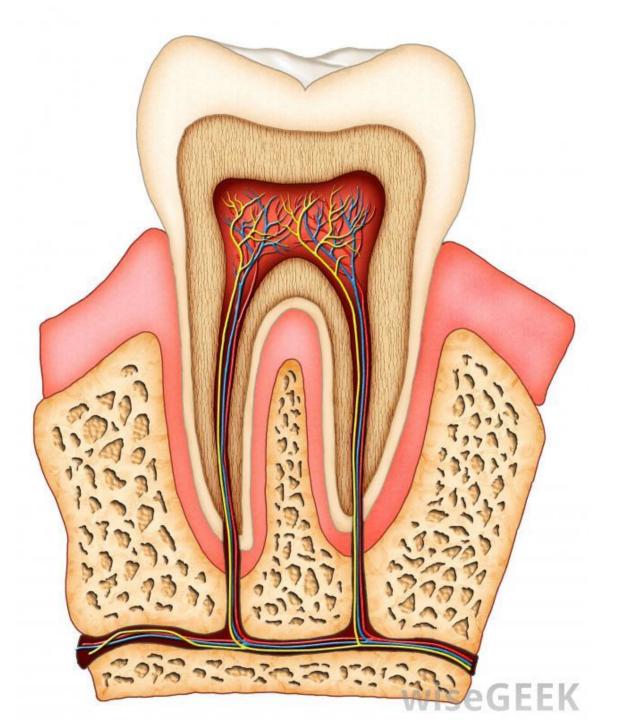
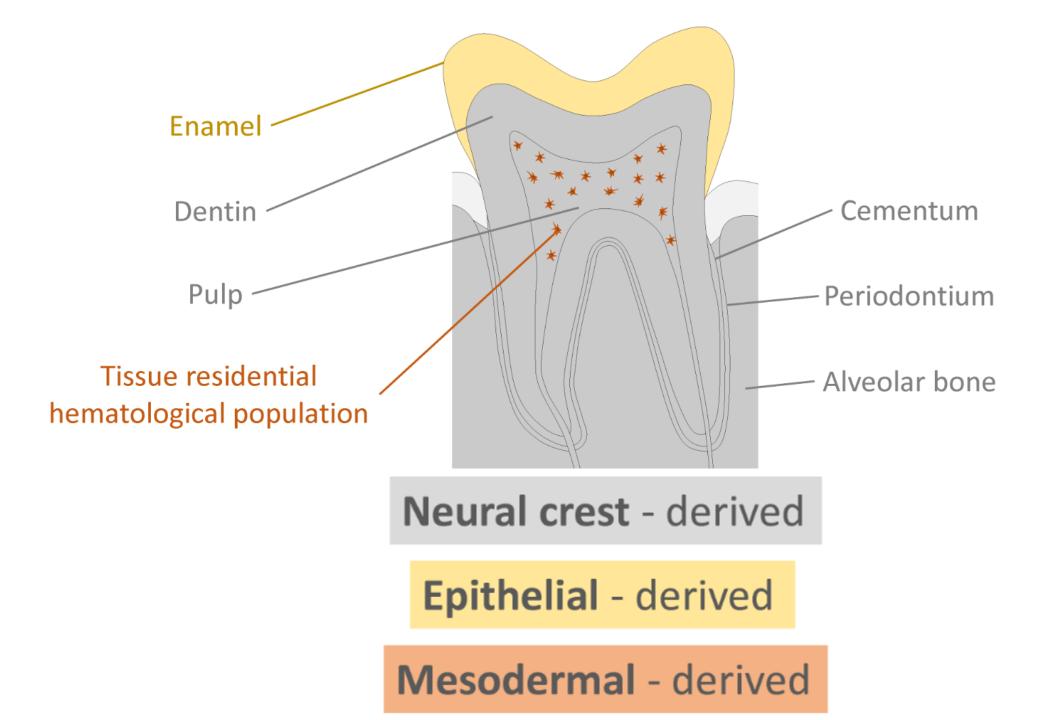
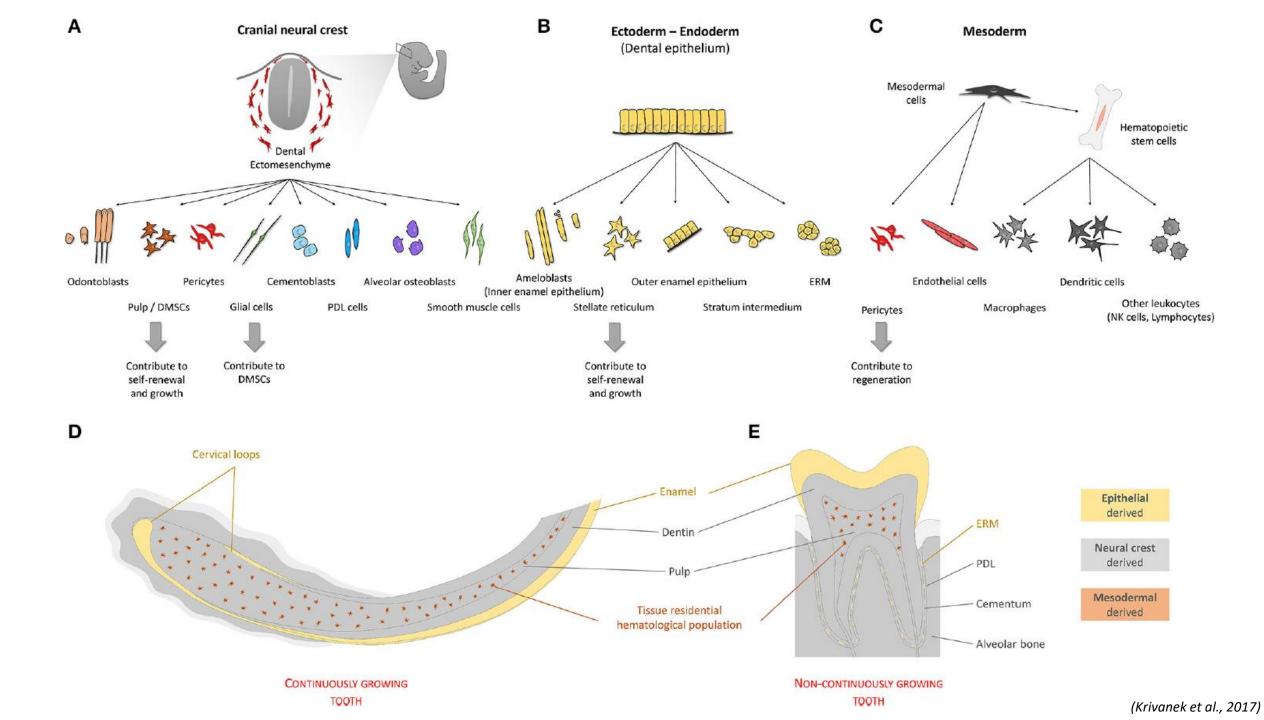


Dentin-pulp complex Dental pulp + dentin

10. 4. 2024









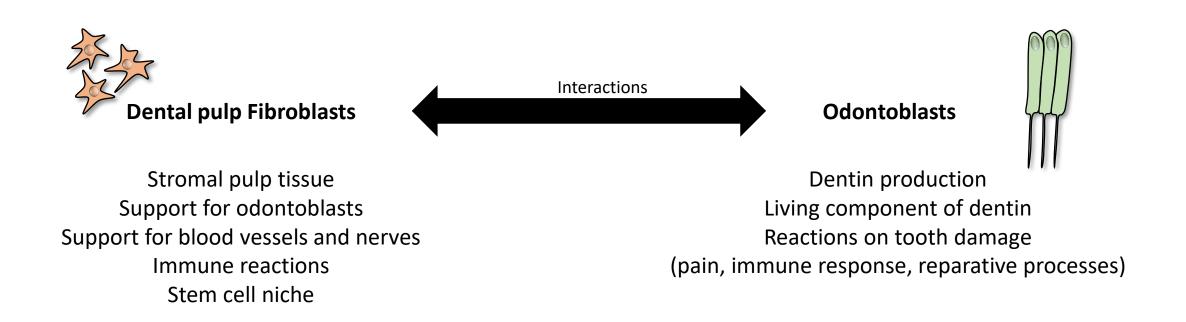
The fundamental importance of the pulp:
a) Tooth vitality - nutrition and protection of odontoblasts against foreign and infectious agents
b) Reparative processes - pool of undifferentiated cells for pulp fibroblasts and odontoblast-like cells

Dental pulp shape depends on:

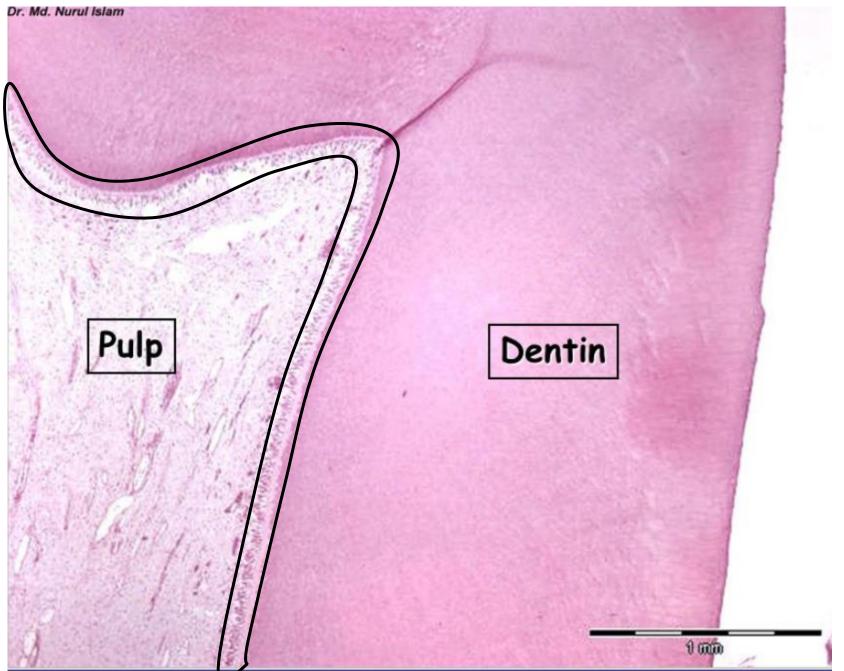
- Tooth Type
- Age of the individual
- Pathological and repair changes

Dentin-pulp complex

Summary term used for dental pulp and dentin Tight developmental, histological and functional connections Common development history (ectomesenchymal origin)

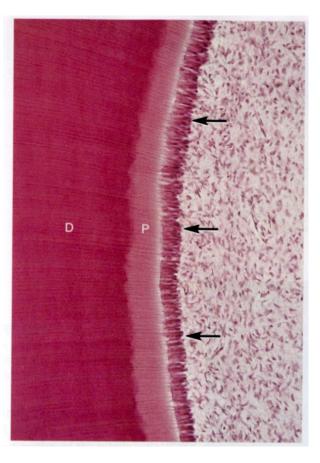


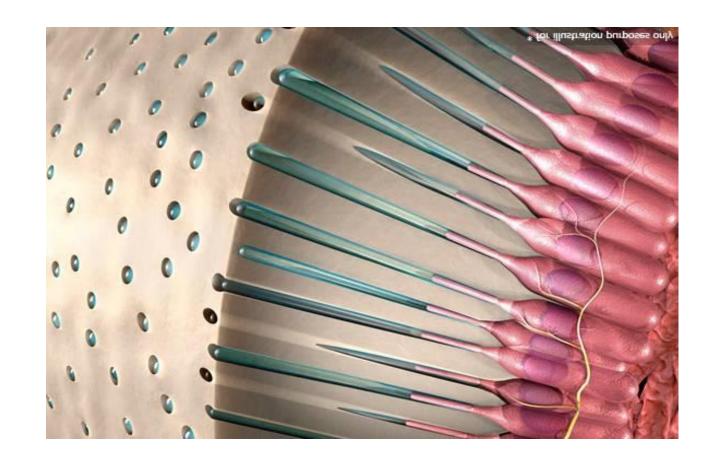
Dentin-pulp complex



Odontoblasts

Interface of dentin and the pulp Elongated shape, polarization (nucleus with organelles in basal third) Single cell layer Secretory vesicles on apical side





Odontoblasts function

- In healthy teeth, lifetime-active cells
- Odontoblasts' processes/fibres (Tomes Fibres) maintain dentin matrix formation, responsible for dentin viability
- Odontoblats' processes involved in the pain perception
- Periodontoblastic space between the tubule wall and Tomes fibre, contains dentinal fluid and mucopolysaccharide material

