

EDİTÖRE MEKTUP / LETTER TO THE EDITOR

Kissing impacted mandibular molars

Gömülü mandibular azı dişlerini öpmek

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To the Editor,

A 30 year old male patient visited department of oral medicine and radiology with chief complaint of mild pain in the right lower back region of mouth since one month. Patient also complained of missing teeth in right lower back region of mouth. History of present illness revealed that the pain was mild in nature, localised, dull aching and intermittent in nature and initiated on intake of cold food and sweets. Patient did not give any history of extraction of right lower back teeth. On intraoral examination deep occlusal caries with 46 was observed and the tooth was non tender on percussion. Also, the molars 47 and 48 were found to missing. The alveolar mucosa overlying the edentulous area 47 & 48 appeared normal. An intraoral periapical radiograph (IOPA) was advised. Radiograph revealed radiolucency in the occlusal surface involving the pulp with 46. Surprisingly we additionally found two impacted molars in the edentulous area of 47, 48. The impacted mandibular molars 47 and 48 appeared occluding with each other (Fig 1). Root canal treatments to 46, extraction of the two impacted mandibular molars 47 and 48 were carried out. Subsequently removable prosthesis was provided to the patient.

Teeth impaction is due to failure of teeth to erupt due to physical barrier¹. Impacted molar can be classified as mesioangular, vertical, distoangular, horizontal, buccoangular, linguoangular, inverted and unusual.² In our present case the impacted molars were not able to erupt because of their alignment in opposite directions. 47 was distoangular and 48 was inverted

with radiographic appearance of occluding (kissing) each other.



Figure 1.- Intraoral periapical radiograph showing impacted mandibular molars 47 and 48 occluding (kissing) with each other.

This type of two adjacent impacted molars occluding with each other is an interesting and rare finding. On enquiring the patient about the missing teeth, patient could not give proper history about its presence/absence. This case highlights the importance of taking IOPA in similar cases like this when teeth are missing regardless of patient's history of previous extraction. The previous extraction possibly may be related to the extraction of deciduous teeth, which the patient might have inadvertently assumed it to be permanent teeth.

Without taking IOPA this interesting observation of two adjacent impacted molar teeth kissing

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(occluding) each other might have been missed. Before jumping into fabricating prosthesis in similar cases it would be wise for the dentist to acquire an IOPA of the edentulous region to rule out the presence of impacted teeth. This case demonstrates that IOPA is an all time valuable diagnostic aid for dentists.

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