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DIAGNOSTIC FEATURES OF ROOT RESORPTION
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Resorption is a process associated with either physiological or pathological process, resulting in lossing of dentin, cementum or bone due to activity of osteoclastic action which is stimulated by inflammatory mediators. Root resorption may occure after various injuries, such as mechanical, chemical, thermal or caused by bacterial infections. It is referred many classifications of root resorption according to the literature. The most recent classification (Patel and Saberi, 2018) was made considering the location of the lesions and their pathogenesis. Scientists divided root resorption into external (external, inflammatory, cervical, surface and transitional apical breakdown) and internal (inflammatory, replacement).

The diagnosis of root resorption is difficult to establish. Radiographically, external cervical root resorption appear as cloudy radiolucencies in the cervical region of the tooth and the defect's border is usually poorly defined. Whereas internal root resorption appears as a "ballooning-out' of the root canal. But, the conventional X-Ray (periapical X-Ray, orthopantomogram) is often poor, especially at their early stages, when the lesions are small or because of dimensional method. Cone beam computed tomography is more powerful tool which allows more precise diagnosis.

The contribution of new X-Ray imaging method and using new materials during the diagnosis and treatment allow an extension of the boundaries for conservation of teeth. Quite often it is difficult to determine differ lesions and come to a definitive diagnosis and subsequent treatment plan, note that in some cases pathological process will stop after eliminating the reason. The intent of this article is to submit answers to some questions:

1. What are internal and external resorption, their causes?
2. How can we differentiate between them?

The aim of the study to give guide that can help to find correct diagnosis and predict outcomes and treatment.