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## RESEARCH ARTICLE

### A RARE INSTANCE OF DISTOMOLARS AND PARAMOLARS IN MAXILLOMANDIBULAR REGION: A RARE CASE REPORT.

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#### Abstract

Paramolars and distomolars are supernumerary molars, and a developmental anomaly. This is a case report of simultaneous presence of distomolars and paramolars in maxillomandibular region.

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#### Introduction:-

Supernumerary teeth are additional or rudimentary tooth/teeth in number in a normal dental arch. (2) This anomaly is also known as hyperdontia. It may be single or multiple, unilateral or bilateral, erupted or impacted in one or both jaws. This condition is more frequent in males as compared to female. (4) This condition can be found in any region of the dental arch.

Supernumerary teeth can be paramolar (small rudimentary molar), distomolar (located distally to molars), mesiodens (supernumerary tooth between the upper central incisors), parapremolar (rudimentary supernumerary premolar) depending upon their position. (8)

Morphologically supernumerary teeth can be classified as conical type, tuberculated type, supplemental type and odontomes. (8)

Reported prevalence of supernumerary teeth in permanent dentition range from 0.01% to 3.8%, out of which occurrence of bilateral distomolar is 0.07%. (6)

This article presents a case report of an unusual occurrence of distomolars and paramolars in the maxillomandibular region in a non-syndromic patient.

#### Case report:-

A 27 year old male patient reported to Department of Oral and maxillofacial surgery, School of Dental Sciences, Sharda University, Greater Noida with a chief complaint of recurrent inflammation in the bilateral mandibular third molar region since 6 months. On clinical examination, there was pericoronitis and food lodgement in the left side third molar region. The patient was advised for OPG and blood investigations. The radiographic findings on the OPG, showed, bilateral distomolars in mandibular third molar region ( one distomolar on right side and two distomolars on left side) and two paramolars in right maxillary third molar region and one paramolar in left

maxillary third molar region. The patient was informed of the condition and extraction of the impacted molar and distomolar on both sides was advised as maintenance of oral hygiene in that area was difficult and possibility of food lodgement.

The patient was prescribed medications (antibiotics and analgesics) for suppressing the inflammation and was recalled after 3 days for follow-up. But unfortunately patient didn't turn up for further treatment.

### **Discussion:-**

Supernumerary teeth occur in deciduous or permanent dentition as single or multiple, unilateral or bilateral, in one jaw or both, erupted or impacted.

Prevalence of supernumerary teeth in permanent dentition range from 0.1% to 3.8% and 0.3% to 0.6% for deciduous dentition. (5)

Multiple supernumerary occur in less than 1% of the cases and it is often associated with disease or syndromes ( cleft lip and palate, cleidocranial dysostosis, Gardners syndrome, etc). (2)

Supernumerary teeth can occur in any region of the jaw. Most commonly in maxillary anterior region and rarely in superior distomolar zone or inferior distomolar zone. They can be supplemental (with normal morphology) or rudimentary (with morphologic or volumetric anomalies). (6)

This is one of few case report in which both paramolars and distomolars were present bilaterally in maxillomandibular region.

The exact etiology of this anomaly is still not completely understood. Several theories have been suggested for their occurrence such as phylogenetic theory, dichotomy theory, hyperactive dental lamina theory and a combination of genetic and environmental factors- unified etiologic explanation.

The most accepted cause for the development for the supernumerary tooth is the hyperactive dental lamina theory which states that due to local, independent and conditioned hyperactivity of dental lamina paramolars may form. (8)

Supernumerary teeth may erupt normally, remain impacted, appear inverted, or assume an abnormal path of eruption. Supernumerary teeth with a normal orientation will usually erupt. However, only 13-34% of all permanent supernumerary teeth erupt normally as compared with 73% of primary supernumerary teeth. (1) The rest remain unerupted and can produce complications.

The common complications associated with the supernumerary teeth are: there may be prevention or delayed eruption of associated permanent tooth, they can cause retention or ectopic eruption of adjacent teeth, there may be displacement or rotation of adjacent teeth, which may lead to malocclusion, traumatic bite due to buccally erupting paramolar causing laceration of buccal mucosa. Erupting paramolar can also impinge on nerves and cause trigeminal neuralgia, they may cause pulp necrosis or root resorption of adjacent tooth if they impinges on it. (3)

In our case there was presence of food lodgement and inflammation in the surrounding areas.

Most supernumerary teeth are impacted and usually are discovered by chance during radiographic examination with no associated complication.

The most useful radiographic investigation is the orthopantomogram (OPG), with occlusal radiographs for anterior maxilla and mandible.

The clinical management of patients with distomolar or paramolar usually depends upon the position of the distomolar or paramolar in relation to the adjacent teeth and important anatomical structures. (7) Treatment options for distomolar or paramolar is same as that for any other supernumerary teeth and may include observation or extraction. Observation involves no treatment other than evaluation of the patient clinically and radiographically. If any complications are evident, it is advisable to extract the distomolar.



▶ Distomolar.

▶ Paramolar.

### Conclusion:-

Clinician should have knowledge of supernumerary teeth and appropriate diagnostic aids for diagnosis. Management should be based on clinical signs and symptoms rather than routine removal in all cases.

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