Sir,

This letter to the editor is our observation in response to the recent article, “Devasya A, Sarpangala M. Dracula tooth: A very rare case report of peg-shaped mandibular incisors” that was published in your esteemed journal.[1] It was indeed a significant case study reported by the authors as microdontia of mandibular central incisors is not very common.

The authors had mentioned in the discussion that only four earlier studies have reported the incidence of peg-shaped mandibular central incisors. However, a careful review of literature revealed yet another published report of an isolated mandibular peg-shaped central incisor by Ramachandra et al.[2] In this case, the anomalous tooth was associated with Grade II mobility (clinically) and mild periodontitis in relation to its short root (radiographically). In such cases, mild periodontitis might also affect the prognosis of the tooth adversely. Early identification of such periodontal pathology (if any) is very essential to maintain the longevity of that tooth in the oral cavity, particularly in young patients, as in the reported case. Hence, an intraoral periapical radiograph of the lower “dracula teeth” in this case and an insight discussion pertaining to the aforementioned significant observations would have been more appropriate.

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Conflicts of interest
There are no conflicts of interest.

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References

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