

## CASE REPORT

**Inverted Maxillary Third Molar, Rare Occurrence- A Case Report**Nikhil Purohit<sup>1</sup>, Nitin Jaggi<sup>2</sup>, Ranjan Chauhan<sup>3</sup>, Manusmrati Mishra<sup>4</sup>, Ashish Singh<sup>5</sup>**ABSTRACT**

**Introduction:** The most commonly seen impacted teeth in oral cavity are mandibular third molar, followed by the maxillary third molars, the maxillary canines and the mandibular premolars. Inverted maxillary third molar is a rare occurrence. Cases of inverted maxillary third molar reported in literature are very few. We report an interesting case of inverted maxillary third molar. This case report will add a case of inverted maxillary third molar in case series reported so far and also to academic literature available in respect to inverted maxillary third molar.

**Case Report:** A 60 year old female reported to the department of oral and maxillofacial surgery of Maharana Pratap College of Dentistry and Research center with a chief complaint of pain in both upper and lower right and left back teeth region of jaw. The patient was treated surgically for the right side inverted maxillary third molar. Post operative healing was good and no significant postoperative complication was noticed.

**Conclusion:** The occurrence of impacted inverted maxillary third molar is a rare occurrence as so far very few cases have been reported in literature so this case report is a contribution to literature. We also conclude that before making treatment plan weigh the risk and benefit of keeping and removing the tooth

**Keywords:** Inverted, Impacted molar, Maxillary third molar

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**INTRODUCTION**

Tooth impaction is a frequent phenomenon.<sup>1-2</sup> A tooth is said to be impacted if it fails to erupt, is partially erupted or un erupted and will not assume a normal arch relationship with the other teeth and tissues.<sup>3</sup> There are so many factors which are responsible for tooth impaction such as crowding, ectopic position of the tooth germ, supernumerary teeth and soft tissue or bony lesions. There are so many theories given for tooth impaction which more or less stress on discrepancy of jaw size to the tooth as a cause of tooth impaction.

In a few studies it has been found that in one out of four individuals a maxillary third molar is impacted.<sup>4</sup> Most commonly seen impacted maxillary third molar is in vertical or mesiobuccal direction, inversion is a very rare finding in which crown points towards maxillary sinus and root apex facing towards alveolar crest have been reported.<sup>5</sup>

We report an unusual impaction of maxillary third molar in an inverted direction which was accidentally diagnosed in radiological examination and was removed surgically.

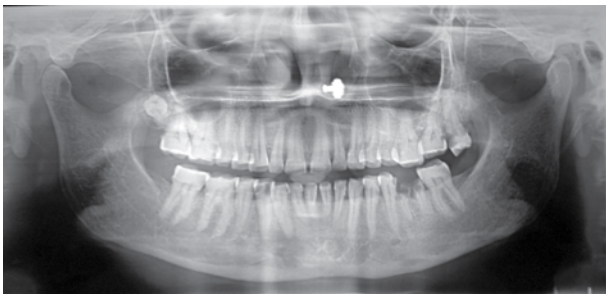
**CASE REPORT**

A 60 year old female reported to the department of oral and maxillofacial surgery of Maharana Pratap College of Dentistry and Research center with a chief complaint of pain in both upper and lower right and left back teeth region of jaw. Family and personal history were unremarkable. Clinical examination of oral cavity revealed deep proximal caries in right maxillary first molar and second premolar and right mandibular second premolar. She had grossly decayed left mandibular first molar. An intraoral periapical radiograph revealed presence of impacted maxillary third molar in an unusual position. A panoramic radiograph was taken to check correct position of impacted maxillary third molar and also to see its relation with adjacent structures (Fig 1).

In OPG (Figure-1) an inverted maxillary third molar was seen on right side with crown facing towards the maxillary sinus and apex towards the alveolar crest. This tooth was asymptomatic and also there were no signs of infection seen (Figure 2 & 3). Treatment was

planned in terms of extraction of decayed teeth along with surgical removal of inverted maxillary third molar under local anesthesia.

