

ANODONCY, IMPACTED TEETH AND SUPERNUMERARY PARAMOLARS - RELATED CASE

ANODONTIA, DENTES RETIDOS E PARAMOLARES SUPRANUMERARIOS - RELATO DE CASO

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ABSTRACT

Anodontia, impacted teeth and supernumerary teeth is not a rare finding in human dentition. It can be seen on the temporal, mixed or definitive dentition. This is a case report presented after the literature review. This patient -18 year male - presented multiple impacted and supernumerary teeth.

RESUMO

Dentes ausentes, retidos e supranumerários não são um achado raro nas diferentes fases do desenvolvimento dos seres humanos, podendo-se observá-los em dentições decídua, mista e permanente. Neste artigo baseado em uma revista de referências é apresentado um caso que não é comum encontrar-se, com vários dentes supranumerários em um paciente do gênero masculino com 18 anos.

Unitermos: Anodontia; Dentes retidos; Múltiplos dentes supranumerários.

Uniterms: Anodonty; Impacted teeth; Multiple supernumerary teeth.

REVIEW OF THE LITERATURE

Hypodontia or partial agenesis is congenital absence of the more teeth and may be related to certain syndromes such as achondroplasia, Lip and Cleft Palate, Crouzon syndrome, dysplasia condroectodermica, Down syndrome, Ectodermal dysplasia, Hallermann-Streiff syndrome, Incontinence pigmentary, Bucofacio digital syndrome type I, Rieger syndrome (**SONIS, 2000 and MARZOLA, 2008**). It can still occur nonsyndromic hypodontia, congenital absence of teeth and deformities or defects of any kind, based on studies of genes. The first research studies determined its connection to the family, that is, inheritance, however molecular genetic studies clarify what are the genes involved in this anomaly (**PANI, 2011**).

Impacted teeth are those dental elements found inside the bone, fully or partially, with not very clear etiology and the possible causes may be crowding of the dental arch, poor location outbreak pathway, or physical barriers that block your exit (**MARZOLA, 2008**).

Supernumerary increased the number of normal dental formula and some authors call hyperdontia, is a rare anomaly in the world population, which has a prevalence less than 1% (**NAZIF; RUFALO; ZULLO, 1983; ZHU;**

MARCUSCHAMER; KING *et al.*, 1996; SHEINER; SAMPSON, 1997; GIBSON, 2000; SACCAL, ALFONSO, KEENE, 2001 and MARZOLA, 2008).

It can be considered a relatively rare entity that has been sometimes associated with certain syndromes, but there are authors that show how multiple non-syndromic supernumerary teeth, that is, their presence is not related to a syndrome in particular (**YUSOF, 1990; HATTAB; YASSIN; RAWASHDEH, 1994; NG'AND'A'; GUTHUA; NG'AND'A', 2002; UNWENI; OSUMBOR, 2002; CERQUEIRA; SUBITIL; MIRANDA, 2002; CORREA; ORTIZ, 2002 and MARZOLA, 2008).**

Possible causes of this anomaly several factors can be cited as: 1. The legacy observed in families with hyperdontia trend and this trend in the lack of a recessive X-linked, hence the higher prevalence among men (**CADENA; COMBELLES; FABERT, 1977; MELAMED; BARKAI; FRYDMAN, 1991; SEDDON; JOHNSTONE; SMITH, 1997; BABU; NAGEST; DIWAKAR, 1998; DESAIRS; SHAHNP, 1998; RAJAD; HAMDAN 2002; CAHUANA; ALFARO; PEREZ *et al.*, 2003 and SALCIDO; LEDESMA; HERNÁNDEZ *et al.*, 2004).** 2. Theory phylogenetic as a return for the monkeys that had dental formula as larger number of teeth (**SMITH, 1969).** 3. Manifestations found in certain syndromes such as Apert (**NEVILLE; DAMM; ALLEN *et al.*, 1995 e REGEZZI; SCIUBBA, 1999)** and cleido skull dysplasia or Crouzon disease (**SHAFER; LEVY, 1986; RICHARDSON; DEUSSEN, 1994 and COOPER; FLAITZ; JOHNSTON *et al.*, 2001),** lip and cleft palate (**BOHN, 1963),** Down syndrome (**CHOW; O'DONNELL *et al.*, 1997),** Gardner syndrome (**WOLF; JÄRVINEN, HIETANEN *et al.*, 1986),** Hallermann-Streif syndrome (**SHAFER; LEVY, 1986; RICHARDSON *et al.*, 1994 and COOPER; FLAITZ; JOHNSTON *et al.*, 2001),** digital facial Buco type I (**DRIVA, FRANKLIN; CRAWFORD *et al.*, 2004),** Syndrome Leopard (**HO; O'DONELL; RODRIGO *et al.*, 1989 and MUNSHI; MUNSHI, 1999),** Trychorino-phalangeal syndrome (**GORLIN; COHEN AND WOLFSUN, 1969 and PETERSON; THOMAS, 2000),** Ellis Creveld syndrome (**HATTAB; YASSIN; SASA, 1998 and CAHUANA; PALM; GONZALEZ *et al.*, 2004),** Sturge-Weber Syndrome (**SHAFER; LEVY; RICHARDSON *et al.*, 1994 and COOPER; FLAITZ; JOHNSTON *et al.*, 2001),** Ehlers-Danlos syndrome type III (**MELAMED; BARKAI; FRYDMAN, 1991),** Fabry syndrome (**REGATTIERI; PARKER, 1973 and BRINDLEY; ARCHARD; ALLING *et al.*, 1975),** Zimmermann Laband syndrome (**HOLZHAUSEN; GONCALVES; CORREA *et al.*, 2003),** Larsen syndrome (**PERCIN; GEDIK; DEVELIOGLU *et al.*, 2002)** and, of fibromatosis syndrome associated with hearing loss of inheritance and supernumerary teeth (**WYNNE; ALDRED; BARTOLD, 1995).** 4. The hypothesis that supernumerary teeth are part of the post-permanent teeth (**KING, LEE, WAN, 1993).** 5. Independent Hyperactivity the dental lamina is an accepted theory (**BROOK, 1974; PRIMOSCH, 1981; HATTAB; YASSIN; RAWASHDEH, 1994 and NEVILLE; DAMM; ALLEN *et al.*, 1995).** Despite all these possible sources on hyperodontia, there is nothing further that can find conclusively, being able to say, as the closest to the theory of possible cause of supernumerary teeth patterns of multiple anomalies that have a hereditary multifactorial, possibly caused changes in tooth blade.

