Multiple Supernumerary Teeth in a Non Syndromic Patient: Case Report

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Supernumerary teeth, also known as hyperdontia, is a term used to describe extra teeth that develop in addition to the 20 primary and 32 permanent teeth that we are predisposed to have. Hyperdontia is seen more commonly in the permanent dentition than primary teeth. The incidence in the permanent dentition is reported to vary between 0.1% and 3.8%, and its frequency in the primary dentition is found to be 0.3-0.8%. A 32-year-old male patient reported to the department of oral medicine and radiology with the chief complaint of stains and deposits, his clinical examination revealed 9 supernumerary teeth and panoramic radiographic revealed 3 more extra making a total of 12 supernumerary teeth.

Keywords: Dentition, Hyperdontia, Multiple teeth, Supernumerary

INTRODUCTION

Hyperdontia is defined as an increase in the number of teeth which is more than 20 deciduous, and/or 32 teeth in a permanent dentition. It can be “true” if recognized by an increased number of teeth. Otherwise it is “false” if caused by a delay in shedding of deciduous teeth on the transition period. Hyperdontia is seen more commonly in the permanent dentition than primary teeth. Several syndromes and developmental disorders have been associated with single and multiple supernumerary teeth such as Gardner’s syndrome, cleidocranial dysplasia, Down syndrome, Apert syndrome and cleft lip and palate. Hyperdontia is most commonly seen in males at a ratio of 2:1 and in patients with hereditary factors concerning this anomaly. Depending on position, a supernumerary tooth can be named as (a) Mesiodens - Located between central incisors, (b) distomolar - A fourth molar erupts distal to third molar, (c) paramolar - Found buccal or lingual to maxillary molars, and preferably in relation to first molar. This report illustrates the case of a nonsyndromic patient with 12 supernumerary teeth.

CASE REPORT

The 32-year-old male patient (Figure 1) reported to the department of oral medicine and radiology with the chief complaint of stains and deposits. On general examination, the patient appeared well built and nourished, and his vitals were within normal limits.

The extra-oral examination did not reveal any relevant findings. On intraoral examination, multiple supernumerary teeth were seen, five in the maxilla and four in the mandible. In the maxilla (Figures 2 and 3) four supplementary teeth were seen lingual to 14, 15 and 24, 25 and were located two each on both sides and one tooth distal to 12. In the mandible (Figure 4), there were four supplementary teeth (one on the right side adjacent to 44, 45 and three on the left side adjacent to 34, 35, 36 which were seen lingually). Clinically a total of 9 supernumerary teeth were visible.

A panoramic radiograph (Figure 5) was taken which revealed three additional impacted supernumerary (one was seen impacted obliquely along the roots of 13, 14 and the upper supernumerary and two teeth were seen vertically impacted adjacent to 35, 36 in which one was seen to be inverted). Taking into consideration the clinically visible supernumerary teeth, and those visible on the radiographic examination brought the grand total to 12 supernumerary tooth.

DISCUSSION

Supernumerary teeth are “extra” teeth mostly seen in maxilla (90%). The exact etiology of supernumerary teeth remains unclear, but several theories have been suggested for their occurrence. The most accepted theory currently in existence is the localized and independent hyperactivity of the dental lamina. They occur as single or multiple, unilaterally or bilaterally in the maxilla or mandible or both. Mesiodens is the most common type of supernumerary tooth seen in
the midline and lingual to the roots of central incisors. The supernumerary tooth may be of little or no resemblance at

all but when the appearance of the supernumerary teeth resembles the group of teeth at the site where they are found they are called supplementary teeth.

The fate of supernumerary teeth may be any of the following: (a) May erupt normally, (b) remain impacted, (c) appear inverted, (d) assume an ectopic position, (e) flow an abnormal path of eruption. Most supernumerary is accidentally diagnosed during routine radiographic examination. They are more likely to be present in patients whose relatives also possess supernumeraries, although inheritance does not follow a simple Mendelian pattern. The development and eruption of supernumerary teeth may directly or indirectly be the cause for numerous complications such as crowding, delayed eruption, development of diastema, cystic lesions such as dentigerous cysts, resorption or rotation of adjacent teeth as well as dental caries. Fourth molars, themselves a rare occurrence are infrequently called “paramolars” or “distomolars” based on their location. Appropriate clinical and radiographic evaluations are essential for correct diagnosis and management of multiple supernumerary teeth. A thorough history is critical when a patient with multiple supernumeraries is to be managed. In order to consider multiple supernumeraries as non-syndromic associated conditions like cleft lip with or without cleft palate and syndromes such as cleidocranial dysostosis or Gardner’s syndromes should be ruled out.
In cases with multiple impacted teeth, clear assessment of the 3D spatial relationships of teeth and the surrounding structures is very difficult. Cone beam computed tomography is the best diagnostic imaging method currently available; it provides higher resolution for hard tissues and determines the accurate location of retained teeth and their relationship to adjacent tissue.9

CONCLUSION

The present case can be seen as an example of sporadic occurrence showing multiple supernumerary teeth in maxillary premolar, mandibular premolar and maxillary anterior region in a nonsyndromic patient. Surgical intervention is considered to be one of the appropriate method for the treatment of supernumerary teeth. However, impacted supernumerary teeth that are asymptomatic and do not affect the dentition should be kept on follow-up rather than removal.

REFERENCES


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