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A Case Report of Bilateral Impacted Mandibular Fourth Molars

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ABSTRACT

Introduction: Supernumerary teeth are most commonly located at the anterior maxillary region and less commonly in the mandibular posterior region. They are classified according to their location and form. Supernumerary teeth may or may not cause clinical problems.

Case report: Fourth molar supernumerary teeth are rare in occurance. Here we are presenting a case report of fourth molar in three quadrants in a 22 year old male patient.

Conclusion: Detection of the extra teeth is commonly done by clinical and radiographic examination. Their management should form part of a comprehensive treatment plan.

Keywords: Fourth Molar, Impacted Teeth, Supernumerary Teeth

INTRODUCTION

Teeth in additional of the normal count are called as "supernumerary teeth." The supernumerary teeth can be unilateral or bilateral, single or multiple, in one or both jaws and erupted or unerupted. The reason for the formation of supernumerary teeth is considered as a result of horizontal proliferation or a hyperactivity of the permanent or deciduous dental lamina. Multiple supernumerary teeth are commonly associated with various conditions like cleft lip and palate or can be associated with syndrome like Cleidocranial dyplasia and Gardner's Syndrome.¹

Supernumerary teeth are more commonly seen in the maxillary anterior region. Posterior region is less commonly seen as having supernumerary teeth. Supernumerary molars when present occur more commonly in the maxilla i.e., 79.7% and frequently were impacted (88.7%) and found bilaterally present (23.9%). They are divided into supplemental (normal size and shape) or rudimentary (abnormal shape and smaller size) type.²

The fourth molar is a type of supernumerary tooth. They can be found unilaterally or bilaterally in both jaw bones. Morphology and size of these fourth molar can be similar to a normal tooth. They further can be classified depending on their location as paramolar or distomolar supernumerary tooth. 1,3

Here we are presenting a case report of fourth molar in three quadrants in a 22 year old male patient.

CASE REPORT

A 22 year old male patient came with a complaint of pain at right posterior region since 2 months. Clinical examination was not contributory. As the third molar was not erupted OPG was advised. On radiographic examination it was seen that third molars in all quadrant were impacted and also additional fourth molar were seen as developing in the

bilateral mandibular region and also in the left maxillary region. The mandibular fourth molars were mesioangular impacted on both sides, while the maxillary left fourth molar tooth bud was just started calcification. As the third molars were causing pressure on the second molars in both mandibular quadrants, surgical extraction was advised along with fourth molars.

DISCUSSION

The developmental communications are mediated by a comparatively small number of signalling molecule families, with individual members frequently acting at numerous stages and lead to development of various organs including teeth. Deviation in the process can lead to the formation of excess teeth, which are termed as Hyperdontia or supernumerary teeth. Supernumerary teeth are defined as teeth that exceed the normal dental formula, regardless of their location and morphology.⁴

Supernumerary teeth can be found in both the primary and permanent dentition, but they are more common in the permanent dentition. A distomolar (dens distomolar) is a type of supernumerary tooth located distally to third molar tooth. Such a tooth is called a fourth molar.^{3,5}

Among the supernumerary teeth, fourth molar is relatively less commonly seen. Stafne⁶ reports most of the upper fourth molars are blunt, multicuspid, and much smaller than the third molars.¹ The present case report shown presence of fourth molar in three quadrants and all were impacted and seen as multicuspid teeth.

Numerous hypotheses were suggested for the occurance of supernumerary teeth, but the exact etiology is still not clear. It has been suggested that supernumerary teeth result from atavism or reversion, aberrations during embryological formation or can arise from local, independently conditioned hyperactivity of dental lamina or remnants of dental lamina.^{1,3,7}

The indications for the surgical distomolars extraction are inflammatory complications and chronic pains or due to orthodontic reasons. While planning a distomolars extraction a list of features should be taken under consideration, such as their location and access to the teeth during the surgery,

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Figure-1: OPG showing the presence of fourth molar in the maxillary left and mandibular right and left quadrant.

potential problems with their removal and a possibility of complications that may occur during or after the surgery.³

CONCLUSION

Fourth molars can appear normal or abnormal in shape and size and may or may not be associated with the potential complications. Occurrence of fourth molar in the mandibular arch is less commonly seen and often remains undetected in routine dental examinations when situated distally to the third molar.

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