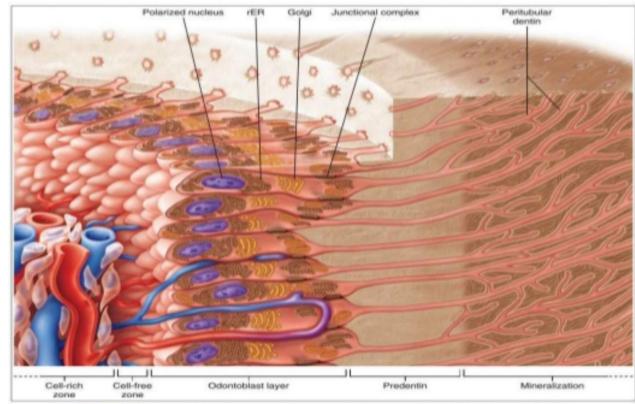
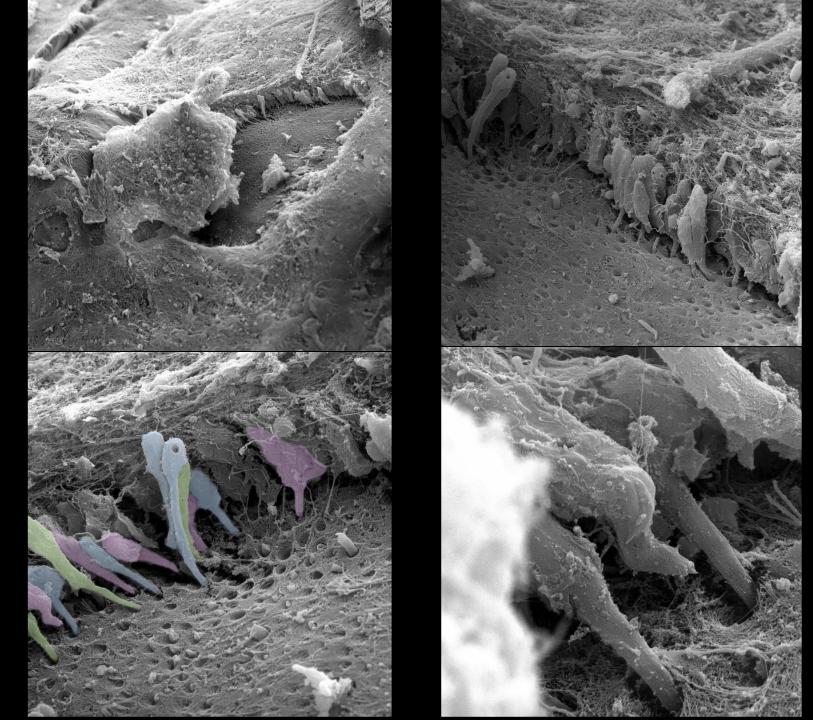
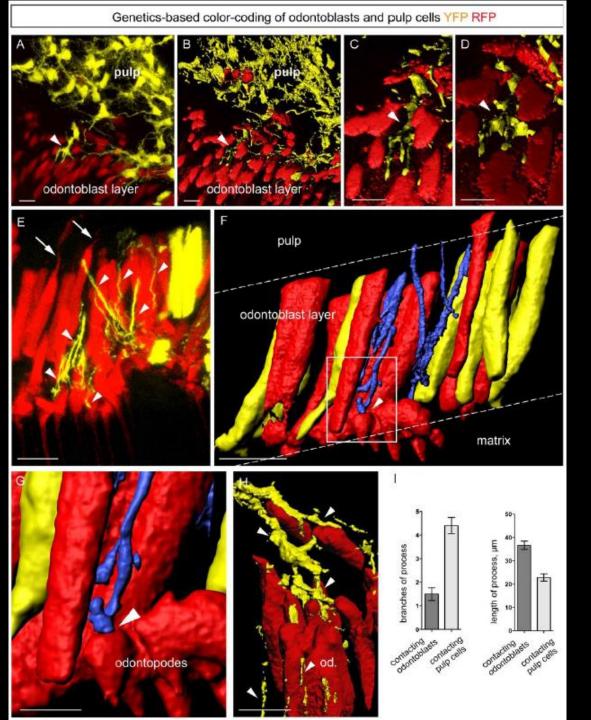


FIGURE 8-40 Schematic representation of the cells bordering pulp. rER, Rough endoplasmic reticulum.

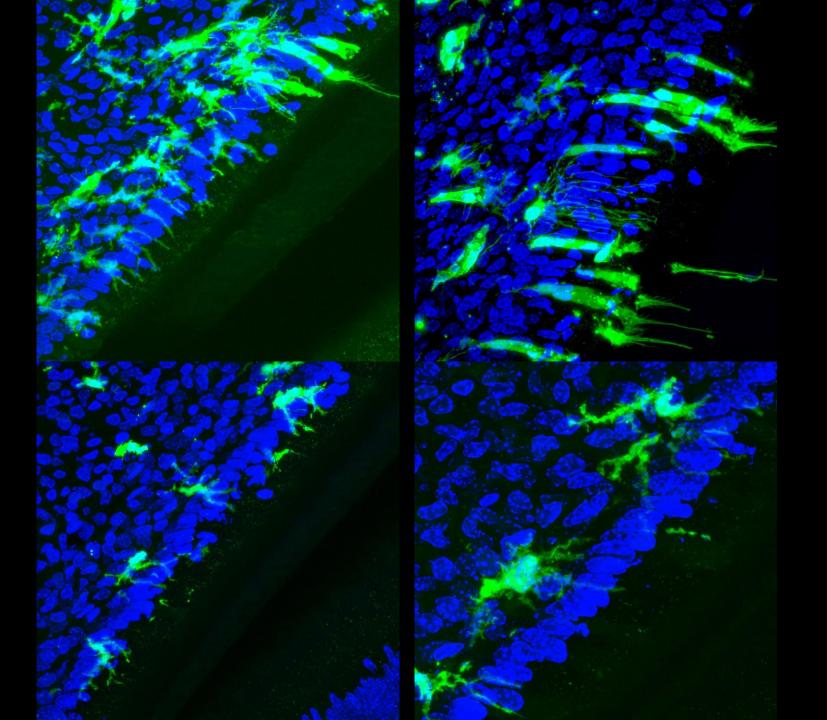
Odontoblasts



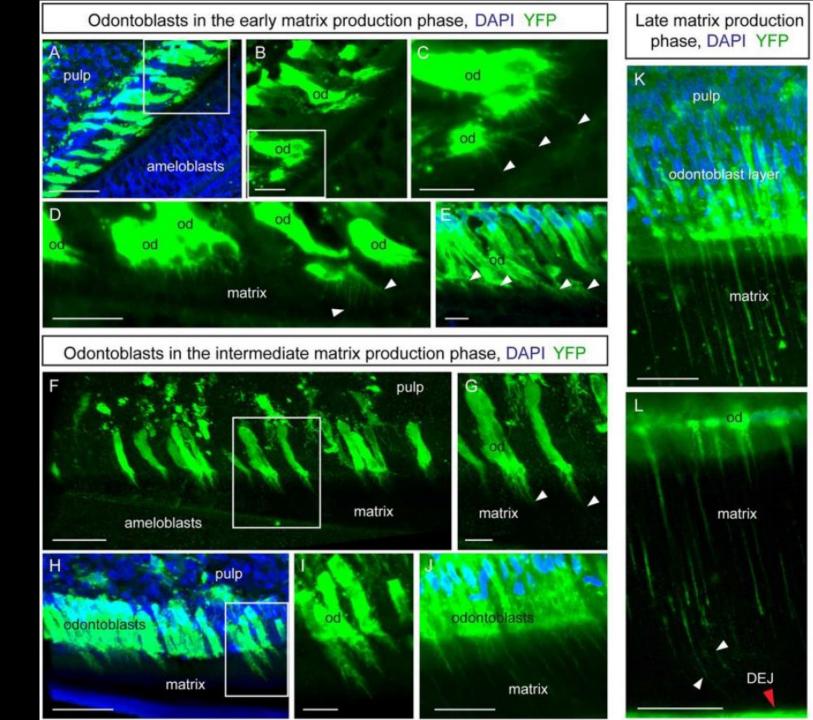
Odontoblasts



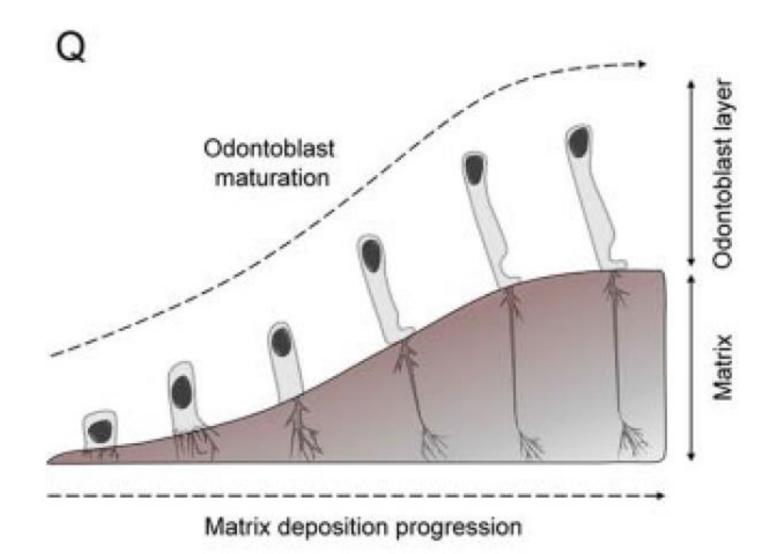
Odontoblasts / Pulp cells

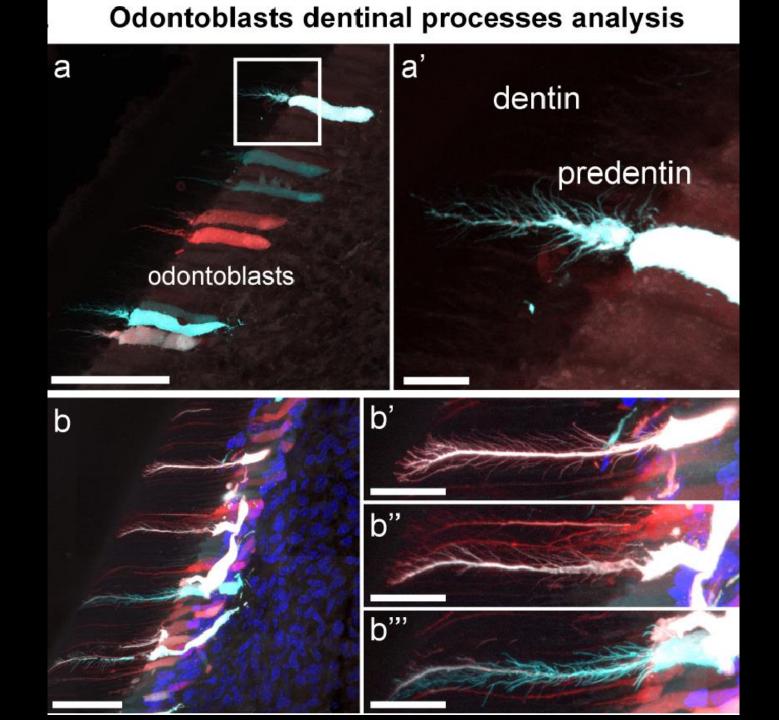


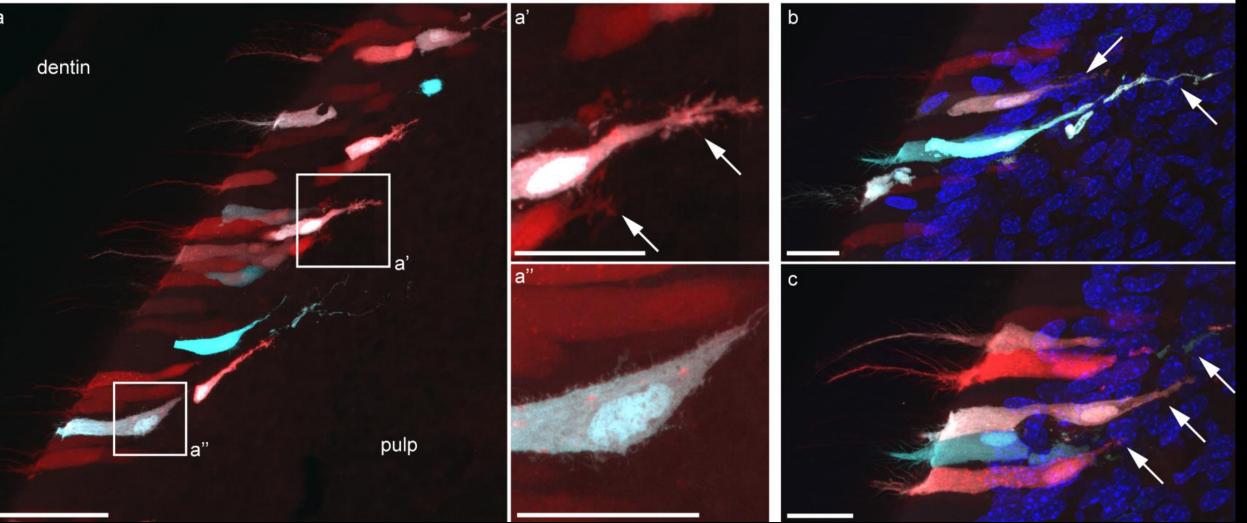
Development of odontoblasts



Development of odontoblasts

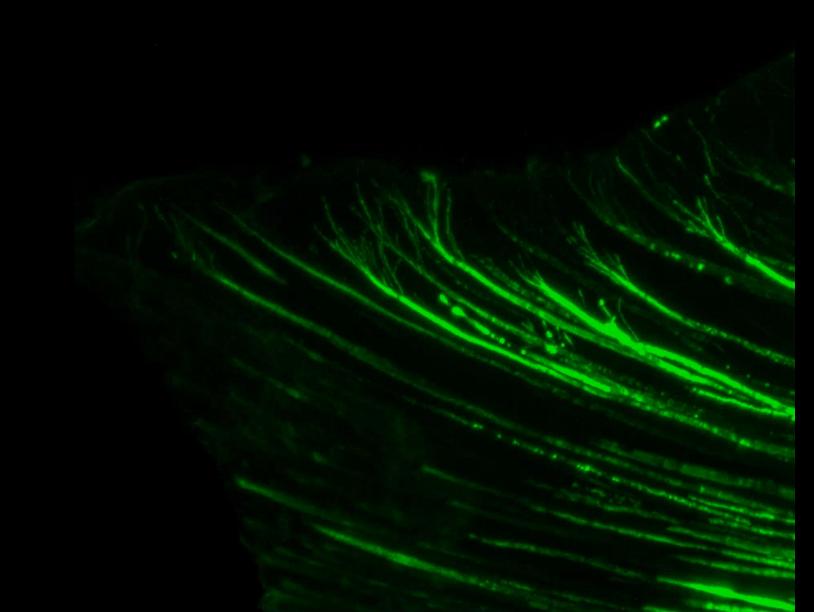






Odontoblasts pulp-penetrating processes

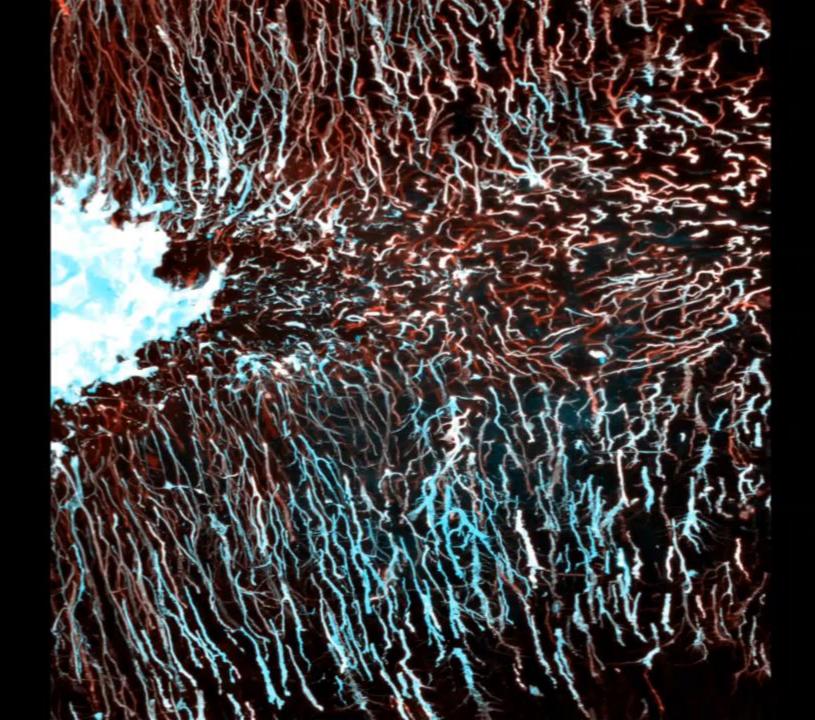
Enamel



Dentin



DENTIN



Microscopic structure of dental pulp, function and changes during aging

Ectomesenchymal origin Located in *cavitas dentis* Reticular structure

In primary dentition structure similar to jelly-like connective tissue

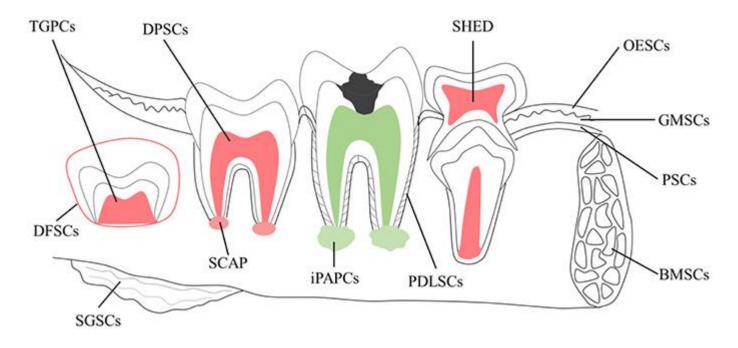
Extracelular matrix (ECM)

