A Case of Incisiform Supernumerary Tooth Along With a Impacted Supplemental Tooth In Anterior Maxillary Region

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Abstract

Supernumerary tooth is one of the developmental problems in children. They can be found all over the oral cavity but most commonly in the central incisor region. It usually results in oral problems such as malocclusion, food impaction, poor aesthetics, and cyst formation. The prevalence of supernumerary teeth within the mandible and maxilla varies from 0.2-0.9%. This is a case report of a 14-year-old boy presented to the faculty of dental sciences with incisiform supernumerary tooth and a supplemental tooth in the maxillary arch, facing speech problem. Extraction of the two teeth were planned to correct the malocclusion and improve the speech.

Introduction

Any excess tooth compared to normal in deciduous or permanent dentition is known as Hyperdontia. Hyperdontia is more common in the permanent dentition than primary one. The prevalence of Hyperdontia in the permanent dentition is reported to vary between 0.1 and 3.8% and its prevalence in the primary dentition is found to be 0.3-0.8%.

The teeth causing this numerical excess are described as supernumerary teeth, the supernumerary teeth usually cannot erupt and remain impacted, but are discovered during routine radiographic examinations. When the supernumerary teeth are erupted and clinically evident, they can cause several pathologies such as delayed eruption, tooth displacement, crowding, root resorption of the adjacent tooth and cystic formations.1 Supernumerary teeth have been classified according to their form as conical, tuberculate, supplemental and odontomas, and according to their location as mesiodens, paramolar, and distomolar.3

Case Report

A 14-year-old boy reported to the faculty of dental sciences, IMS, BHU with the chief complaint of extra tooth in behind upper left front region of teeth with difficulty in speech. (Figure 1). On examination revealed that the patient was in a permanent dentition stage. There was a supernumerary tooth present posterior to 21, 22, on close examination the shape of supernumerary tooth was found to be of incisiform (Figures 2). Soft tissue was normal, there was no relevant medical and family history and the patient was otherwise healthy and not associated with any syndrome. Routine radiographic examination (IOPA) was carried out to evaluate the status of the supernumerary tooth, the radiographs revealed additional tooth between two central incisors. Occlusal radiograph was taken to affirm the position of this supplemental tooth, in this case it was found to be placed Buccal. (Figure 3). After a detailed examination the decision was made to extract the two teeth to relieve the patient of his problems. First supernumerary tooth was removed by palatal approach whereas impacted supplemental tooth other was removed by Buccal approach. (Figure 4) Sutures were placed and analgesics and antibiotics were prescribed. (figure 5) The patient was recalled after a week for follow-up. The wound healed uneventfully.

Discussion

The prevalence of supernumerary teeth in permanent dentition ranges from 0.5-3.8%. Where as in deciduous dentition it ranges of 0.3 to 0.6%. Males are more commonly affected than females with a ratio of 2:1. Hereditary may also role in its etiology but it does not follow set pattern.4 Radiographic examination is of utmost importance to find out any more supernumerary teeth. Radiographic examination includes IOPA, orthopantomograph (OPG), occlusally. They help in locating the exact position of teeth may also help in overruling any syndrome.5

There are different opinions on extraction of impacted supernumerary tooth. There is no specific indication regarding the ideal time for surgical removal. Supernumerary tooth can be best removed when the permanent central incisors begin to erupt, but this may not be always possible. On the contrary, Primosch,
discourages early extraction of supernumerary tooth due to the risk of iatrogenic damage to the developing adjacent permanent teeth. In this particular case, considering the age of the patient as well as the problems associated with the supernumerary tooth (speech difficulty), surgical removal was carried out, since both the maxillary central incisors and lateral incisor had totally erupted showing complete root formation and advanced apical closure. It is said that complications associated with early removal of such teeth are infrequent and minor in nature. Proper evaluation and early surgical therapy may help to reduce the duration of orthodontic treatment and, coupled with speech therapy, will improve the quality of life and self esteem of the patient.

References

Illustrations

Illustration 1

Frontal view

Illustration 2

Palatal view
Illustration 3

Diagnostic radiographs

Illustration 4

Incisiform supernumerary tooth and impacted supplemental tooth
Illustration 5

Sutured site
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