Images showing distinct dental patterns due to licit drug abuse



Figure 1: Nicotine stains on teeth^[8]



Figure 2: Methadone-induced dental changes^[2]



Figure 3: Black hairy tongue[9]



Figure 4: Degree I tetracycline stains[10]



Figure 5: Degree II tetracycline stains[10]



Figure 6: Degree III tetracycline stains[10]



Figure 7: Minocycline-induced staining of lower (Left image) and upper (Right image) anterior teeth[3]



Figure 8: Minocycline-induced discolouration of roots[3]



Figure 9: Compound Analgesics[11]



Figure 10: Chlorhexidine-induced stains^[4]



Figure 11: Clofarabine-induced tooth discolouration[5]



Figure 12: *Left:* Maxillary occlusal view depicting carious upper incisors and relatively 'intact' posterior teeth; *Right:*Frontal view depicting generalised cervical caries [12]

Images showing distinct dental patterns due to Illicit drug abuse



Figures 1: "Meth mouth", a long-term methamphetamine user with rampant dental caries[13]

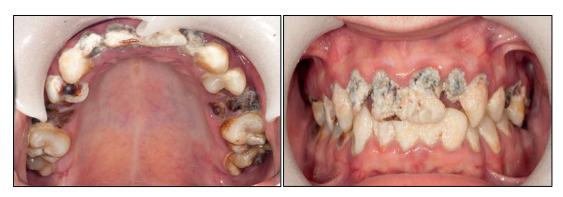


Figure 2: Oral presentation of a cannabis user[1]



Figure 3: Palatal destruction due to cocaine use [7]



Figure 4: Mucosal fenestration defect associated with tooth 21 at the site of MDMA topical application^[14]

Images showing distinct dental patterns due to chemical and element exposure





Figure 1: Left: Multiple cupped-out erosive depressions on cusp tips; Right: Erosive loss of enamel and dentin due to acidic fruit^[8]



Figure 2: Dental discolouration due to amalgam^[8]



Figure 3: Amalgam tattoo related to apicoectomy[16]



Figure 4: Types of dental fluorosis[15]



Figure 5: Burton's line along upper and lower gumlines^[7]



Figure 6: Left: Discoloured tooth^[6] and Right: Pseudo black hairy tongue^[9] following bismuth ingestion



Figure 7: Extrinsic stains due to polyvalent iron metal salts^[4]

Image Credit, Source and References

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