- Fibres:
 - Collagen
 - Reticular fibres
- Amorphous matter:
 - Glycosaminoglycans and glycoproteins

Cellular part

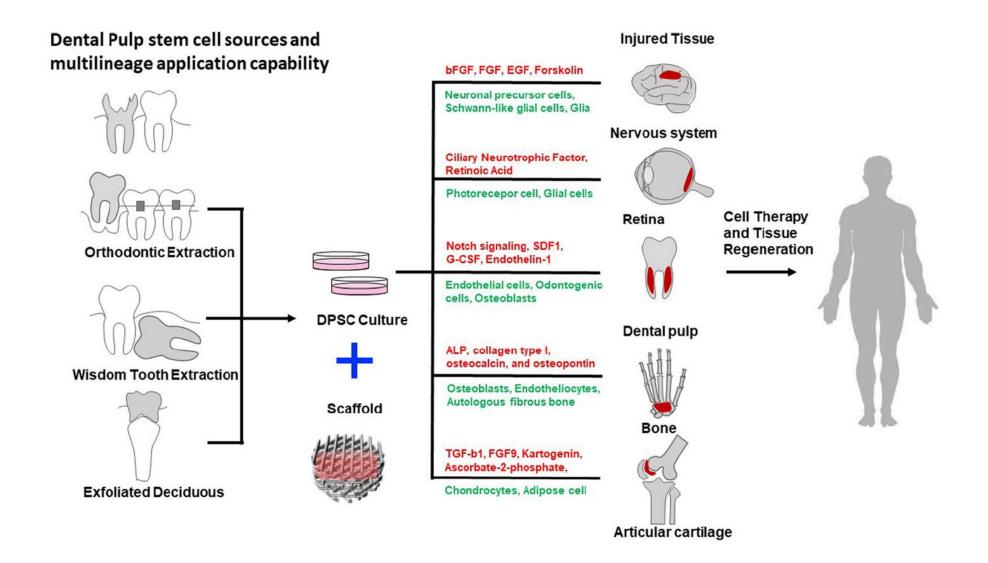
- Particularly fibroblasts,
- Immune system: macrophages, plasma cells, dendritic cells and tissue-residential blood cells (neutrophiles or eosinophiles, granulocytes, lymphocytes)
- Glial cells
- Endothelial cells, pericytes
- Dental mesenchymal cells

Stem Cells in (human) teeth



Schematic of potential sources of adult stem cells in the oral environment

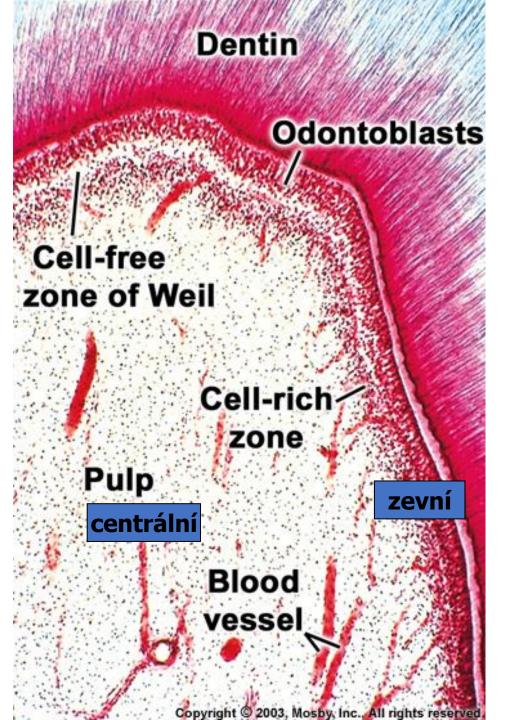
- TGPCs tooth germ progenitor cells
- DFSCs dental follicle stem cells
- SGSCs salivary gland stem cells
- SCAP stem cells of the apical papilla
- DPSCs dental pulp stem cells
- iPAPCs inflamed periapical progenitor cells
- SHED stem cells from human exfoliated deciduous teeth
- PDLSCs periodontal ligament stem cells
- BMSCs bone marrow stem cells
- OESCs oral epithelial stem cells
- GMSCs gingival-derived mesenchymal stem cells
- PSCs periosteal stem cells

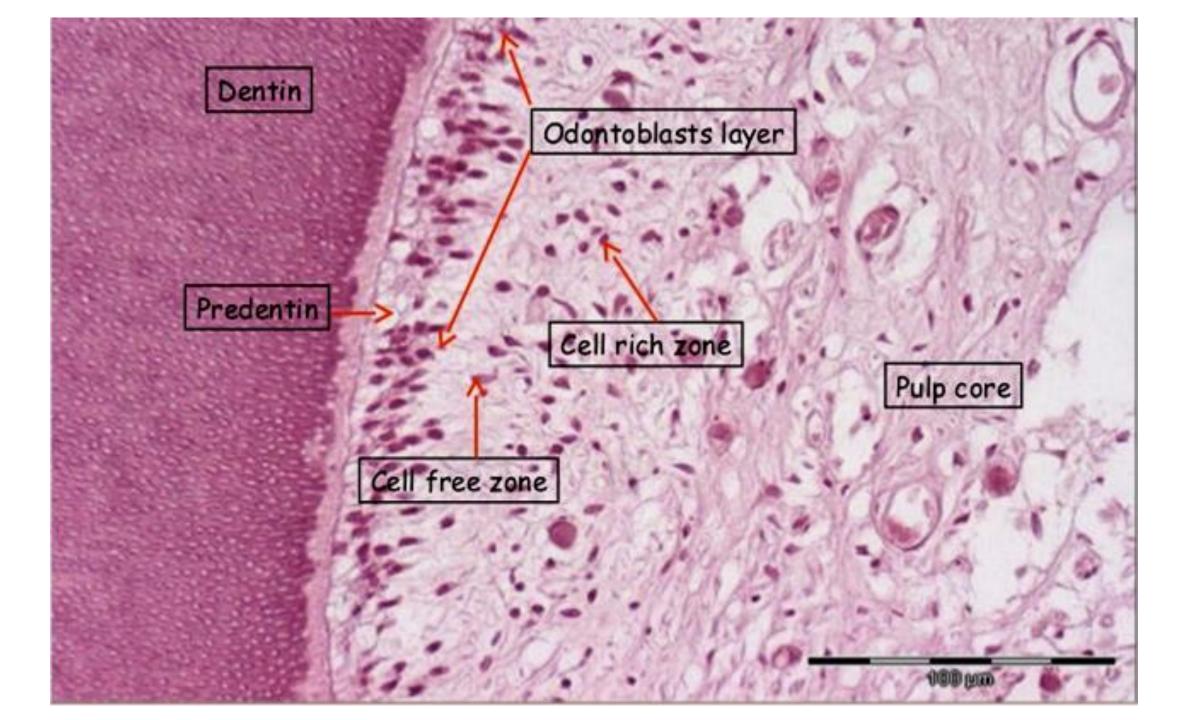


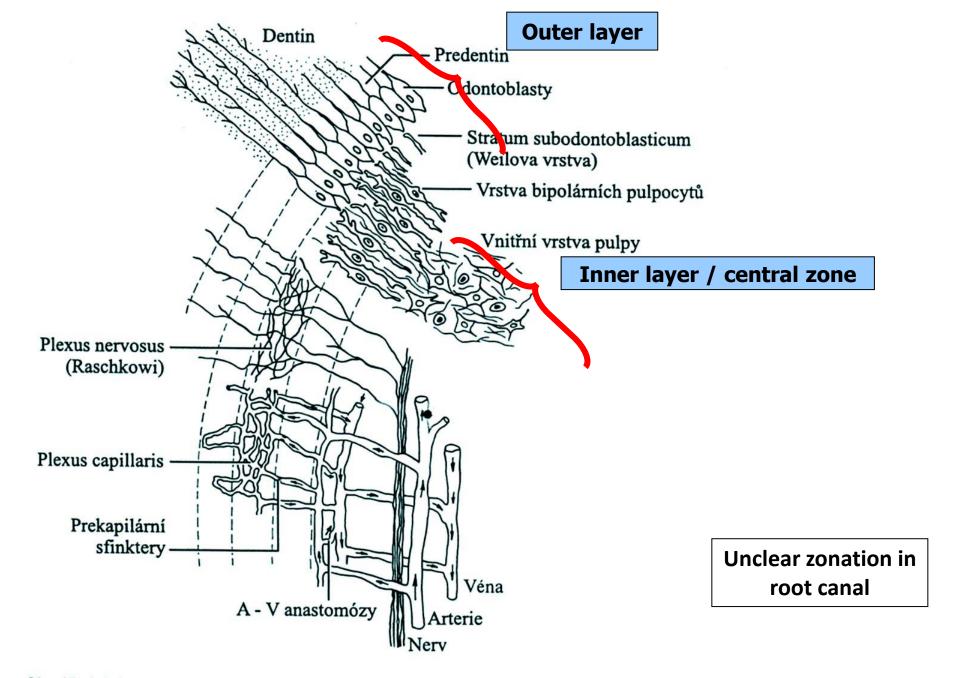
Dental pulp stratification

Two layers (crown part)

Outer	- surface
Inner	- central







Obr. 15-6. Schematický nákres mikroskopické stavby zubní pulpy, její inervace a cévního zásobení

Blood and lymph vessels

Very rich blood supply (especially at a young age)

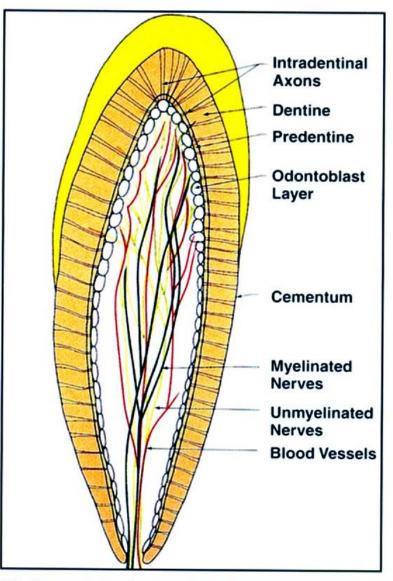
Arteries (2-10)

- Oriented longitudinally through the center of the pulp
- Numerous side branches
- They divide into terminal networks odontoblasts supply

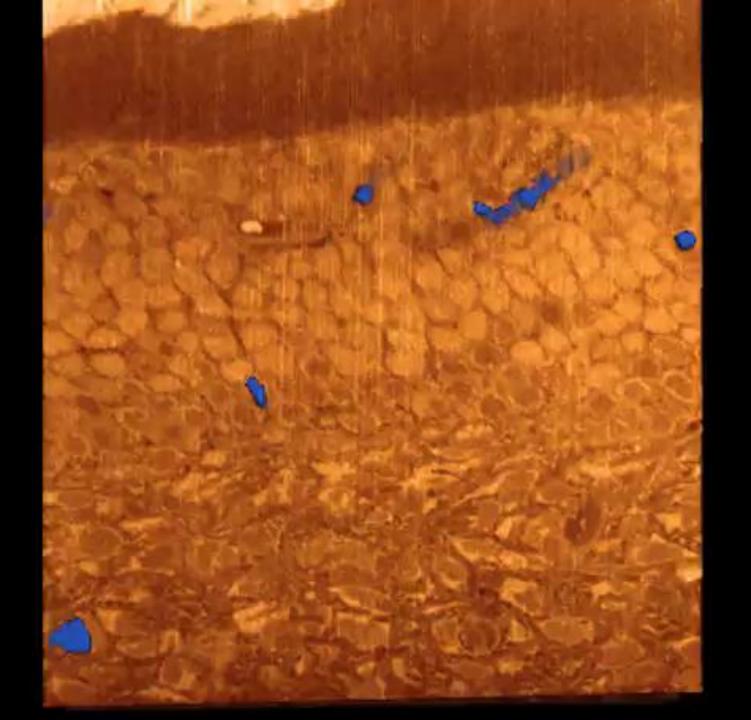
Subodontoblastic capillary network

- Arteries with narrow lumen, thick wall reinforced by several layers of smooth muscle cells
- Veins and venules wall very thin, which strikingly contrasts with their wide luminosity

Lymph circulation begins with the lymph capillaries that connect to small lymph vessels leaving the dental pulp together with the blood and nerve vessels through the foramen of the apicis radicis dentis



