

## Maxillary Tuberculate and a Mid-palatal Mesiodens: Rare Occurrences

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### Abstract

Most supernumerary teeth are located in the anterior maxillary region. They are classified according to their form and location. Their presence may give rise to a variety of clinical problems. Detection of supernumerary teeth is best achieved by thorough clinical and radiographic examination. Their management should form part of a comprehensive treatment plan. This article presents an overview of the clinical problems associated with supernumerary teeth and includes a discussion of the classification, diagnosis and management of this difficult clinical entity.

**Keywords:** Supernumerary teeth; Mesiodens; Tuberculate; Impaction

### Introduction

Supernumerary teeth may be encountered by the general dental practitioner as an accidental finding on a radiograph or as the cause of an impacted central incisor. They may also be seen clinically following spontaneous eruption. The most common supernumerary tooth which appears in the maxillary midline is called as mesiodens. Treatment modalities depend upon the type and position of the supernumerary tooth and on its effect on adjacent teeth [1]. In a survey conducted in 2,000 school children, Brook found that supernumerary teeth were seen in about 0.8% of deciduous dentitions and 2.1% in permanent dentitions [2].

### Case report

A 9 year old boy accompanied by his father reported to the department of paedontic and preventive dentistry with a chief complaint of irregularly placed upper front teeth and an additional tooth seen behind for the past ten months. The familial, medical and dental histories were found to be non-contributory. Extra oral examination was found to be normal. Intraoral examination revealed mixed dentition with one additional tooth placed palatal to the maxillary right central incisor. The tooth was barrel shaped and was diagnosed as a tuberculate type of supernumerary tooth. An orthopantomograph was taken to rule out the presence of any other supernumerary teeth or odontome elsewhere in the arch and it revealed the presence of another impacted mesiodens which was placed in an axially opposite direction. After routine blood investigation, extraction of both the supernumerary teeth were planned to facilitate the eruption and proper alignment of the maxillary central and lateral incisors. Using a local anaesthetic agent (2% Lignocaine Hydrochloride with Adrenaline 1:200000), the teeth were extracted without any complications. The patient was called for regular follow-up to monitor the eruption of permanent maxillary central and lateral incisors.

### Discussion

Supernumerary tooth is of great concern both for the dentist as well as the patient since it can lead to the following complications.

#### Presence of Supernumerary Teeth may give Rise to

##### Failure to erupt

The maxillary central incisor is the most common tooth to not erupt in patients where a supernumerary tooth is present. Retained primary incisor is also one of the complication. It is noted in cases where the eruption of the maxillary lateral incisors is seen with the retention of one or both central incisors.

**Dental displacement**

The presence of a supernumerary tooth may cause displacement of a permanent tooth. The amount of displacement can be a mild rotation, midline diastemas, ectopic eruption, Interference with the normal occlusion etc. Displacement of the crowns of the incisor teeth is a common feature in the majority of cases associated with delayed eruption [3].

**Over crowding**

Supplemental teeth most often cause crowding after eruption into the oral cavity. Crowding is commonly seen in the maxillary anterior region. This can be corrected by extracting the most displaced or deformed tooth.

**Pathological changes**

Dentigerous cyst formation is a common pathological finding seen in association with a maxillary mesiodens [4]. Primosch reported an enlarged follicular sac in 30% of cases, but histological evidence of cyst formation was found in only 4 to 9% of cases [5]. Resorption of roots adjacent to a supernumerary tooth may occur but it is extremely rare [6].

Prevention is better than cure and hence an early detection of these supernumerary teeth will prevent and minimize complications. A supernumerary tooth should be extracted immediately if any of the complications are present. Munns (1967) stated that earlier the offending supernumerary tooth is removed, better will be the prognosis. We plan to observe proper eruption of incisors and render appropriate treatment when required [7].

**Conclusion**

Though supernumerary teeth are not a very common finding, its presence can lead to many complications. Hence an early detection of the presence of supernumerary teeth would aid the clinician to provide treatment in the best possible way to minimize any further complications and to get a better prognosis.

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