



Nonsyndromic Multiple Supernumerary Impacted Teeth: Report of Two Unusual Cases

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ABSTRACT

Supernumerary teeth refer to teeth in excess of the usual number. Most common supernumerary teeth are mesiodense, followed by supernumerary teeth in molar and premolar region. There is a male predilection, and maxilla is involved more frequently. Multiple supernumerary teeth are often found in relation to syndromes. Only a few case reports have reported nonsyndromic multiple supernumerary teeth. Here, we report two unusual nonsyndromic cases with impact supernumerary teeth, the first case has five supernumerary premolars and the second has two unilateral fourth molars.

Keywords: Supernumerary teeth, Nonsyndromic, Case report.

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INTRODUCTION

Supernumerary teeth refer to teeth in excess of the usual number of 20 deciduous and 32 permanent teeth. Supernumerary teeth may be single or multiple, unilateral or bilateral and in one or both the jaws. Most common supernumerary teeth are mesiodense, followed by supernumerary teeth in molar and premolar region but supernumerary tooth in mandibular molar region is less common in comparison to maxillary molar region.¹ Paramolar teeth are fourth molars beside molar area and distomolars locate distally to the third molars. They are frequently diagnosed in a random radiograph.² Seventy-six to eighty-six percent of cases with supernumerary teeth have only one supernumerary tooth, and 12 to 23% have two supernumerary teeth. However, only 1% of individual has three or more supernumerary teeth.³

According to their shape, supernumerary teeth are divided into supplementary teeth with normal morphology and rudimentary which are smaller in size.² Multiple supernumerary teeth are often found in relation to syndromes and developmental conditions, such as Gardner syndrome and cleft lip

and palate or cleidocranial dysplasia. Only a few case reports have reported nonsyndromic multiple supernumerary teeth.¹

This article reports a case with five supernumerary premolars and a case of unilateral mandibular and maxillary fourth molars.

CASE REPORTS

Case 1

A 28-year-old female patient presented to the department of oral medicine and dentistry, with a chief complaint of pain in left and right mandible past few months. Familial, medical and dental history was noncontributory. On clinical examination, it was found that all the permanent teeth including the molars had erupted expect third molars and canines. The panoramic radiograph showed the presence of five supernumerary teeth in lower right and left quadrants from which the patient was not aware and had no symptoms related to them (Fig. 1). The right quadrant of lower jaw showed the presence of three supernumerary teeth in the premolars region. They exhibited the normal morphology of premolars. The left quadrant of lower jaw showed the presence of two supernumerary teeth in the premolars region. These teeth exhibited the normal morphology of a premolar. The gingiva appeared healthy with periodontal probing depths of 2 mm and no bleeding.

Case 2

A 26-year-old healthy female patient visited our department for routine dental examination. Following clinical examination, maxillary third molars were present but mandibular third molars were not seen, and she had no history of tooth extraction. For further investigation and to determine the situation of two other teeth, a panoramic image was requested.

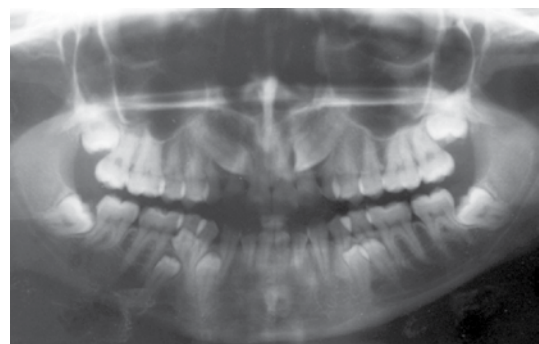


Fig. 1: Five supernumerary premolar teeth (case 1)

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Orthopantomogram revealed the presence of two impacted mandibular third molars and two small fourth molars distally located (Fig. 2). Both third molars were horizontally impacted, and fourth molars were located just posterior to upper and lower right third molars. The teeth had not normal morphology and crowns were smaller.

DISCUSSION

We can classify supernumerary teeth according to their morphology, number and location, so they are rudimentary or supplementary, single or multiple and mesiodense, paramolar and distomolar. The most commonly accepted theory about the etiology of supernumerary teeth is hyperactivity of the dental lamina.¹ The prevalence of hyperdontia in the permanent dentition varies between 1 and 6.9%. Fifteen to thirty-four percent of supernumerary teeth in the permanent dentition are supposed to erupt.⁴ In our two cases, all of the teeth were unerupted and both distomolars were smaller in size than third molars and their roots have not been developed. According to reports, there is a male predilection in supernumerary tooth^{5,6} but both of our cases were female.

Supernumerary teeth are more often found in the maxilla except supernumerary premolars that have a predilection for the mandible.⁷ Stafne reported 88.9% of supernumerary molars are found in the maxilla.⁸ In a comprehensive study, Eduard et al showed that there was no mandibular distomolar among 113 extracted supernumerary teeth⁹, and literatures stated that the occurrence of mandibular supernumerary molar is rare.⁸ In our second case, there are two distomolars which are impacted unilaterally in both the jaws.

The prevalence of multiple supernumerary teeth (five or more supernumerary teeth) has been reported as less than 1%. Multiple supernumerary teeth with no association with syndrome or disease are rare.¹⁰ In this case, however, there were five additional unerupted mandibular premolars.

Supernumerary teeth may be seen in the oral cavity, or remain impacted even without causing any complications and clinical manifestations as in our cases.¹¹ Some clinical

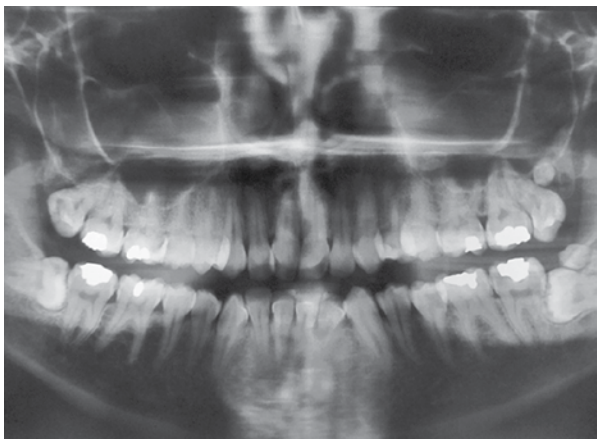


Fig. 2: Two unilateral supernumerary fourth molar teeth (case 2)

problems associated with supernumerary teeth are: abnormal root development, eruption failure of other teeth, displacement or rotation of adjacent teeth and cystic formation of unerupted teeth.³ There was no important clinical problem in our case in relation to supernumerary premolars. Some factors are important to make decision for treatment of supernumerary teeth the same as root development of the adjacent teeth, whether orthodontic treatment is required or not and whether there is pathology associated with them or not. According to this, there are different opinions about management of supernumerary teeth. Authors suggest yearly radiographic follow-up in absence of any complication related to these teeth, immediate removal of them and surgical intervention after complete root formation.¹²

CONCLUSION

Supernumerary teeth are frequently the reason of some complications, such as uneruption, ectopic eruption and diastema, therefore, dentists should be familiar with this condition and investigation for supernumerary teeth in routine examination is recommended to decrease this complication.

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