CORRESPONDENCE

Supernumerary deciduous molar teeth in the anterior region of the maxilla: Unusual case

A supernumerary tooth may be defined as any tooth or tooth substance that exceeds the standard dental formula, regardless of location or form.\(^1\) Supernumerary teeth may vary from a simple odontoma to a supplementary tooth. They are twice as common in permanent dentition when compared to deciduous dentition (0.15-3.9% and 0.3-0.8%, respectively).\(^1,2\) Supernumerary teeth are found at an 8:1 ratio in the maxilla versus the mandible, with the pre-maxillary region being the most common site of occurrence.\(^2\) Supernumerary teeth may affect the developing dentition in various ways, the most common of which is the failure of adjacent permanent teeth to erupt, which occurs in 30-60% of cases.\(^3\)

This report presented a case of nonsyndromic, symmetrically impacted deciduous supernumerary molar teeth in the incisor region of the maxilla in a male patient and their mechanical forced eruption using orthodontic traction. A 10-year-old male patient was referred by his general dentist owing to an aberrant view of the anterior region of the maxilla in a panoramic radiograph (Fig. 1A).

Figure 1  (A) Radiographic view of the patient prior to surgery. (B) Intraoperative view showing supernumerary primary molar teeth in the anterior region of the maxillary arch. (C) Photographic view of the surgical material sent for histopathological study. (D) Microscopic view showing physiological external resorption of the supernumerary tooth root (arrows). The dentinal tubules of the root could also been observed (×200, hematoxylin and eosin stain). (E) Photographic view of the second surgical operation at the beginning of orthodontic treatment. (F) Photographic view showing regular orthodontic treatment.

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According to the patient’s history, he had normal deciduous dentition. Clinical and radiographic examination revealed both the impaction of the permanent maxillary central incisors and the presence of two tooth-like structures above the crowns of the permanent teeth. The treatment plan involved surgical extraction of the tooth-like structures and waiting for the spontaneous eruption of the central incisors into the oral cavity. Surgery was thus performed (Fig. 1B). Gross and histopathological analyses of the supernumerary teeth with physiological external root resorption suggest that the removed supernumerary teeth are deciduous molar teeth (Fig. 1C and D). Six months post surgery, no improvement in the eruption of the central incisors was recorded. A soft-tissue flap was elevated surgically, and brackets were placed on the incisors by the surgeon and orthodontist in order to bring the teeth into the oral cavity (Fig. 1E and F).

Physiological root resorption is a phenomenon that occurs only in the deciduous dentition. In this case, oral pathologist determined that these supernumerary teeth had physiological external root resorption (Fig. 1D). Also, occurrence of impacted permanent central incisors in the same region strengthened the possibility of supernumerary deciduous molar teeth. Some authors suggest waiting for spontaneous eruption following the removal of a supernumerary if the impacted tooth is not excessively displaced. In our case, spontaneous eruption did not occur, although the impacted central incisors were not excessively displaced and there was sufficient space for their eruption following the removal of the supernumerary teeth. We attributed the lack of spontaneous eruption to the curved shape of the permanent central incisor roots and the presence of thick, fibrous gingival tissue.

This report emphasizes the importance of collecting radiological data for every single patient before any dental intervention. It is the first case reporting the presence of supernumerary deciduous molar teeth in the anterior region of the maxilla.

References


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