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### Case Report

## BILATERAL MAXILLARY PARAMOLARS - REPORT OF A RARE CASE

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### ABSTRACT

Occurrence of bilateral paramolars is an uncommon dental finding. They are usually found in the interproximal space buccal to the upper second and third molars. This article presents a case of non syndromic multiple supernumerary teeth with the bilateral paramolars found buccally between the upper first and second molar which is quiet rare.

**Keywords:** Supernumerary teeth, Paramolars, Parallax Method.

### INTRODUCTION

Shafer describes supernumerary tooth as an additional entity to the normal series, which can be seen in all the quadrants of the jaw<sup>1</sup>. The occurrence of multiple supernumerary teeth is a rare phenomenon and are often associated with syndromes or other developmental anomalies like cleft lip and palate, Gardner syndrome, Cleidocranial dysplasia<sup>2</sup>. Most of studies have shown that males are affected approximately twice more than females in permanent dentition<sup>3</sup>. The prevalence of supernumerary teeth in primary dentition is relatively less.

Supernumerary teeth in the molar region are either paramolars or distomolars. Paramolars are situated buccally or palatally to one of the maxillary molars or in the interproximal space buccal to the second and third molar<sup>4</sup>, while in rare cases they can be found between the first and second molars. They are usually seen unilaterally, and rarely bilaterally. Distomolars, often termed as fourth molars, develop either distally or distolingually to the third molars<sup>5</sup>. Supernumerary teeth in the maxillary incisor region are called mesiodens.

The etiology of supernumerary teeth are explained by various theories, but are still not clearly understood. Hyperactivity of the dental lamina is the most accepted theory and other theories are atavism, dichotomy theory and a combination of genetics and environmental factors<sup>6,7</sup>.

### CASE HISTORY

A 15 year old male patient, reported to the Department of Orthodontics, with a chief complaint of forwardly placed

upper front teeth and presence of extra teeth in his upper arch. On clinical examination, in the upper arch, supernumerary teeth were found buccally between 1<sup>st</sup> and 2<sup>nd</sup> molars on both sides and another supernumerary tooth palatally behind the central incisors [Figure 1].



Figure 1: Occlusal view of the upper arch showing the bilateral paramolars

Supernumerary teeth in the molar region on both sides of the upper arch were diagnosed as paramolars. Multiple supernumerary teeth are mostly associated with other diseases or symptoms and hence a detailed general examination was carried out. But the patient's medical and family history were

not relevant and there were no signs of systemic diseases or associated syndromes. On panoramic radiographic examination, in the upper arch, an unerupted supernumerary tooth was found in the left third molar region, and in the lower arch, two unerupted supernumerary teeth were found in the premolar region [Figure 2]. With the help of object localization technique, both the unerupted supernumerary teeth in the lower premolar region were found to be located

lingually [Fig 3a,3b& 4a,4b]. All the supernumerary teeth were planned for extraction. The patient had a full set of his permanent teeth erupted except for his third molars. The cephalometric analysis showed bidental proclination ( $\underline{1}$  TO SN- 110, U-1 to L-1= 116, IMPA- 102) and hence 4 bicuspids were planned for extraction along with all the supernumerary teeth for correction of proclination of upper and lower anteriors and proper alignment of the teeth.