.32 General distribution of myelinated nerves (dark green), elinated nerves (light green) and blood vessels (red) in the



Pulp inervation

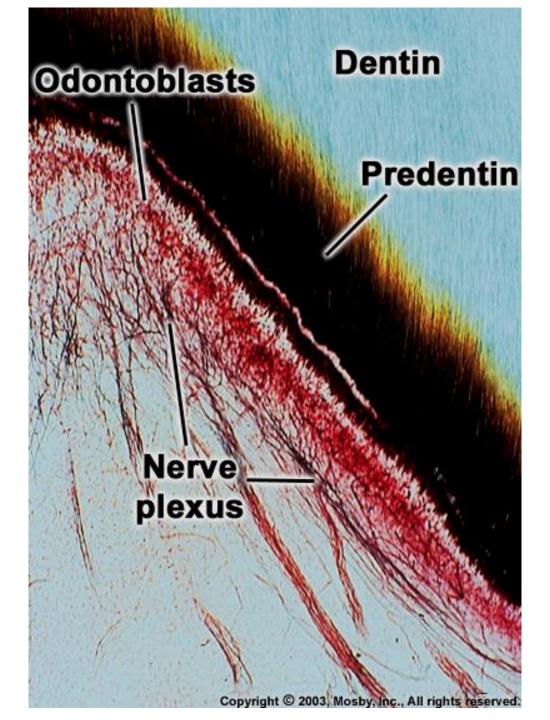
Both myelinated and non-myelinated

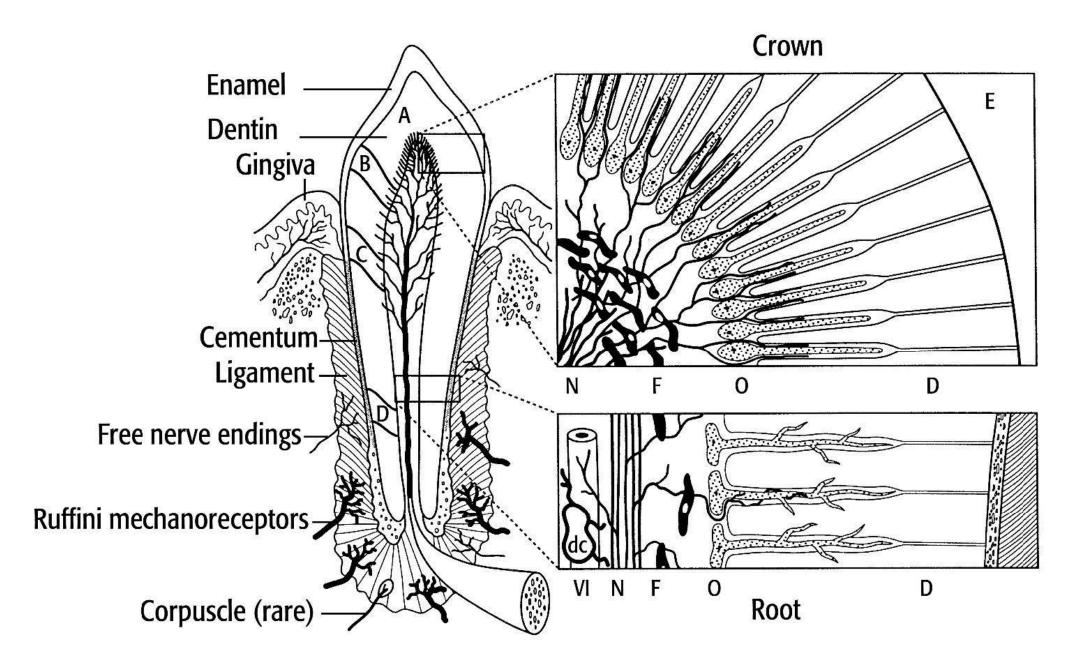
Myelinated nerve fibres in the dental pulp are rich in branches and reach up to the odontoblast bases under which they form a dense network:

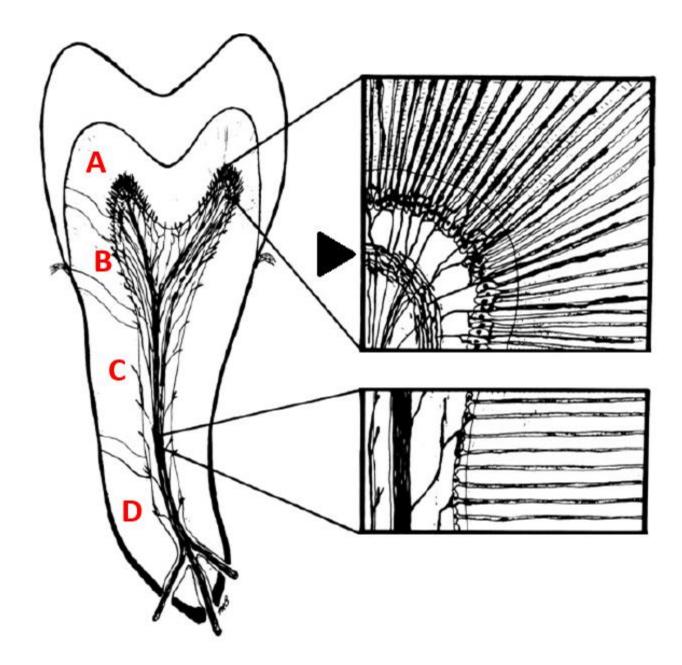
Plexus subodontoblasticus Raschkowi

the nerve fibres ends on the bodies of the odontoblasts, some enters the predentin and dentin channels

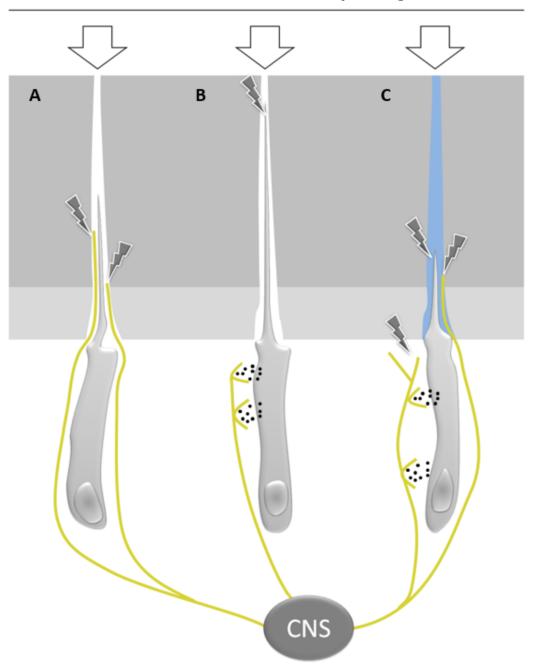
Non-myelinated nerve fibres innervate blood vessels in the dental pulp





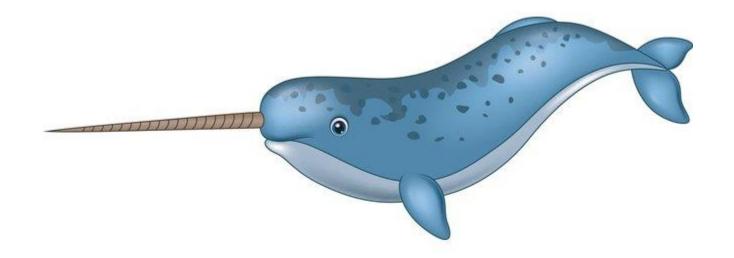


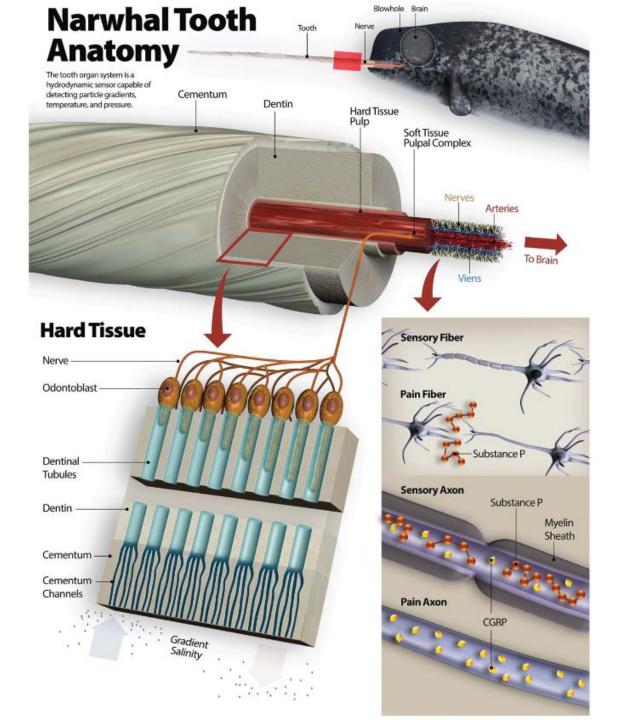
Temperature changes, mechanical or chemical stimuli, osmolarity changes



Theories of dental pulp perception

- a) Nerve endings in pulp and dentin
- b) Odontoblasts acting as sensory cells
- c) Hydrodynamic theory

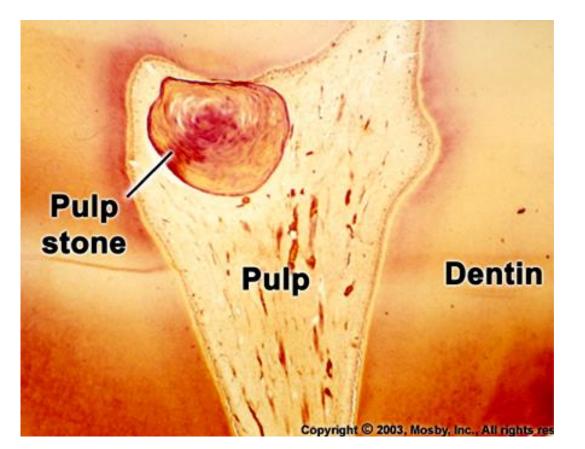


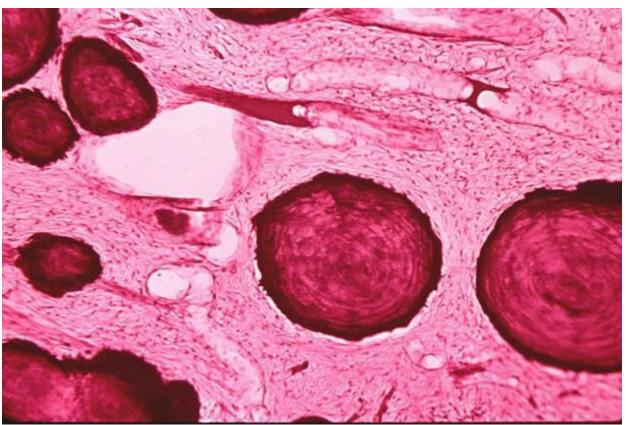


Pulp changes during aging

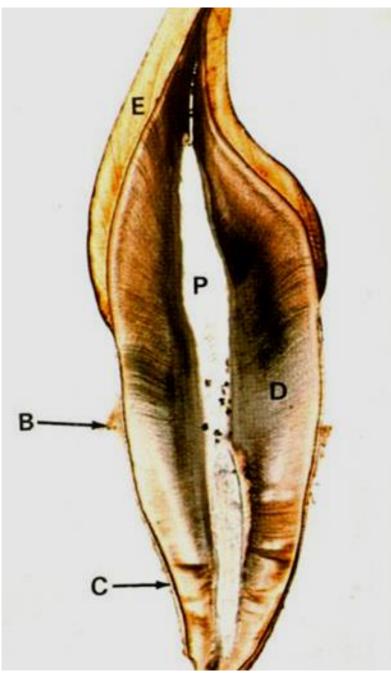
- Fastest development immediately after eruption
- Age-related changes: chemical composition, structure and volume

Chemical composition – amorphous matter loses its mucilaginous character Structure – cell loss, increase of fibres - transformation into dense collagenous connective tissue Volume – loss due to deposition of secondary and tertiary dentin and denticles formation

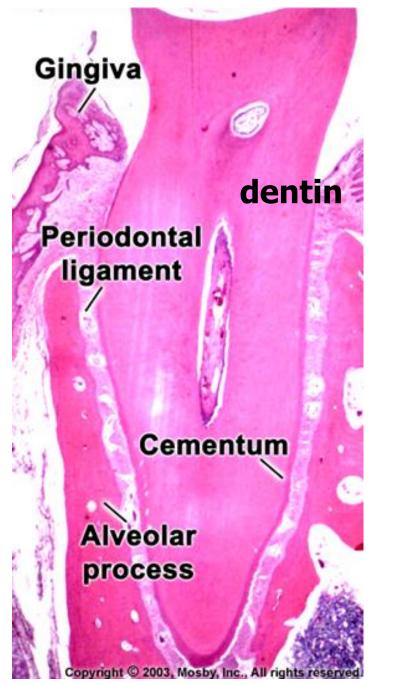




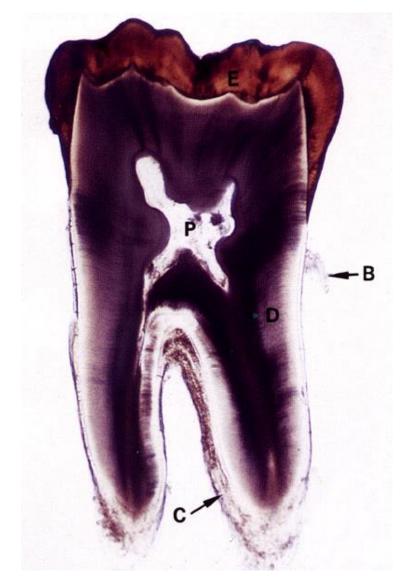
DENTIN



Podélný výbrus



Dekalcifikovaný řez



Microstructure of dentin, dentin types, clinical significance

The most abundant dental tissue Living tissue - contains parts of living cells No blood vessels nor bone-lamelar structure Derives from ectomesenchyme

Functional and developmental connection with the pulp (dentin-pulp complex)

Physical properties

Ivory color Harder than bone or cementum, but softer than enamel Refractive index 1.62 (same as enamel) Specific weight 2.14 g/cm3 (lower than enamel)

Flexible and permeable (permeability decreases with age)

