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Rare Case Report: Paramolar-Bilateral Associated With Clinical Complication

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Introduction

Supernumerary teeth was first described between 23 and 79 AD and are those that are present in superfluous of the traditional dentition.^[1] They may come into sight as a single tooth or multiple teeth, unilaterally or bilaterally, erupted or impacted, in the mandible, maxilla or both jaws.^[2] Supernumerary teeth have striking predilection for maxilla over mandible and are most typically found in incisal region followed by molar region. ^[3] Supernumerary teeth may occur singly in about 76–86%, double in about 12–36%, and multiple in about 1% of the cases.^[4]

The actual etiology of supernumerary teeth has not yet completely been understood. Several theories have been suggested for their manifestation such as the phylogenetic reversion theory (atavism), the dichotomy theory (splitting of the tooth bud into two parts), dental lamina hyperactivity theory and a combination of genetic and environmental factors.^[1] Supernumerary structures which occur in molar region are regularly divided into paramolars and distomolars. Paramolar is generally small and dysmorphic supernumerary tooth located buccally or palatally to at least one amongst the molar region. Distomolars are located distal to third molars. Distomolar along with paramolar are also known as fourth molar. Literature has few reports of paramolars as these are less often seen.^[1] Principally these occur singly and rarely is bilateral occurrence seen. The Bilateral ectopic Paramolars in maxilla can lead to localized periodontitis within the molar region was first stated by Hou et al, 1995.^[5] Paramolars are more frequently found in males compared to females in a ratio of 2:1.^[6] This article present a rare case report of an unusual presence of bilateral paramolars in maxilla between first and second molar in a healthy individual associated with clinical complications.

Case Report

A 23-year-old female was reported to the Department of Periodontology, Himachal Dental College, Sundernagar with a chief complaint of sensitivity to hot and cold, bleeding gums and food lodgement in both right and left upper back teeth region. Patient's medical and familial history was noncontributory and there was no sign of any systemic diseases or syndromes.

An intraoral examination revealed a Class I malocclusion with a well aligned upper and lower arch. In addition to presence of permanent teeth, there were Supernumerary teeth which were situated on buccal aspect of maxillary first and second molar(Fig:1). They were smaller in size and fully erupted, left side paramolar (Fig:2) and (Fig:3) shows right side paramolar with two cusps resembles paramolar. The patient was then advised for an orthopantomogram (OPG) to check the presence of multiple supernumerary teeth. The OPG revealed only maxillary bilateral paramolars (Fig: 4). The treatment plan was then outlined. Carious lesion was detected in both right and left maxillary paramolar and there was inflammation in the gums and food lodgement around the teeth. Both paramolars were extracted under local anesthesia to maintain oral hygiene and to prevent further caries to the adjacent teeth. Extracted bilateral paramolar teeth (Fig: 5). Right paramolar is slight bigger in size than left paramolar. Roots of both the teeth were fully erupted. Carious lesion was seen on both paramolar teeth (Fig: 6). There was no postoperative complications as the patient was advised to keep her socket clean after extraction to prevent food lodgement.

Discussion

The occurrence of bilateral paramolar is very rare. It is reported that when there is comparison between permanent and primary supernumerary teeth only 13% to 14% permanent are erupted, however 73% for primary

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supernumerary teeth.^[7] The exact etiology of this variance is still not completely understood. Paramolars are usually situated within the interproximal spaces between the second and third molar or buccally-lingually/ palatally to at least one of the molars, rarely they can be found and second molars between first and usually rudimentary.^[8] The prevalence of paramolars within the permanent dentition ranges from 0.08% to 0.50%.^[4] Multiple supernumerary teeth are mainly associated with variety of syndromes. Some of those are; Fabry's disease Ehlers-Danlos Gardner's syndrome, syndrome, chondroectodermal dysplasia, cleft lip and palate, Down's syndrome.^[9] In our case, thorough general examination was disbursed out to rule out the presence of any syndromes. There were no signs and symptoms of systemic diseases or syndromes. Also we had taken detailed family history from the patient, but we could not find any evidence of any syndrome or family member have the clinical presentation. The literature review of medline showed only four cases of bilateral paramolars in maxilla.^[2, 10, 11, 12] Supernumerary teeth can stay impacted or erupt normally. The supernumerary teeth like paramolar are asymptomatic and can be recognized accidentally during oral examination or any other radiographic examination. Due to the presence of Supernumerary teeth many problems are associated like failure of eruption of permanent teeth that can occurs in 30% to 60% of cases.^[4] The presence of paramolar can lead to various no. of dental problems, like(1) crowding, because of insufficient space for the eruption of other teeth; (2) delayed eruption or displacement of adjacent teeth; (3) periodontal disease and caries, if the paramolar presence causes interferences with oral hygiene procedures, (4) retention or ectopic eruptions of adjacent teeth which are still not erupted; (5) traumatic bite, due to its buccal position they may cause laceration to the buccal mucosa; (6) pulp necrosis and root

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resorption of the contiguous teeth, due to the pressure exerted by the paramolar tooth.^[13] This cases report represented with clinical complication of caries with bilateral paramolars and gingival inflammation, food lodgment around the tooth. During doing extraction clinicians must also be careful to prevent damage to the palatal root. Sometimes supernumerary teeth are fused with the adjacent tooth which can lead to injury to other teeth.

Conclusion

Supernumerary teeth are relatively common and can be present in any region of dental arch. They may remain impacted or erupt and can cause a variety of complications. The clinician should recognize the various types of supernumerary teeth and should formulate a sound treatment plan. After thorough clinical and radiographic investigations to minimize complication to developing dentition. Paramolar are supernumerary teeth which can be presented unilateral or bilateral. This case report represents bilateral paramolar in maxillary region between 1st and 2nd molar which is extremely a rare case. **Acknowledgments:** The authors acknowledge Dr. vikal Jindal Dr. Amit Goel , Dr. komal Fanda for discussion and revision of the manuscript. No co-author declare any conflict of interest.

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Legends Figure



Fig. 1: Showing Bilateral Paramolar



Fig. 2: Showing Left Side Paramolar







Fig 5: Extracted Paramolar



Fig. 6: Showing Carious Lesion on Both

Fig. 3: Showing Right Paramolar © 2020 IJDSIR, All Rights Reserved