

THIS IS ENAMEL HYPOPLASIA (primarily)



HOW CAN WE SAY THIS IS ENAMEL HYPOPLASIA?

- *is there a deficit in enamel thickness? – yes, cuspal third*
- *is there characteristic surface pitting? – yes, chronological pattern*
- *are the lesion borders rounded? – yes, little sign of degradation*
- *does most cuspal enamel appear normal? – yes, colour & shine*
- *was this defect present before emergence? – certainly yes*

HOW CAN WE SAY THIS ISN'T MOLAR HYPOMIN (PRIMARILY)?

- *is cuspal enamel opaque (mineral deficit)? – no, mostly translucent*
- *did the thickness deficit happen after emergence? – mainly no*

IS THERE SOME HYPOMIN ENAMEL PRESENT TOO?

- *accepting primary defect as Hypoplasia, what about cervical half?*
- *is cervical enamel full thickness? – yes (except for forceps marks)*
- *is cervical enamel translucent? – no, obvious white opacities*
- *could this reflect Hypomin subsequent to Hypoplasia? – yes*
- *does Hypoplasia remain the dominant clinical phenotype? – yes*