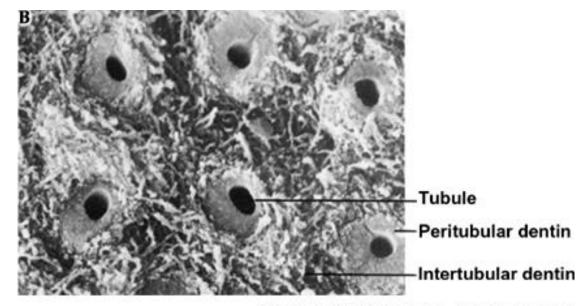
Thickness 2-4 mm (primary dentition half)

Dentin matrix

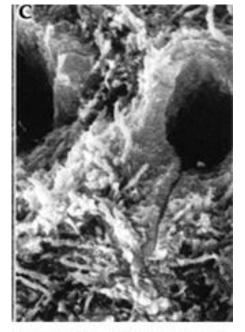
Consists of collagen fibrils (collagen type I) forming bundles

The fibres run parallel to the tooth surface from the root tip to the crown (perpendicular to the the dentin tubules) Amorphous matrix - glycosaminoglycans, proteoglycans and lipids, impregnated with hydroxylapatite crystals

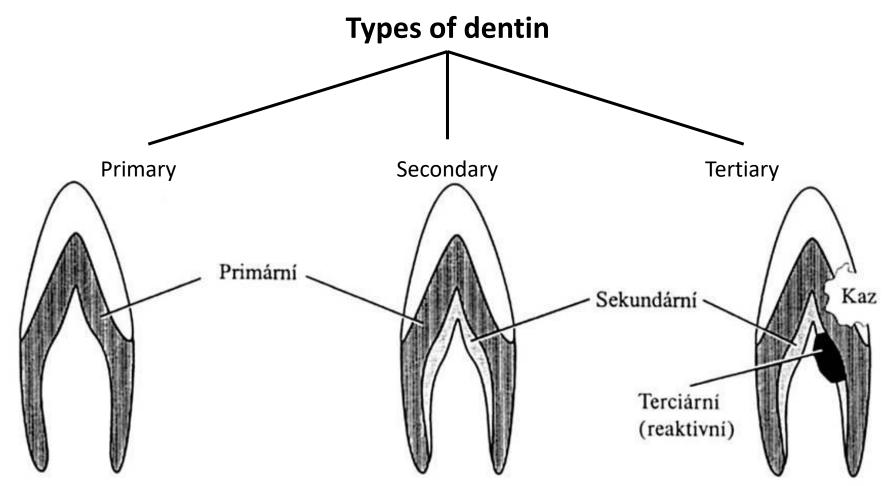
In the **tubular dentinal matrix, the collagen fibers are missing**, contain more hydroxylapatite crystals, compact appearance, about 15% harder than the matrix between the channels



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Secondary dentin

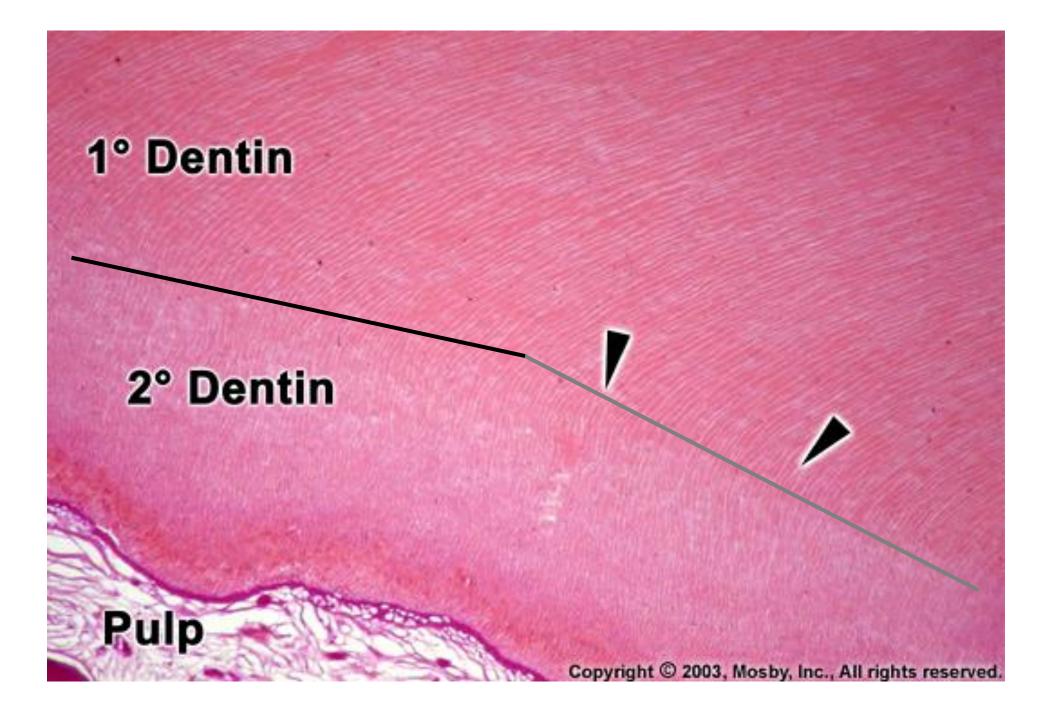
Laid down after the root growth is finished, when the crowns have reached the occlusal plane and the teeth are functionally loaded

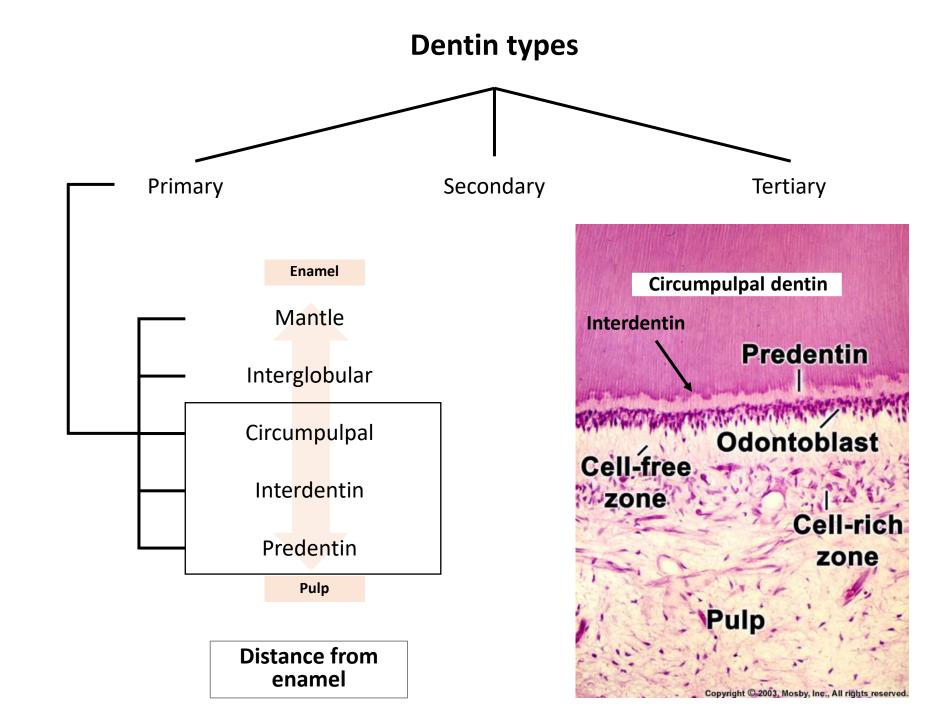
Only for permanent dentition teeth

Stored slowly throughout the whole existence of a permanent tooth.

Can be separated from the primary dentin by a more pronounced incremental line

Secondary dentine deposition results in a reduction in the pulpal cavity





Circumpulpal dentin

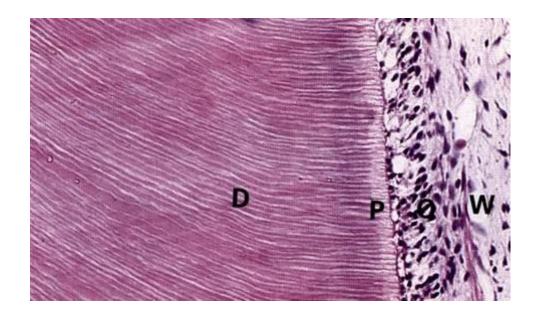
90 % of all dentin Contains dentinal tubules

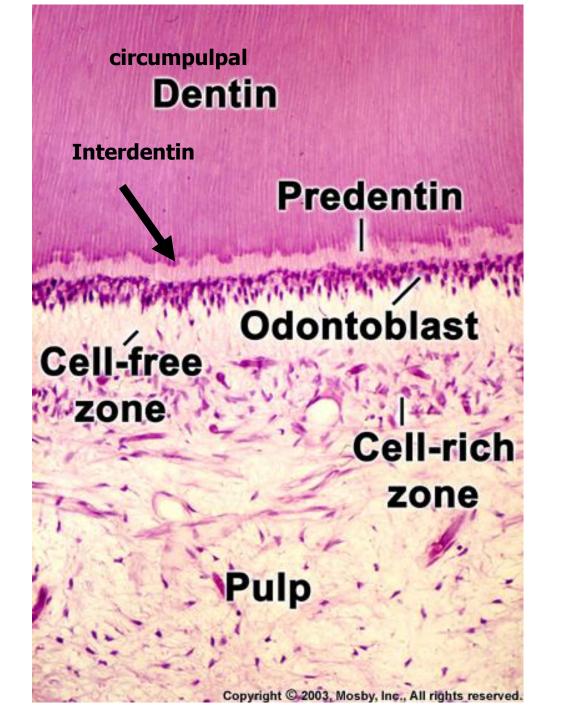
Interdentin

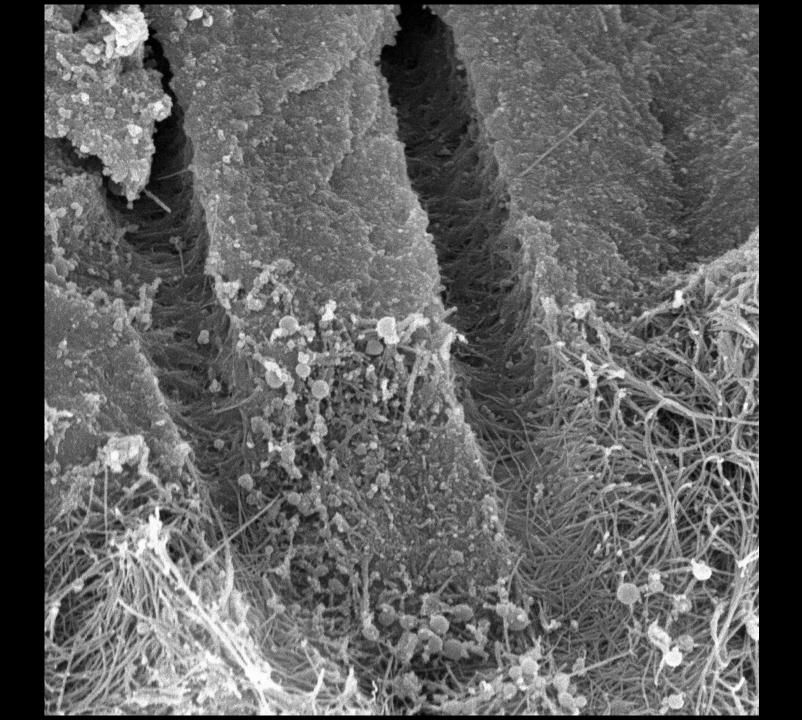
Thin layer between circumpulpal dentin and predentin where dentin mineralization starts

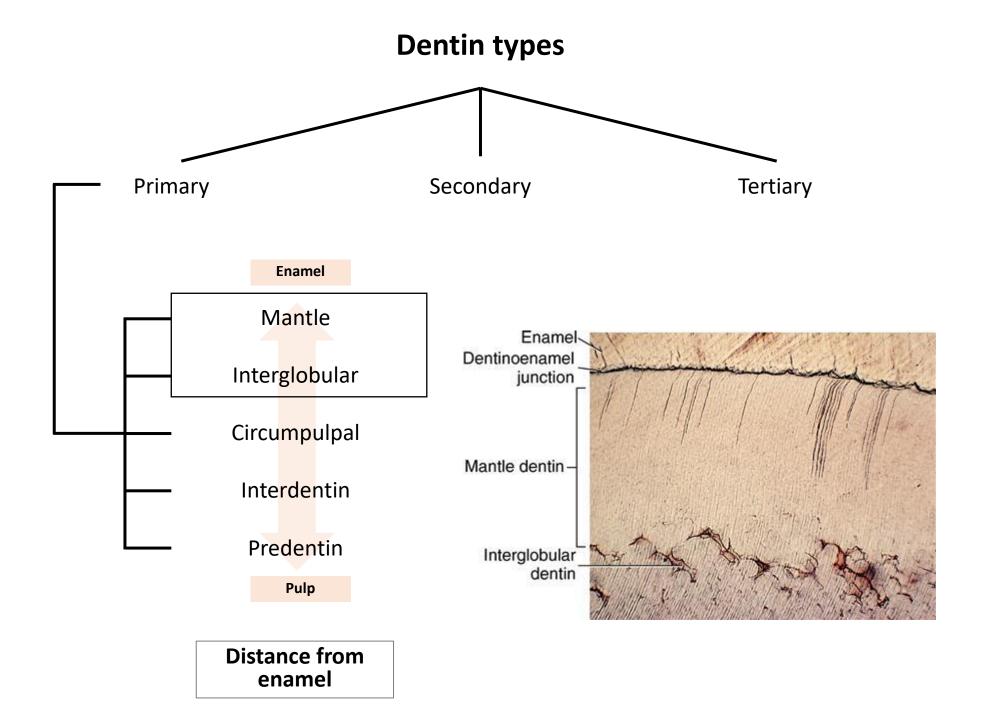
Predentin

Non-calcified layer near odontoblasts Forms a collagen skeleton for mineralization In both temporary and permanent teeth









