Multiple impacted teeth in maxilla in a young non syndromic patient : A rare occurrence : A case report with review of literature.

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Introduction:

Impaction of teeth can result from biomechanical impediments, childhood maxillofacial or dentoalveolar trauma, reconstructive surgery of the facial skeleton, malpositioning of an adjacent tooth, thickenened osseous or mucosal tissues, insufficient maxillofacial skeletal development, eruption disturbances, indirect effects of cysts or neoplasms. [1] A host of prenatal and postnatal disorders, diseases and syndromes can cause tooth impaction.

While impaction of tooth is wide spread, multiple impacted teeth by itself is a rare condition and often found in association with multiple syndromes such as Cleidocranial dysplasia or Gardeners syndrome and this condition is very rare in healthy patients.^[2] Hence it is prudent to perform a thorough clinical examination and obtain a correct history and adequate radiographs when teeth do not appear according to the usual eruption schedule.^[3]

Here we are presenting a case of young male having multiple impacted teeth in the maxillary alveolar bone on the single side with the teeth having very less incidence of impaction.^[4]

Case Report:

A 22 year old male came to department of Oral and Maxillofacial Surgery with chief complaint of pain in left posterior region of upper jaw and pus discharge since 5 days. On intra oral examination patient was having a

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complete set of teeth in both arches, so a radiographic investigation was advised in the form of orthopantomogram. Radiographic finding revealed 3 impacted permanent teeth, which have very less incidence of impaction (Figure.1). The impacted teeth were Central Incisor, Lateral Incisor and Canine. Physical examination findings and physician consultation were conducted, ruled out any syndrome. After orthodontic consultation it was planned for surgical extraction of all impacted teeth. All impacted teeth were surgically removed (Figure. 2) and cystic lining was taken out from the same surgical site and was sent for histopathological examination. The histopathological report was periapical cyst. The patient was called for follow ups in the weeks. Later patient was rehabilitated with fixed prosthetics.



Fig. 1: Preoperative Orthopantogram showing multiple impacted teeth in the maxillary anterior teeth region.



Fig. 2: Postoperative photograph showing the surgically removed impacted teeth

Discussion:

Multiple impacted teeth by itself is a rare condition and is usually found in association with certan syndromes. However non syndromic multiple impacted teeth is very rare and only a few cases have been reported so for.

Usually impaction of teeth is seen only with maxillary canines and third molars, however in present case there was impaction of maxillary central incisor, lateral incisor along with canine and third molar. Impaction of central incisor and lateral incisor is a very rare occurrence and very few cases have been reported so far.

Whenever there is clinical absence of a number of teeth and without a history of extraction, either partial anodontia or multiple impactions can be considered. Radiographic examinations in our case revealed multiple impactions and partial and therefore anodontia was ruled out.

Panoramic radiographs may show multiple impacted or in some instances radio opacities scattered throughtout the jaw. Periapical radiographs enables indentification of the radioopacities as multiple impacted teeth. Details of the number and shape of tooth root, external resorption and initial stage cystic changes associated with impacted teeth can be better visualized on periapical radiographs. Computed tomography can be used for positional relationship between impacted teeth.

Only if teeth other than molars and canines are impacted then the clinician should look for syndromatic disorder. However in present case no syndrome or metabolic disease was detected. Lack of space or crowding of arches, premature loss of primary teeth with subsequent partial closure of area can result in therefore such cases. Therefore early orthodontic consultation is recommended.

Conclusion:

To achieve optimum function and aesthetics in these cases an interdisciplinary approach is required between Oral Surgery, Orthodontics, Prosthodontics for adequate management.

Treatment of these cases consists of serial examinations and radiography along with assisting eruption of permanent teeth by orthodontic traction or surgical exposure. If the patient fails to respond to the treatment surgical extraction of the impacted teeth has to be carried out.

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