The inverted tooth along with maxillary second molar was extracted by trans-alveolar method (Figure 4) using standard surgical protocols and also by explaining all due risks of morbidity to the patient. Maxillary second molar was removed because after exposing the tooth it was seen that the tooth was lying in the vicinity of roots of second molar. There was no significant postoperative complication was noticed.



**Figure-1:** Showing the Inverted Right Maxillary Third Molar



**Figure-2:** Pre Op Picture; **Figure-3:** Intra Op Picture



**Figure-4:** Extracted Teeth

## DISCUSSION

Impacted tooth can be seen with any tooth in dental arch. Most commonly seen impacted teeth are the mandibular

and maxillary third molar, maxillary canines, maxillary and mandibular second premolar and maxillary central incisors.<sup>6</sup> There are so many etiological factor associated with impaction of teeth. Among various reasons include mechanical obstruction, malpositioning of tooth germ, genetic reason.<sup>7</sup> On reviewing the literature the frequency of occurrence of inverted maxillary third molar is very less and is uncommon. So far reported cases in literature are- Gold J and Demby N in 1973 reported the first case of inverted maxillary third molar tooth impaction.<sup>5</sup> Yuvaraj and G D Agarwal reported another case of inverted maxillary third molar impaction in 2011.<sup>9</sup>

It is important to note that most of the cases reported so far were diagnosed only on radiological examination and only few were symptomatic. Impacted tooth are painless until they get infected. Presence of impacted can lead to bone loss and resorption of root of adjacent teeth that is why mostly our line of treatment is directed towards removal of the impacted tooth.

Access to inverted tooth for its removal is a problem, since crown of the tooth is directed towards the maxillary sinus and infratemporal fossa and this positioning can lead to complication during surgery that is displacement of tooth into these spaces.<sup>10</sup> The important aspect of the management of such cases is to see and judge the risk and benefits associated with the presence and surgical removal of the tooth.

## CONCLUSION

The occurrence of impacted inverted maxillary third molar is a rare occurrence as so far very few cases have been reported in literature so this case report is a contribution to literature. We also conclude that before making treatment plan weigh the risk and benefit of keeping and removing the tooth.

## REFERENCES

1. Chu FCS, Li TKL, Lui VKB, Newsome PRH, Chow RLK, Cheung LK. Prevalence of impacted teeth and associated pathologies – a radiographic study of the Hong Kong Chinese population. *Hong Kong Med J.* 2003;9:158-63.
2. Gisakis IG, Palamidakis FD, Farmakis ER, Kamberos G, Kamberos S. Prevalence of impacted teeth in a Greek population. *Journal of Investigative and Clinical Dentistry* 2011;2:1-8.
3. Mwaniki D, Guthua SW. Incidence of impacted mandibular third molars among dental patients in Nairobi, Kenya. *Odontostomatol Trop* 17-9.

4. Dachi SF, Howell FV: A survey of 3874 routine full mouth radiographs: II A study of impacted teeth. *Oral Surgery, Oral Medicine, Oral Pathology*, 1961; 14:1165-1169.
5. Gold J, Demby N: Rare inverted maxillary third molar impaction: Report of a case. *Journal of American Dental Association*, 1973; 87:186-188.
6. Al-Faleh W. Completely Impacted teeth in dentate and edentulous Jaws, *Pakistan Oral and Dental Journal* 2009;29: 255-60.
7. Kapur A, Goyal A, Jaffri S: Management of inverted impacted primary incisors: An unusual case. *Journal of Indian Society Pedodontics and Preventive Dentistry* ,2008;26:26-28.
8. Yuvaraj, Agarwal GD. Inverted Maxillary Third Molar Impaction – A Case Report. *People's Journal of Scientific Research* 2011;4:57-8.
9. Winkler T, von Wowern N, Bittlmann S: Retrieval of an upper third molar from the infratemporal space. *Journal of Oral Surgery*, 1977; 35:130-132.