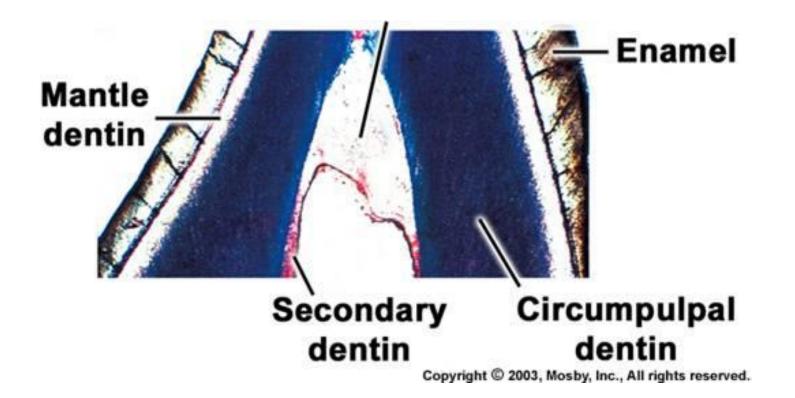
Mantle dentin

Firstly-formed dentin, thickness around 30 um

Variable mineralization

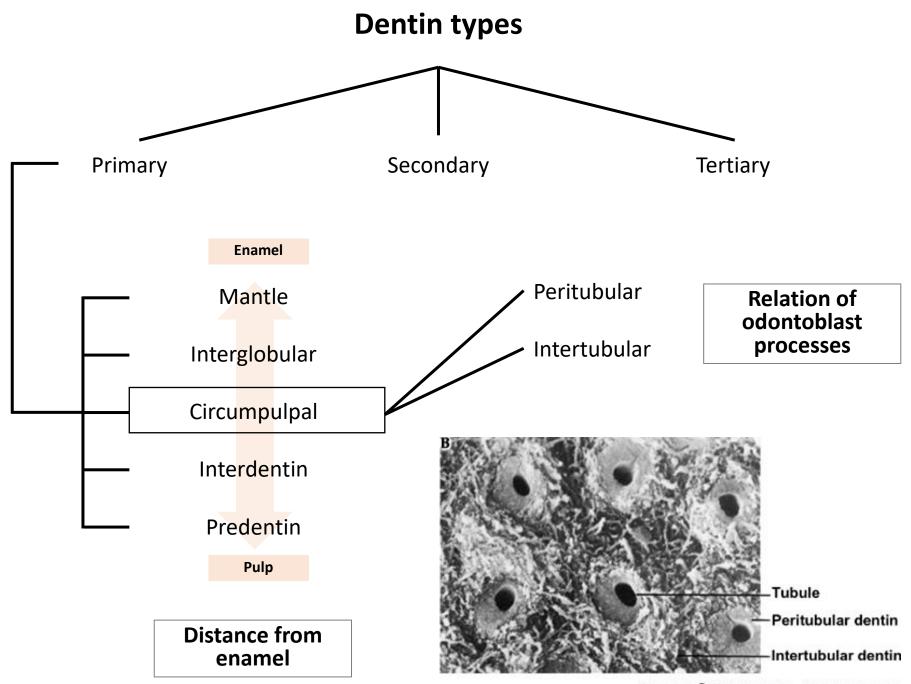
Collagen fibres oriented perpendicular to the DEJ surface (Korff bundles)

Branched terminal parts of dentin tubules terminates here



Interglobular dentin

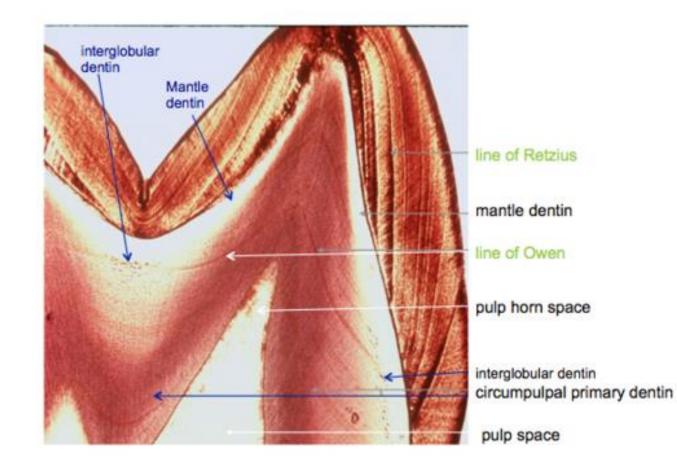
Imperfectly calcified dentin at the interface of mantle and circumpulpal dentin Fusion of dentin globules is impaired

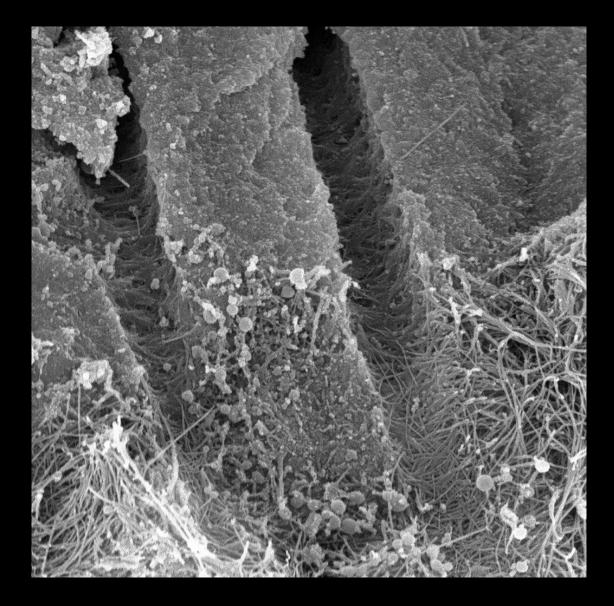


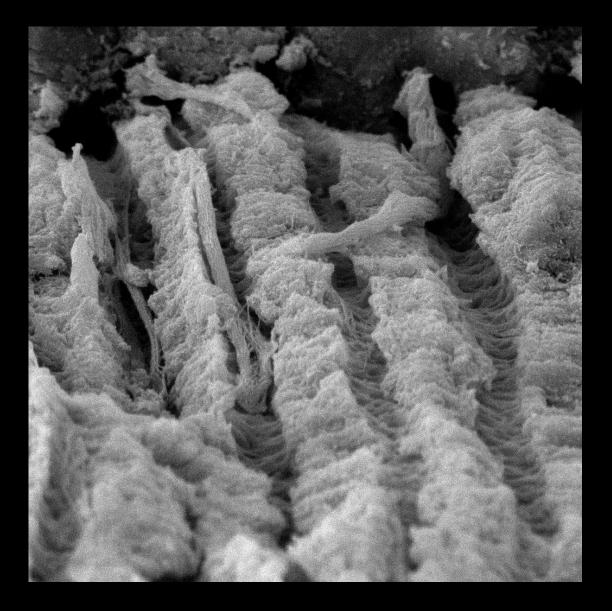
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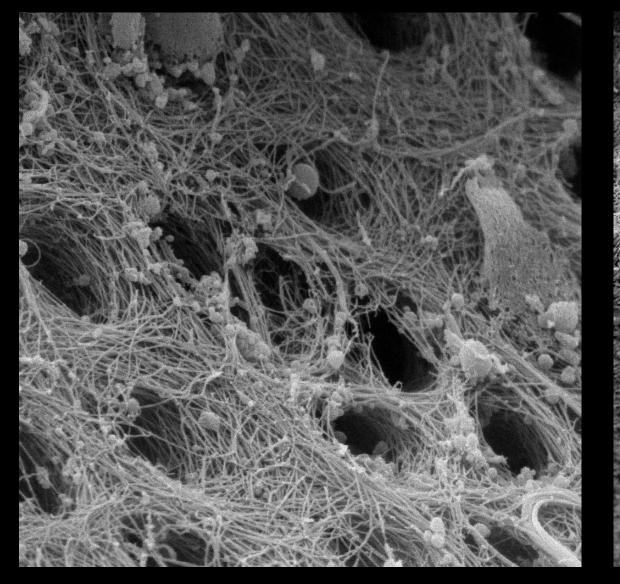
Circumpulpal dentin (von Ebner)

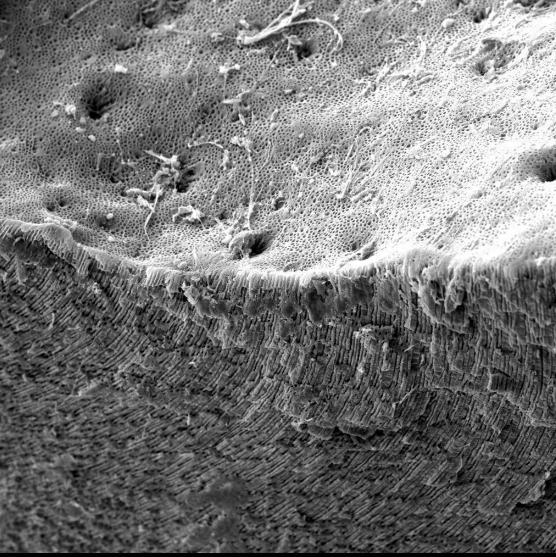
- Collagen fibres run obliquely to perpendicular to the course of tubules
- Mineralization is globular.
- Only minor branching of the dentinal tubules here.

