

A Rare Case Report of Inverted Eruption of Supernumerary Tooth in the Anterior Maxilla

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ÖZET

Anterior maksillada süpernumerer dişin inverse erüpsiyonu: Nadir bir olgu raporu

Literatürde hem maksillada hem de mandibulada inverse diş erüpsiyonları bildirilmiştir ve bunların çoğu inverse gömülü üçüncü büyük azı dişleri ve küçük azı dişleridir. Ancak, ağız içi inverse diş erüpsiyonu günümüze kadar çok az durumda bildirilmiştir. Biz burada maksillada merkezi ve yan kesici dişler arasındaki inverse süpernumerer dişle ilgili benzersiz bir olguyu bildirmekteyiz.

Anahtar sözcükler: Inverse diş, süpernumerer diş, maksilla

ABSTRACT

A rare case report of inverted eruption of supernumerary tooth in the anterior maxilla

Inverted teeth have been reported in both maxilla and mandible and most of them are inverted impacted third molars and premolars. However, very few cases of intraoral inverted tooth eruption have been reported till date. We are reporting a unique case of inverted supernumerary teeth between the central and lateral incisors in the maxilla.

Key words: Inverted tooth, supernumerary teeth, maxilla

INTRODUCTION

Eruption of inverted tooth is a rare condition (1). Inverted tooth is the one where the crown is pointing downwards and root apex pointing towards the alveolar crest (2). Supernumerary teeth are relatively common disorder of odontogenesis characterized by excess number of teeth, with mesiodens being the most frequent (3). It is one of the most significant dental anomalies during the primary and early mixed dentition. The frequency of inverted mesiodens constitutes to approximately 9–67% of all reported cases (4). But very few cases of inverted and erupted supernumerary teeth in maxilla have been reported.

CASE REPORT

A 56 year old male patient admitted to the Department of Oral Medicine and Radiology, Century International Institute of Dental Science and Research Centre, Poinachi, India with the complaint of missing teeth in the lower and upper right and left back tooth region. On examination, missing teeth were noticed in the mandibular and maxillary

right and left posterior region. Generalised periodontitis was also observed. The right and left maxillary anteriors were mobile. Clinically, the root apex of supernumerary tooth was noticed palatally between the right central and lateral incisor (Figure 1). The tooth was neither mobile nor



Figure 1: The root apex of an inverted supernumerary tooth placed palatally between right central and lateral incisor



Figure 2: Intraoral periapical radiograph showing inverted supernumerary tooth superimposed on the right lateral incisor

symptomatic. Family history was non-contributory. Intra-oral periapical radiograph of the region revealed an inverted supernumerary tooth superimposed on the right lateral incisor with the crown facing upward and the root apex facing towards the incisal surface (Figure 2). Vertical bone loss was noted. Considering the poor prognosis of the inverted supernumerary tooth due to the compromised periodontal status, patient was referred to the Department of Oral and Maxillofacial Surgery for extraction and later to the Department of Prosthodontics for replacement of missing teeth with complete removable denture.

DISCUSSION

Developmental dental anomalies generally manifest as a variation in tooth size, shape, number, or structure. Supernumerary teeth that exceed the normal dental formula are considered as one of the most frequent dental anomalies. Depending upon their location, several terms have been used to describe the supernumerary teeth. A supernumerary tooth in the maxillary anterior region is termed as the mesiodens; an accessory fourth molar is often called a distomolar or distodens. A posterior

supernumerary tooth situated lingually or buccally to a molar tooth is termed a paramolar (5,6). Multiple supernumerary teeth are frequently associated with various craniofacial anomalies including cleft lip and palate, Gardner's syndrome, and cleidocranial dysostosis (4-6).

Inversion is defined as 'the malposition of a tooth in which the tooth has reversed and is positioned upside down' (7). Inverted teeth have been reported in both maxilla and mandible, and most of them are inverted impacted third molars and premolars. In the present case, eruption of inverted supernumerary tooth in the anterior maxilla between central and lateral incisors was noticed, which is very rare. Although inverted impacted teeth may remain in position for years without clinical manifestation as seen in our case and may be detected in radiographic examinations incidentally, many complications including delayed or ectopic eruption, crowding, diastema, eruption into the nasal floor, resorption of the adjacent root and development of a dentigerous or primordial cysts are associated with it (7).

Eruption of the inverted teeth is extremely rare, but has been described for incisors and premolars. Inverted eruption may be observed as the appearance of the root apex in the alveolar arch or the perforation of the crown through the inferior cortical plate of the mandible (8).

Periapical, maxillary occlusal and panoramic radiographs are essential in the diagnosis of impacted supernumerary teeth. The identification of the path of eruption (normal, inverted, or horizontal), the location (palatal or labial, superior or inferior) of the impacted supernumerary teeth and its relation with the adjacent structures help to formulate an appropriate treatment plan (9).

Supernumerary teeth also predispose the area to subacute pericoronitis, gingivitis, periodontitis, and abscess formation. In selected cases, clinical judgement may not dictate surgical removal, or patient resistance to therapy may be present. In these instances, a regular monitoring is appropriate (5). The clinical complications of mesiodens include delayed eruption of permanent incisors, midline diastema, axial rotation, or inclination of erupted permanent incisors, resorption of roots of adjacent teeth, root anomaly, cyst formation, and intra-oral infection (10-12).

Early diagnosis and treatment are required to prevent complications and orthodontic requirement. Supernumerary teeth should be extracted immediately if any of the above cited complications are present.

CONCLUSION

Many case reports of inverted teeth involving mandibular third molars and premolars have been reported. But most of them are impacted. Only few case

reports of erupted and inverted supernumerary tooth are found in the literature. Herein, we presented an extremely rare case of eruption of inverted supernumerary tooth between the central and lateral incisors in maxilla.

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