A 31-year old female patient came to the Department of Restorative Odontology and Endodontics, School of Dental Medicine, University of Belgrade, with major complaints of pain at the central incisor and mobility of the tooth after an accidental fall two months earlier. Following clinical examination that proved mobility, a periapical radiograph was acquired (Fig. 1). The radiograph revealed horizontal fracture line and discrete resorption at the fracture area without distinctive border to the adjacent root dentine walls.

A CBCT was recommended for a precise diagnosis and insight into the internal injury of the root. Scans were achieved with the 5x5cm small field of view on the SCANORA® 3Dx (SOREDEX Oy, Tuusula, Finland) at the Centre for Radiological Diagnostics, School of Dental Medicine, Belgrade University. Fig. 2 shows both labial and palatal fracture lines on sagittal projection, and distinctive root resorption in the line of fracture, positioned centrally in the root canal.
**CASE STUDY**

Fig. 3 reveals diameter of circular resorptive area.

Fig. 4 shows the angulations of the labial part of the fracture line to the central root canal, and Fig. 5 and Fig. 6 present different angulations between fragments of the jagged palatal fracture lines.

The same defects are clearly visible in the axial view (Fig. 7).

The sagittal view, at more proximal aspect of the central root canal, (Fig. 8), reveals complete fracture throughout the entire root, as well as on Fig. 9, which shows a rendered 3D view.