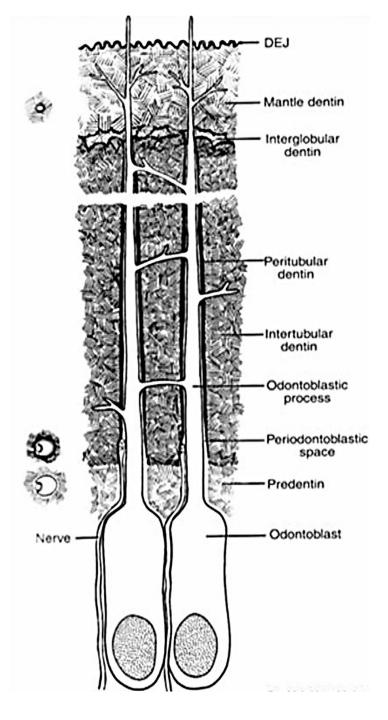


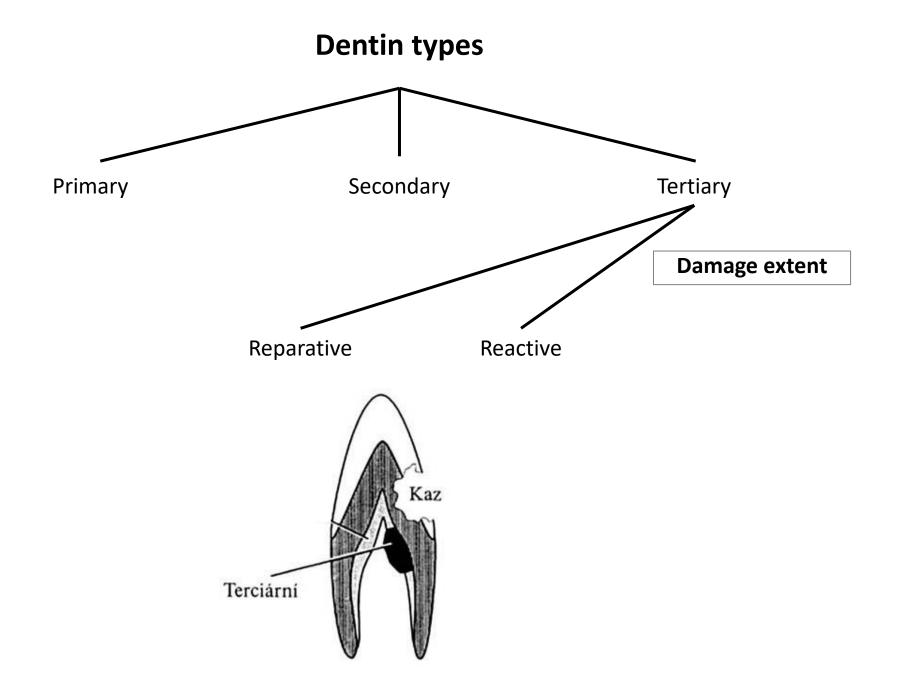




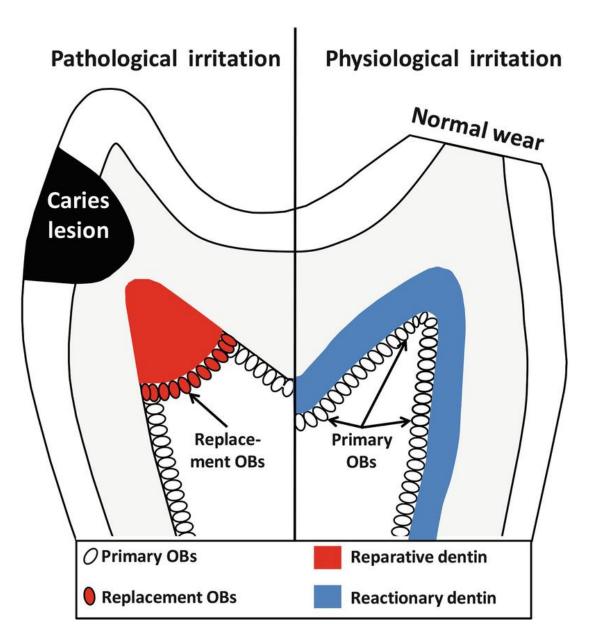


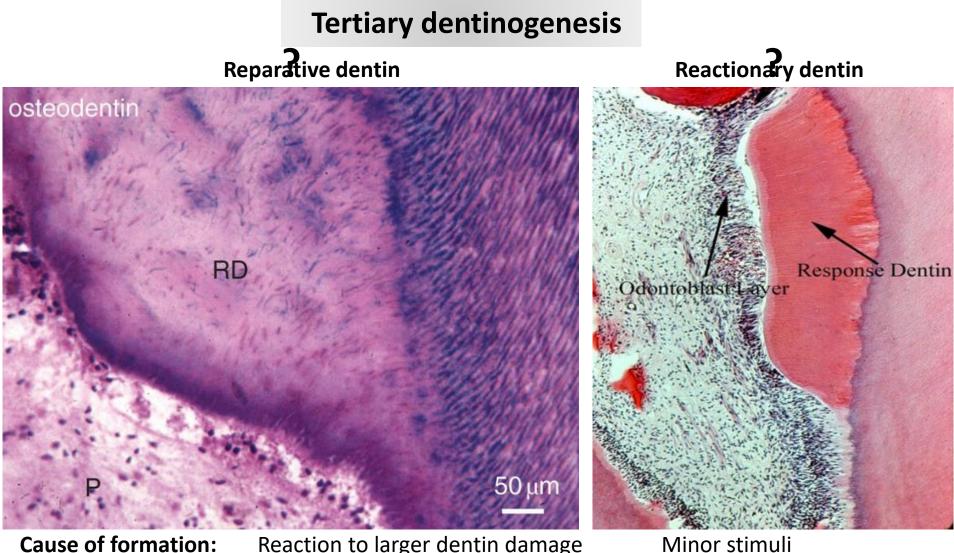






Tertiary dentinogenesis



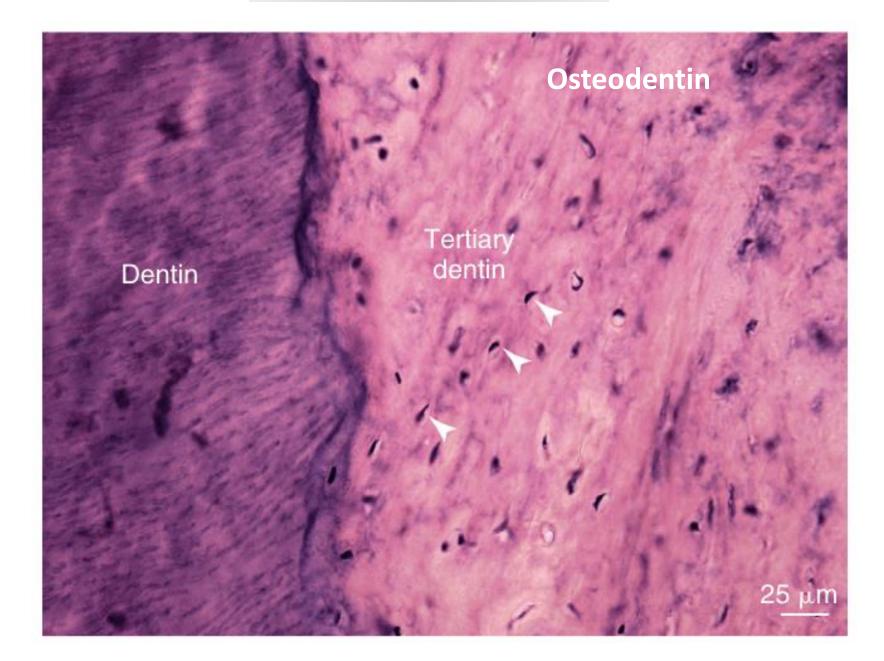


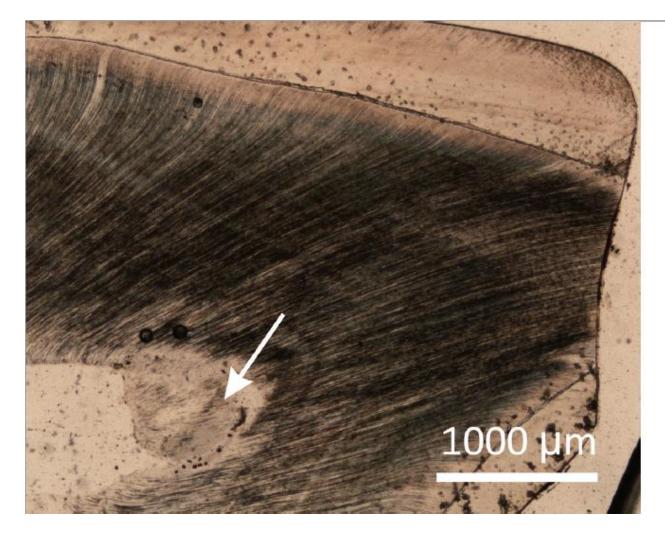
Cause of formation: Structure: Dentinal tubules: Dentin-forming cells: Cell bodies: Main function: Reaction to larger dentin damage Amorphous structure NO Newly differentiated from pulp May be present (osteodentin)

Protection from infection

Arranged YES Odontoblasts NO Increase of tooth wall

Tertiary dentinogenesis



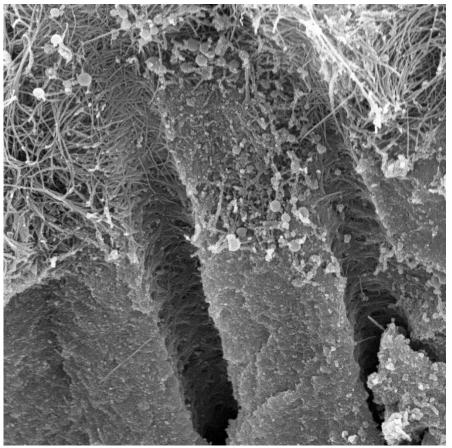


Histologický výbrus vysoce abradovaného horního dočasného špičáku v oblasti korunky a vrcholu dřeňové dutiny, kde se pod vlivem vnějších stimulů ukládá *terciární dentin*. Šipka ukazuje na **reakční dentin**, formu terciárního dentinu, která vzniká jako pomalá reakce zubu na poškození atricí/abrazí. Jako rychlá odpověď při poškození zubu kazem se vytváří *dentin reparační*. Foto: AH

Chemical composition

Inorganic 70 %

- Hydroxylapatite crystals
- Crystals smaller than than in enamel
- Crystals attached to fibres



Water 10 % Organic 20 %

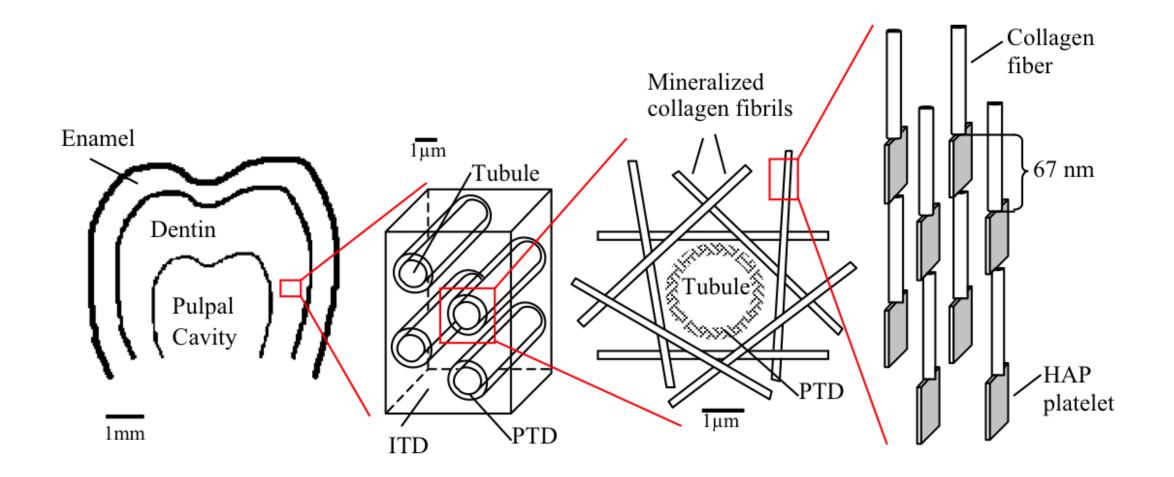
- **Collagens** collagen I (III a V) (90 %)
- Non-Collagenous Proteins (8%)

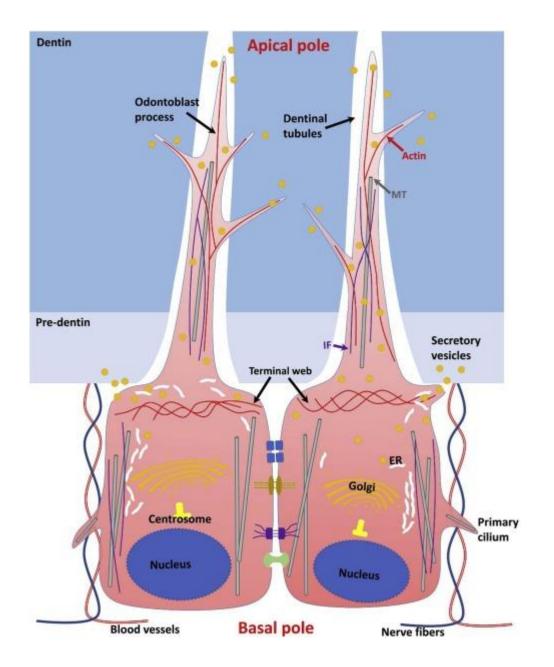
a) Phosphorins – Ca2+ and phosphate donors, crystal growth control

b) Gla-proteins (gamma-carboxyglutamate proteins, acidic character) + glycoproteins (osteonectin, osteopontin, sialoprotein I and II) - calcium carriers, crystal growth
 c) Proteoglycans - control of crystal growth

Phospholipids

(2%)



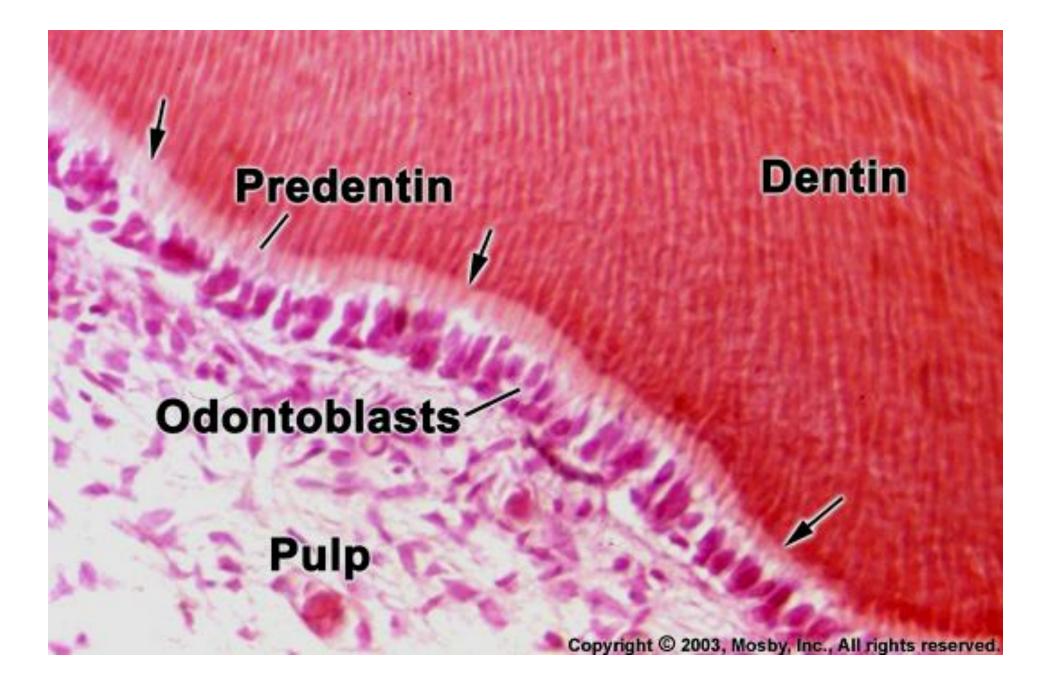


Junctional complex

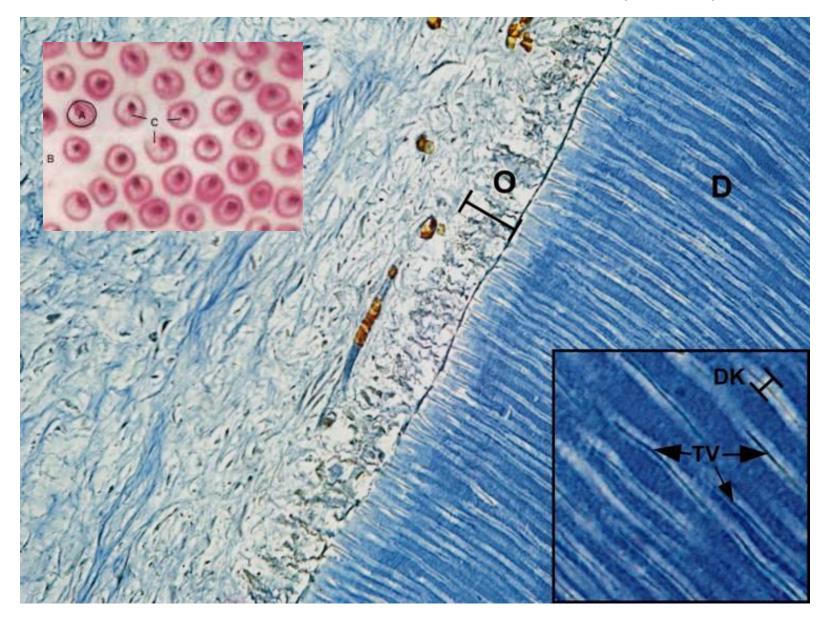
Numerous connecting complexes among the odontoblast apexes: tight junctions, gap junctions, desmosomes synchronization of odontoblasts

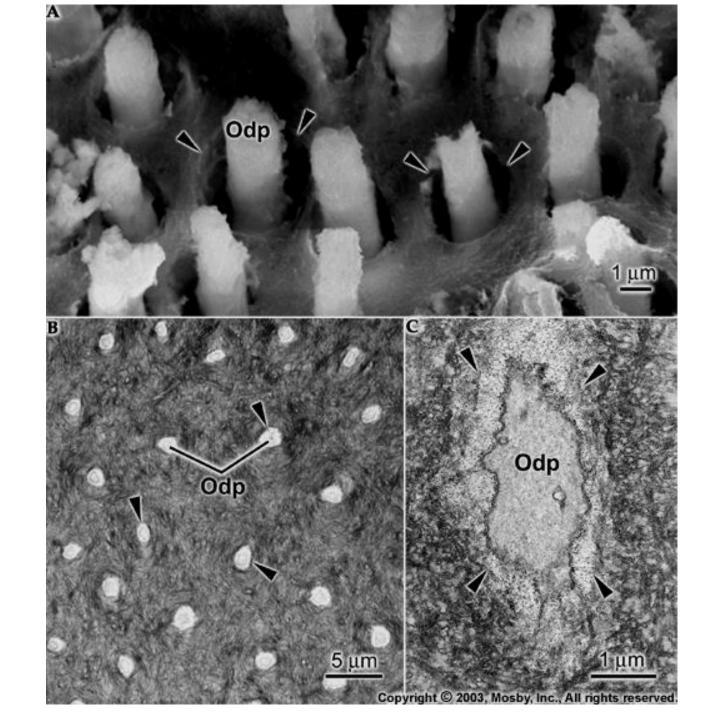
Above the connecting complexes, the apex slowly changes into a thin and long, short-sided branch -Tomes fiber