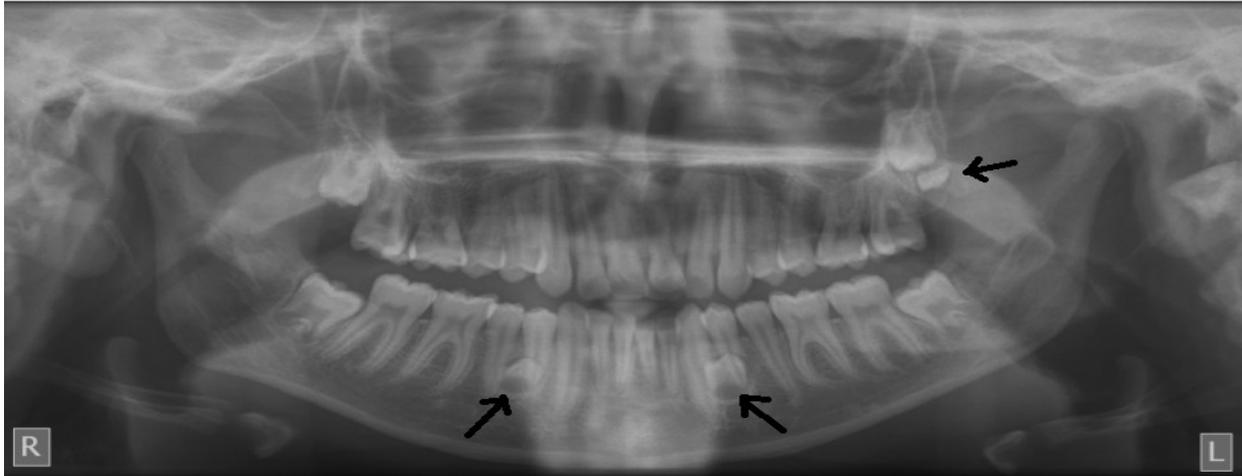


Figure 2: OPG showing the three unerupted supernumerary teeth.



Fig 3.a

Fig 3.b

Figure 3a: IOPA showing an unerupted supernumerary tooth between the lower left canine and first premolar.

Figure 3b: X ray source when moved mesially, tooth also moved in the same direction. (SLOB rule)



Fig 4.a

Fig 4.b

Figure 4a: IOPA showing an unerupted supernumerary tooth between the lower right first and second premolar.

Figure 4b: X ray source when moved mesially, tooth also moved in the same direction.

## DISCUSSION

Multiple supernumerary teeth not associated with any diseases or syndromes is a rare condition. Single tooth hyperdontia occurs more frequently in the maxilla, with a strong predilection for anterior region. Most common is the maxillary incisor region like mesiodens, followed by maxillary fourth molars and mandibular fourth molars, premolars, canines and lateral incisors<sup>8</sup>. Non syndromic multiple supernumerary teeth are more commonly seen in mandible, in the premolar region, followed by molar and anterior region<sup>9</sup>. The prevalence for non syndromic multiple supernumerary teeth is less than 1% with male predilection<sup>2,9</sup>.

Periapical, occlusal or panoramic radiographs are helpful in identifying the unerupted supernumerary teeth in general practice. The radiographic localization of the teeth can be done using the tube shift technique (parallax method)<sup>10</sup>. In this case, bilaterally impacted supernumerary teeth were found in the lower premolar region during panoramic radiographic examination and they were located lingually.

Supernumerary teeth cause various clinical disturbances like delayed eruption of the adjacent teeth, ectopic eruption of permanent teeth, crowding in the dental arches, displacement, rotation and root resorption of the adjacent teeth, diastema, cyst formation<sup>2</sup>. However, in this case, the bilaterally impacted supernumerary teeth in the mandibular premolar region caused no obstruction to the eruption of first and second premolars on both the sides, but the bilateral paramolars in the upper arch caused rotation of the first molars on both the sides.

The treatment for supernumerary teeth depends upon their position and their clinical manifestation. Various treatment options are extraction, extraction followed by orthodontic treatment in case malocclusion has occurred, or the unerupted supernumerary teeth can be left untreated and observed periodically. In this case all the supernumerary teeth were extracted along with four bicuspid. Though the bilateral unerupted supernumerary teeth in the lower arch had not caused any obstruction for the eruption of lower premolars and canines, they were also planned for removal as late eruption of supernumerary premolars have been reported in the literature. Also if not removed, they could cause obstruction to tooth movement during orthodontic therapy.

## CONCLUSION

The presence of multiple supernumerary teeth not associated with syndromes or diseases is extremely rare. The occurrence

of bilateral paramolars and those located between first and second upper molar is also a relatively uncommon dental finding. Periodic radiographic follow up should be done as late appearance of supernumerary teeth has been reported in the literature. Clinician should be aware of the possible complication associated with supernumerary teeth and proper treatment planning should be done after clinical and radiographic diagnosis.

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