

Rarest of Rare – A Boy with 37 Teeth

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Abstract

The presence of supernumerary teeth is common in the general population but it is rare to find multiple supernumeraries in individuals with no other associated disease or syndrome. There have been very few reported cases of bilateral maxillary and mandibular supernumeraries, distal to third molar. We have a case of 25 year old male reported with 4 distal and 1 rare in mandibular notch.

Keyword: Supernumerary teeth, OPG

Introduction

Increased number of teeth either deciduous or permanent is termed hyperdontia and the teeth which develop in addition to the normal series are called Supernumerary Teeth(ST).¹ Multiple supernumerary teeth are usually associated with a syndrome, commonly with Cleidocranial dysplasia or Gardner’s syndrome or Hallermann Streiff syndrome or cleft lip and palate.^{1,2,3,4,5,6,7,8,9,10,11,14} Till date incidences reported for non syndromic multiple supernumerary teeth are not more than 1%. They have a

predilection for the males compared to females. The ratio reported is 9:2 (Yusof) but ratio reported by Bodin et al is 2:1.¹

The real causes of supernumerary teeth are not known. Various hypotheses have been reported regarding the formation of the supernumerary teeth; genetics, unknown etiology, proliferation of the remnants of dental lamina, dichotomy, atavism and combination of any two factors.¹ They might be rudimentary, conical, turbulate or molariform.¹ ST occur mostly in the alveolus but their presence is also seen in gingiva, soft palate, incisive suture, maxillary tuberosity, maxillary sinus, ophthalmic region and the brain.¹

Scanning through the literature available, no investigator has reported any case of ST present between the condylar process and coronoid process. Thus the case present here is considered rarest of the rare as far as presence of a single or multiple ST is concerned. Treatment should be planned according to the position of the ST and the expected or associated complications. Extraction of ST is

usually preferred but we personally believe that the case should be examined thoroughly and ST should not be removed until they do not create any complication. Periodic radiographic and clinical evaluation could be a good suggestion.

Case Description

A 25 year old male patient reported to the Department of Oral Medicine and Radiology with the chief complaint of pain in lower right back tooth region. There was no relevant medical history and the patient was otherwise healthy. An intra-oral examination revealed presence of all the permanent teeth in healthy condition. On probing distal to 3rd molar, tooth like structure was found.

An intra-oral periapical radiograph and subsequently OPG (Fig.-1,2) was advised which revealed impacted multiple supernumerary teeth- four in the lower arch and one in the upper arch. One was horizontally placed distal to 47, 2 parapremolars were between 1st and 2nd premolars, one on either side, of the mandible. The one, which was unique, was vertically placed between the condylar process and the coronoid process of the mandible on the left side. In maxilla, one was placed distal to the left 3rd molar. The entire supernumerary teeth were found with fully developed crowns and roots but enclosed into their follicular spaces.

It was decided to extract the supernumerary tooth in the right mandibular quadrant but not the other unerupted supernumerary teeth to avoid expected damages to the adjacent teeth/vital structures.

Discussion

Supernumerary teeth are those which develop in addition to the normal series. These may either closely resemble the tooth of the group to which they belong (eumorphic) or may bear little resemblance to it (dysmorphic).² Supernumerary teeth may occur singly, multiple,

unilaterally or bilaterally in the maxilla, mandible or both.

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Supernumerary teeth may erupt normally, remain impacted, appear inverted or assume an ectopic position or an abnormal path of eruption. The prevalence of supernumerary teeth varies from 0.1-3.8% in the permanent dentition.² The Asians are more affected with ST than others.^{9,10,16,17}

A vast majority of the supernumerary teeth occur in the maxilla (aprox. 90%). The order of prevalence is the mesiodens, lingual to the maxillary laterals, distomolars, paramolars and bicuspid. Luten et al found that 97% of supernumerary teeth were located in the anterior region with only 3% cases representing the premolars.² they may rarely be seen (1% of all ST) in the anterior region of mandible.^{11, 12,13,14,15}

Multiple ST were found in less than 1.0% and prevalence of non-syndromic multiple ST was .049%²³ Four supernumerary teeth in the maxillary and mandibular canine-premolar region is a rare finding.¹⁸ The incidence for non-syndromic multiple supernumerary teeth (five or more) is less than 1%. Acikgoz et al² reported an overall incidence of multiple supernumerary teeth as 0.06%. Out of 9550 patients examined by him, only six patients had five or more supernumerary teeth and their prevalence was 0.14%.

Roberts et al reported a case of a healthy 22 month old boy whose intraoral examination revealed the presence of a supplementary 51 and bilateral supplementary primary maxillary canines (53s and 63s).⁴

Occasionally, supernumerary teeth are not associated with any adverse effects and may be detected as a chance during radiographic examination^{19,20,21}

The most commonly encountered complications with these teeth are dentigerous cyst and root resorption at the adjacent teeth.^{8,9} Hogstrum and Andersson found no

evidence of root resorption, loss of vitality or disturbance of root development during the three-year follow-up period.⁸

Each case of supernumerary tooth should be individually assessed. Treatment options for impacted teeth include observation, intervention, relocation and extraction. Early diagnosis, proper evaluation and appropriate treatment are essential,⁷

The position, size and nature of the ST and the level of cooperation of the patient influence the surgical procedure¹⁰. Asymptomatic ST may not operate, however, they should be followed through periodic examination.¹²

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Legend Figures



Fig.1: IOPA Showing Impacted Supernumerary tooth.

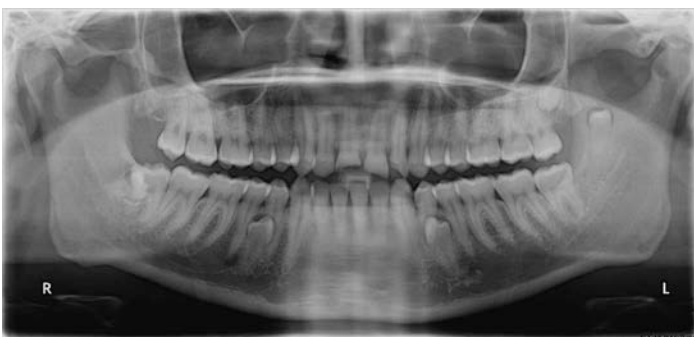


Fig. 2: OPG revealing the five supernumerary Teeth, four in the mandibular arch and one in the maxillary arch.