A basal process may be present



Each fiber is has its own canal - **Dentinal Canal** (tubulus)

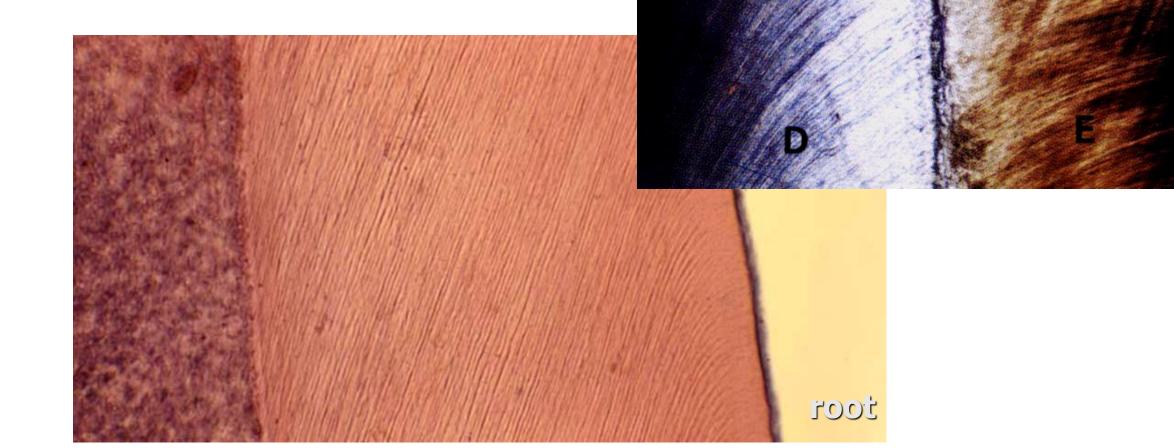




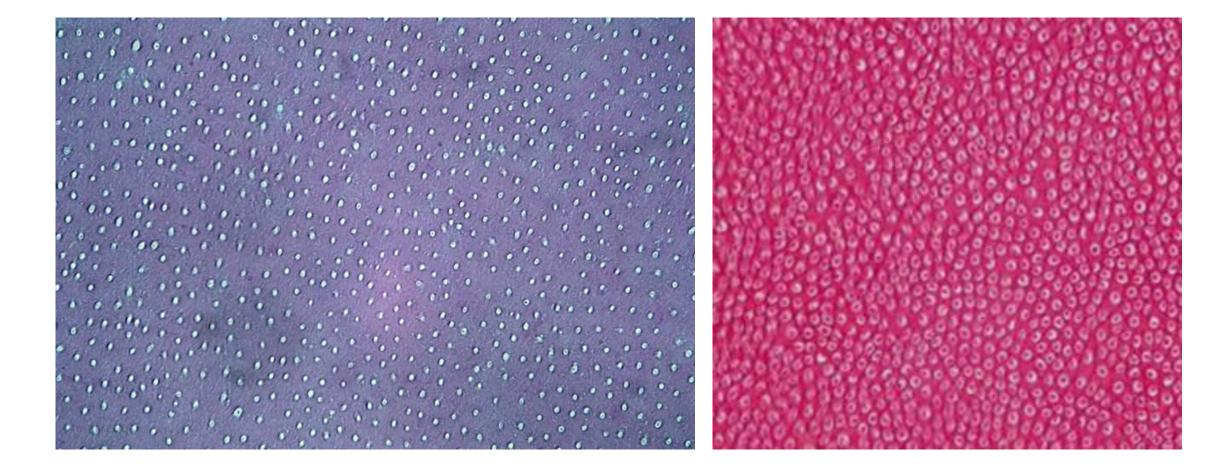
Tomes fibres

Channels with Tomes fibres penetrate the entire dentin and cause the dentinal stripes

visible on stained sections as well as ground sections



crown



Dentinal tubules (transversal section)

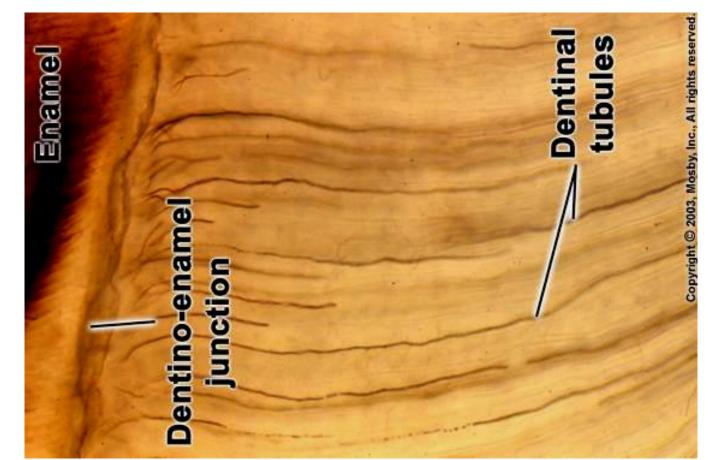
Dentinal tubules with Tomes fibres (transversal section)

1 mm² surface can contain around 50 000 tubules

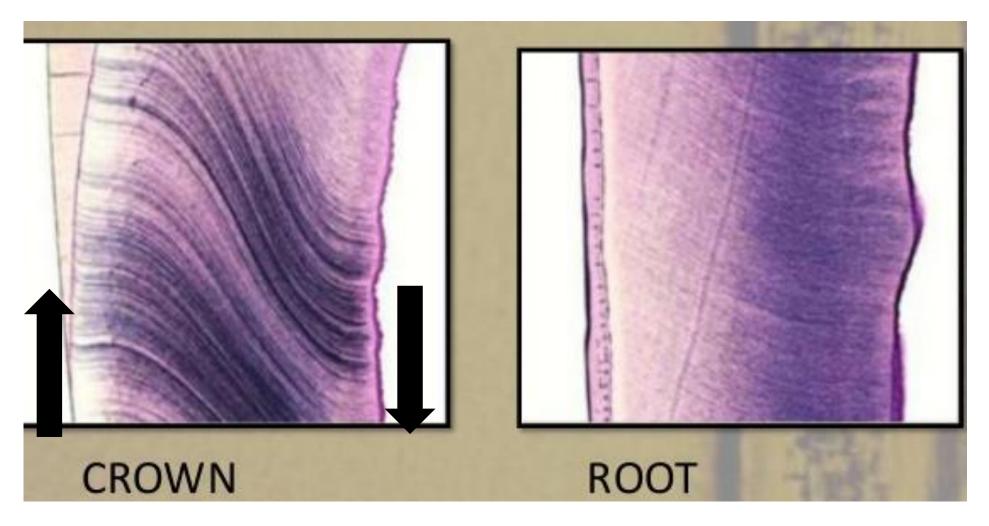
Dentinal tubules shape

S-shaped (2 bends - primary bending) towards DEJ (or cemento-dentinal junction)





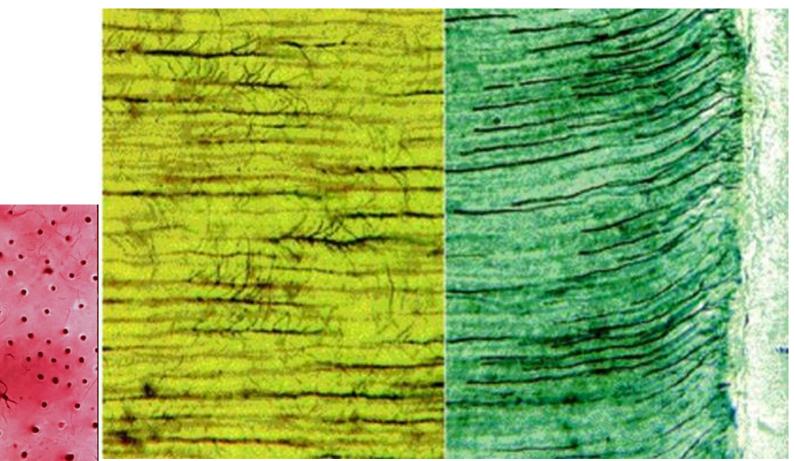
Primary dential bending



In addition to S-shape primary bending, up to another 200 secondary bends -

Primary and secondary tubular bending caused by migration movements of odontoblasts during dentinogenesis

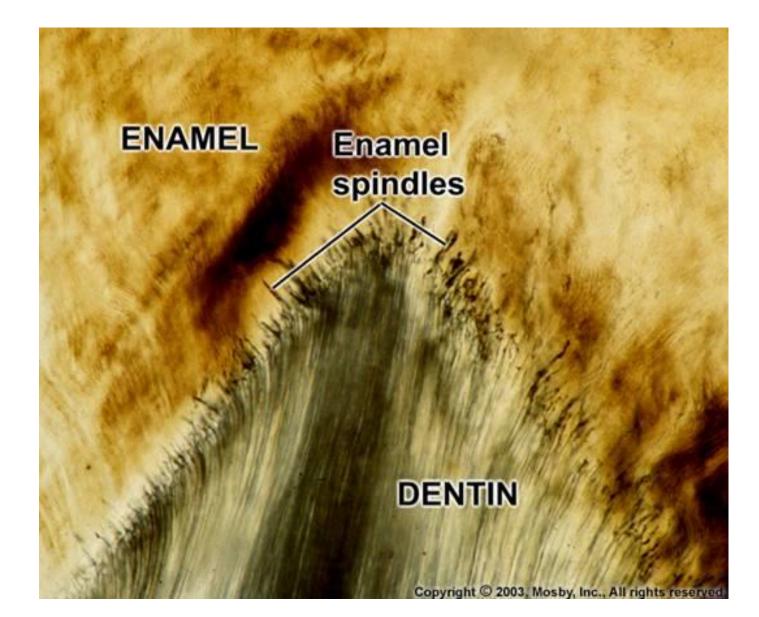
Diameter of the dentin tubules is around **1–4 um** Decreasind towards DEJ (or cemento-dentinal junction) Neighboring tubules can be interconnected by anastomoses (tubicles)

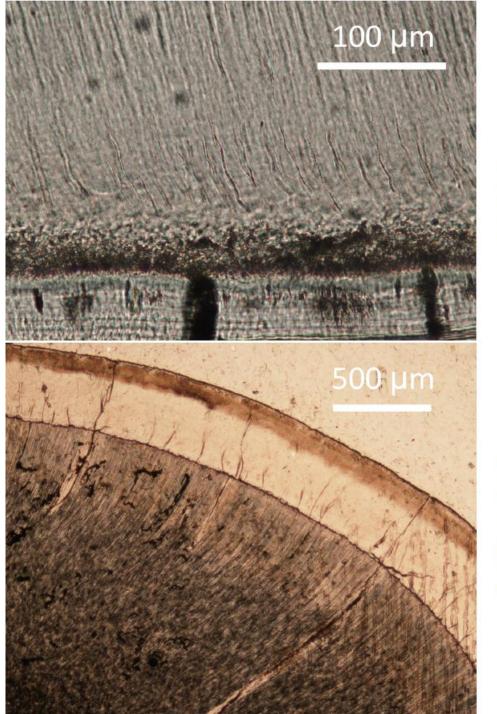




Enamel spindles (fusus enameli)

Dentine tubules extension into enamel





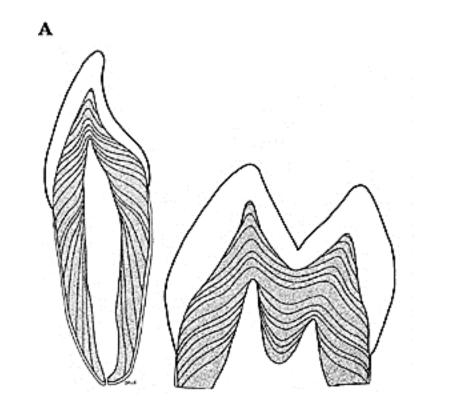
Detail **dentino-cementového spojení** na longitudinálním výbrusu trvalého zubu, zobrazeno v procházejícím světle. Dentin je nahoře; cement dole, je patrné jeho vrstevnaté přirůstání (vodorovné linie). Foto: AH

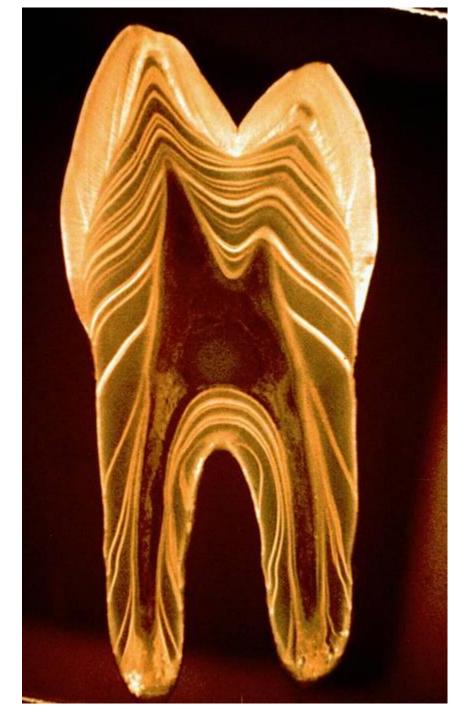
Dentino-sklovinné spojení na transverzálním výbrusu trvalého zubu, zobrazeno v procházejícím světle. Dentin je dole, sklovina nahoře. Ve vnitřní třetině skloviny jsou patrné *sklovinné trsy (enamel tufts)*, podobné trsům trávy a prasklinky probíhající celou její tloušťkou, tzv. *sklovinné lamely (enamel lamellae)*. Foto: AH

Dentin incremental lines

Caused by gradual deposition and mineralization of dentin

- **von Ebner** lines **4-8 um** distance daily increments
- **Owen's** lines **15-30 μm** distance joint calcification of 4-5 day increments
- Neonatal line Owen line in temporary teeth separates fetal and postnatal dentine





Circular pattern on cross section



Sclerotic dentin

"Dead Dentin", more resistant to dental caries, color of amber Origin of dentin tubule closure by the thicknessing of peritubular dentin until complete tubules termination Formed in the crown part and increases with age - a sign of aging According to its amount, the age of the individual is determined (forensic)

