

BILATERAL MOLARIFORM SUPERNUMERARY TEETH IN THE ANTERIOR MAXILLA: A REPORT OF TWO CASES

Üst Çene Ön Bölgede Molar Formunda Çift Taraflı Artı Dişler : İki Olgu Bildirisi

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Received: 20/04/2016

Accepted: 01/06/2016

ABSTRACT

Supernumerary teeth are additional teeth besides the normal series and can be found in any region of the dental arch. Supernumerary teeth can be classified according to their form and locations. Early diagnosis and treatment of patients with supernumerary teeth may prevent or minimize complications. The treatment options depend on the type and position of the supernumerary tooth and its effect on the adjacent structures. Two male patients were referred to our clinic due to swelling in their maxillae and interrupted eruption of teeth. Upon radiological examination of the patients, impacted supernumerary teeth were found. Surgical removal of these teeth were performed and they were found to be molariform. We aim to present the two rare cases of molariform supernumerary teeth in this article.

Keywords: Supernumerary teeth; molariform; rudimentary; maxilla; oral surgery

ÖZ

Supernumerer dişler normal diş serisinin yanında bulunan ilave dişler olup dental arkın herhangi bir bölgesinde yer alabilirler. Bu dişler şekillerine ve konumlarına göre sınıflandırılabilirler. Bu dişlerle ilgili komplikasyonları en aza indirmek için olguların erken teşhis ve tedavi edilmeleri önemlidir. Tedavi seçenekleri; artı dişlerin tiplerine, konumlarına ve komşu yapılara etkilerine bağlı olarak değişir. Üst çenelerindeki şişlik ve sürmemiş diş şikayetleriyle kliniğimize başvuran iki erkek hastanın radyolojik muayeneleri yapılmış ve gömük süpernumerer dişlerin varlığı görülmüştür. Bu dişlerin cerrahi olarak çekimi yapılmış ve dişlerin molariform yapıda olduğu izlenmiştir. Bu makalede ender görülen molariform dişlerin görüldüğü iki olgunun sunulması amaçlanmıştır.

Anahtar kelimeler: Artı dişler; molariform; üst çene; gelişim eksikliği; ağız cerrahisi



Introduction

Supernumerary teeth are additional teeth besides the normal series and can be found in any region of the dental arch (1). They are most commonly found in the maxillary midline and occur twice as much in males than in females. Supernumerary teeth can be classified according to their form and locations (2). In 1981 Primosch (3) classified supernumerary teeth into two types: supplemental and rudimentary. The term supplemental refers to teeth that are of normal size and shape, whereas rudimentary teeth are of smaller size and abnormal shape, including conical, tuberculate and molariform. Molariform type of supernumerary teeth is rare and uncommon. They may cause delayed eruption of adjacent teeth and they either appear alone or in pairs in the central incisor region with complete root formation (4). Early diagnosis and treatment of patients with supernumerary teeth may prevent or decrease the likelihood of complications (5). Complications such as impaction, delayed or ectopic eruption of adjacent teeth and diastema can be associated with supernumerary teeth. Supernumerary teeth that cause such complications are indicated for extraction. Studies show that the earlier the supernumerary teeth are removed, better the prognosis (6). The treatment also depends on the type and position of the supernumerary tooth and its effect on the adjacent structures. The aim of this article is to present two rare cases of molariform supernumerary teeth in the central incisor region in the primary dentition. The treatment plan consisted of surgical extraction of the supernumerary teeth and observation of permanent central incisors for proper eruption and alignment.

Case Reports

Case 1

An 11 year-old male patient was referred to our clinic due to a swelling in his anterior maxilla. The patient's family and medical history was unremarkable. Radiographic and clinical examination revealed two impacted supernumerary teeth. The need for surgical removal to facilitate the eruption of permanent central incisors was explained to the patient and his parents. Surgical extraction of the teeth with a palatal approach was performed under local anesthesia. The operation was performed not because there was evident pathological growth around

the teeth but the permanent central incisors failed to erupt. (Figures 1, 2, 3, 4 and 5)



Figure 1. Preoperative intraoral view of the patient.



Figure 2. Preoperative panoramic radiography of the patient.



Figure 3. View of operation site during the surgical procedure.



Figure 4. Appearance of surgically extracted molariform teeth.



Figure 5. Post-operative intra-oral view.

Case 2

A 13 year-old boy was referred to our clinic because of swelling in his anterior maxilla and the impaction of his central incisors. His medical history was non-contributory. There was also no history of similar anomalies (supernumerary teeth) among family members. Intraoral examination revealed severe malocclusion in the mixed dentition and presence of impacted incisors. The need for surgical removal to facilitate the eruption of permanent central incisors and to improve the malocclusion was explained to the patient and his parents. The supernumerary teeth were surgically removed with a buccal approach. The extracted teeth exhibited molar morphology with incomplete root formation. There were no complications in the healing period. (Figures 6, 7, 8 and 9)



Figure 6. Pre-operative intra-oral view of the patient.



Figure 7. Preoperative panoramic radiography of the patient.



Figure 8. View of the operation side during the surgical procedure.



Figure 9. Clinical photograph of surgically removed molariform teeth.

Discussion

The prevalence of supernumerary teeth in Caucasians has been reported to be between 1% and 3% which is slightly higher than that of the Asian populations. Single tooth hyperdontia was found in approximately 76% to 86% of the cases, those with two supernumerary teeth in 12% to 23%, three or more extra teeth in less than 1% of the cases (7). Although these teeth can occur in any location, they have a predilection for certain sites. They are far more common in the maxilla (90%) than in the mandible (10%). Studies show that 75% of incisors erupt spontaneously after the removal of the supernumerary teeth provided that there is adequate space in the dental arc. Although controversial, surgical exposure of the unerupted teeth can also be done but there was no need for it in this case. During the procedure avoiding any trauma to adjacent teeth is crucial (8, 9).

In this study, we investigated two rare cases of bilateral molariform supernumerary teeth with partial root development and their surgical treatment. A supernumerary tooth may resemble the corresponding normal tooth, or it may be rudimentary and bear little or no resemblance to its normal counterpart. The mesiodens and the supernumerary premolars

often exhibit conical crowns, latter are usually located on the buccal or palatal aspect of the normal maxillary molars. Supernumerary deciduous teeth are uncommon; however, when they do occur, the most common is maxillary lateral incisors. Supernumerary teeth may be single or multiple and erupted or impacted. Multiple supernumerary teeth, which are generally impacted, are characteristically seen in cleidocranial dysplasia, cleft lip and palate, Down syndrome and Gardner syndrome (8, 9).

In our case two impacted supernumerary teeth were located in the maxilla, adjacent to maxillary central incisors and show no resemblance to its normal counterpart. The occlusal view of the teeth had signs of a molar tooth but they could not be classified as molars. The root formation was not completed but it was similar to an incisor or premolar. About the treatment options, a debate has been made about trimming the bone over the impacted teeth and surgically exposing it. In our case we didn't expose the teeth but even after 1 week post operatively impacted incisors gradually erupted. But it was obvious that orthodontic treatment was necessary to achieve optimum occlusal and aesthetic results.

Conclusion

Early detection and management of all supernumerary teeth is a necessary part of the preventive dentistry. No single tailored treatment is available. Treatment planning should be done based on the special needs of the patient.

Source of funding

None declared

Conflict of interest

None declared

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