the tooth was tender to vertical percussion and widening of the apical periodontal ligament space was noted on the periapical radiograph. In line with these findings an additional periapical diagnosis of "Symptomatic Periapical Periodontitis" should have been given as well.

### REFERENCES.

1. Awooda EM, Sulaiman BA. Five canals on mandibular first molar successfully managed by undergraduate dental student: An Educational Case Report. *J Oral Res.* 2018;7(4):150–4.
2. Ahmed HMA, Luddin N. Accessory mesial roots and root canals in mandibular molar teeth: case reports, SEM analysis and literature review. *Endod Pract Today.* 2012;6(3):195–205.
3. Ahmed HM, Abbott PV. Accessory roots in maxillary molar teeth: a review and endodontic considerations. *Aust Dent J.* 2012;57(2):123–31.
4. Gerald N, Glickman, Schweitzer JL, American Association of Endodontists (AAE). *ENDODONTICS: Colleagues for Excellence. Endodontic Diagnosis.* 14th Ed. Chicago, IL: Dental Professional Community; 2013.

**Conflict of interests:** The author declare no conflict of interest.

**Acknowledgements:** None.

**Cite as:** Noorani TY. Molars with additional cusps: A clue to aberrant root or canal morphology. *J Oral Res* 2018; 7(6):231.  
doi:10.17126/joralres.2018.060