

Bilaterally Symmetrical Multiple Impacted Permanent Teeth in a Nonsyndromic Patient: A Rare Finding

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ABSTRACT

While impaction of tooth is widespread and common, multiple impacted teeth by itself is a rare condition which often is found in association with syndromes and also rarely reported in the literature. In some cases, however, impaction of multiple teeth is not accompanied by a fixed complex of symptoms. A 51-year-old male reported to our clinic with pain and sensitivity of his maxillary right last molar and mandibular anteriors respectively. IOPA and panoramic views revealed 4 impacted teeth in mandible (bilateral cuspids and I bicuspid) and 6 impacted teeth in maxilla (bilateral cuspids, I and II bicuspid). A total of 10 permanent teeth were impacted. In our case medical and family history along with extraoral examination were not suggestive of any syndrome or metabolic disorder. The rareness is the bilateral symmetrical pattern of impaction.

Keywords: Premolars, Bilaterally impacted, Permanent teeth, Radiography, Dental, Nonsyndromic.

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INTRODUCTION

The maxillary or mandibular third molars are the teeth which are the most common to be impacted followed by maxillary cuspids or central incisors and mandibular second bicuspid.¹ Impacted maxillary bicuspid are often not frequently described in the literature. The purpose of this article is to present a case with bilateral multiple impacted permanent teeth in which no systemic condition or syndromes have been detected involving both jaws.

CASE REPORT

A 51-year-old male reported to the Department of Oral and Maxillofacial Surgery with pain and sensitivity in his maxillary right last molar and mandibular anteriors respectively. According to his dental history he was partially edentulous for over 40 years, he had undergone uneventful extraction of maxillary molars 4 years back.

There was no familial history of impacted teeth. His medical history was otherwise unremarkable. Complete blood count and routine blood biochemistry tests were normal. On extraoral examination, he was a moderately built and nourished male without any physical abnormalities, deformities.

Intraoral examination revealed, presence of the teeth 18, 11, 21, 22 and 31, 32, 35, 36, 37, 38, 41, 42, 45, 46, 48. No oral mucosal lesions were detected. Panoramic (Fig. 1) radiograph revealed 10 permanent impacted teeth, 6 in the maxilla and 4 in the mandible in a fairly symmetrical pattern. The maxillary impacted permanent teeth were 15, 14, 13 and 23, 24, 25 and the impacted mandibular teeth were 33, 34 and 43, 44. Cystic changes were not detected and the periodontal spaces and lamina dura of most of the teeth were faintly continuous. Teeth 18 and 32 were extracted because of grade III mobility.

Intraoperatively a crestal incision was given in the maxillary arch, the mucoperiosteal flap raised and the crowns of 13, 14, 15 and 23, 24 and 25 were exposed and extracted. In the mandible two separate free gingival incisions were given and the crowns of 43, 44 and 33, 34 exposed and extracted. The 31, 41 and 42 were spared in order to maintain the strength and the continuity of the mandible which would otherwise be rendered weak with their removal. The extracted teeth (Fig. 2) were inspected for any structural abnormalities and the sockets were thoroughly debrided. Final closure was done using 3.0 mersilk (Fig. 3). To ensure optimum function and esthetics an interdisciplinary approach between the oral surgeon, endodontist and prosthodontist was recommended for the management of this case. Orthodontic treatment was ruled out considering his age and time taken for the same.

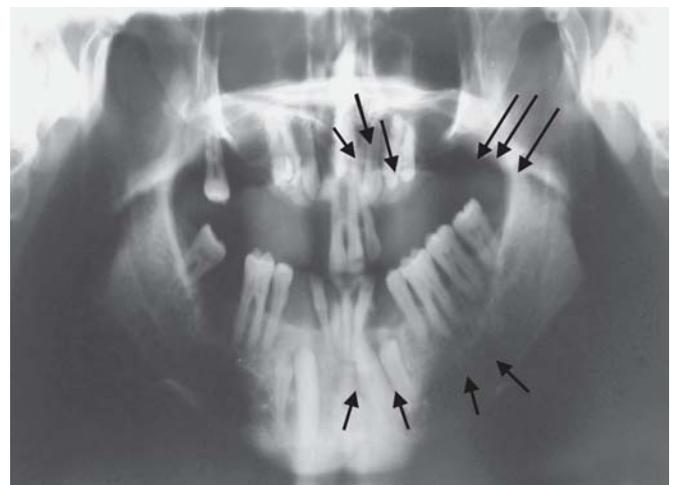


Fig. 1: Panoramic radiograph showing 10 permanent impacted teeth (arrows)



Fig. 2: Extracted impacted teeth with their intact follicles



Fig. 3: Final closure

DISCUSSION

When there is a clinical absence of a number of teeth and the history indicates that they have not been extracted, partial anodontia and tooth impaction can be considered. Radiographic examination, however, may reveal multiple impacted teeth and partial anodontia can be rejected.^{4,9,10}

After encountering multiple impacted teeth other than third molars or canines, the clinician should then be prompted to look for other features of the syndromes and metabolic disorders that may be present.^{3,6-9} Lack of space or crowding of dental arches, the premature loss of the primary teeth with subsequent partial closure of the area, and rotation of tooth buds are some of the most common causes contributing to impaction.^{2,6} In this case, we believe that lack of eruptive force is the reason of impaction.

CONCLUSION

The dental history and radiographic examination excluded partial anodontia, and the medical and family history with

extraoral examination was not suggestive of any syndrome or metabolic disorder. In literature many idiopathic cases of multiple impacted teeth reported, were of supernumerary or a combination of supernumerary and permanent teeth.^{2,5} In our case the impacted teeth were of permanent dentition and bilaterally symmetrical pattern is rarely reported in the anterior region.

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