As regards its location, the most common ones which are situated supernumerary teeth, the maxillary palatal region midline region of the upper incisors, premolar and the distal third molar, both as far as the maxilla and in the mandible. However, in cases of supernumerary teeth several authors reported a preference for the bicuspid region, followed by molars and anterior regions respectively (**MARZOLA, 2008**). In agreement the review of cases published in the literature as to the type of tooth found a prevalence of multiple supernumerary teeth premolar unlike other reported cases of supernumerary teeth which are preferably mesiodens (**YUSOF, 1990**). Yet about the location can be classified into mesiodens in the case of a conical teeth located between the maxillary central incisors, which can be broken out or impacted (horizontal, vertical or inverted) being single or double and sometimes can break into the nasal floor (ectopic). They can also be the peridens or paramolar, broken out within the posterior teeth are small and tapered. Also, one can find this third molars, behind the third molars. Also parapremolares, or duplicate premolar tooth (**LEVINE, 1961; FOSTER; TAYLOR, 1969; GARVEY; BARRY; BLAKE, 1969; LIU, 1995; ALAEJOS; CONTRERAS; BUENECHEA et al., 1999; PATCHETT; CRAWFORD; CAMERON et al., 2001 and MARZOLA, 2008**).

Depending on how the supernumerary teeth are shown in Supplemental (eumorphic), which is a normal tooth shape and size, which is also called "inciformism" crude dysmorphic or a lower tooth size and shape, including conical, tuberculate and molariform (**BROOK, 1974**). A brief description of how supernumerary teeth may present in: 1. Conical, most common ones being small, usually mesiodens located between the roots of the maxillary incisors and sometimes not presenting crown. Rarely erupts in wounds 2. Tuberculosis is a type of supernumerary teeth greater than the conical form, having one or more cusps. 3. Supplemental teeth shaped and sized, believed to be a doubling of the normal set teeth, and the additional lateral incisors, bicuspid and molars. Supernumerary teeth sometimes cause root resorption of the adjacent teeth, and can: a) Dentigerous cysts develop b) delaying the outbreak of permanent teeth, c) generating rotation neighboring teeth, d) spacing, e) performing the nasal cavity or eruption ectopic and f) inability to produce an eruption and dental crowding (**LEVINE, 1961; FOSTER; TAYLOR, 1969; GARVEY; BARRY; BLAKE, 1969; LIU, 1995; ALAEJOS; CONTRERAS; BUENECHEA et al., 1999; PATCHETT; CRAWFORD; CAMERON et al., 2001 and MARZOLA, 2008**).

The prevalence of supernumerary teeth by location and type is varied, being those most prevalent, the lateral incisors 50%, the mesiodens with 36%, the maxillary central incisors with 11% and the premolars with 3% (**KANTOR; BAILEY; BURKER, 1988**). The surplus have a percentage of 76-86%, supernumerary fold between 12 and 23%, and multiple supernumerary teeth less than 1% (**LEVINE, 1961; RUBINTEIN; LINDAUER; ISSACSAON et al., 1991; ZHU; MARCUSCHAMER; KING et al., 1996; SHEINER; SAMPSON, 1997, and GIBSON, 2000**).

The most common generally is in men, and a study of 125 reported cases, 96 were men (76.8%) and 42 women (23.2%) (**CAHUANA; ALFARO;**

PÉREZ et al., 2004). In another survey of supernumerary teeth it was reported that in a Mexican population a prevalence of 54.2% in men and 45.8% in women (**SALCIDO; LEDESMA; HERNÁNDEZ et al., 2004**). In another study of 152 cases in children found a prevalence of 69.1% in men and 30.9% in women (**RAJAD; HAMDAN, 2002**).

The controversies about its etiology, prevalence and location, as well as its forms, as well as the report of a case of many supernumerary teeth encouraged this study.

CASE REPORTER

Patient 18 years old, female, approximately 50 kg, leucoderma, dark skin, arrives in consultation with a panoramic radiography (**Fig.1**) with supernumerary teeth, not mentioning any history or clinical disease. Clinically healthy with no signs of deformity or mental retardation without family history of hyperdontia. On examination there was supernumerary teeth noise within the upper and lower dental arches.

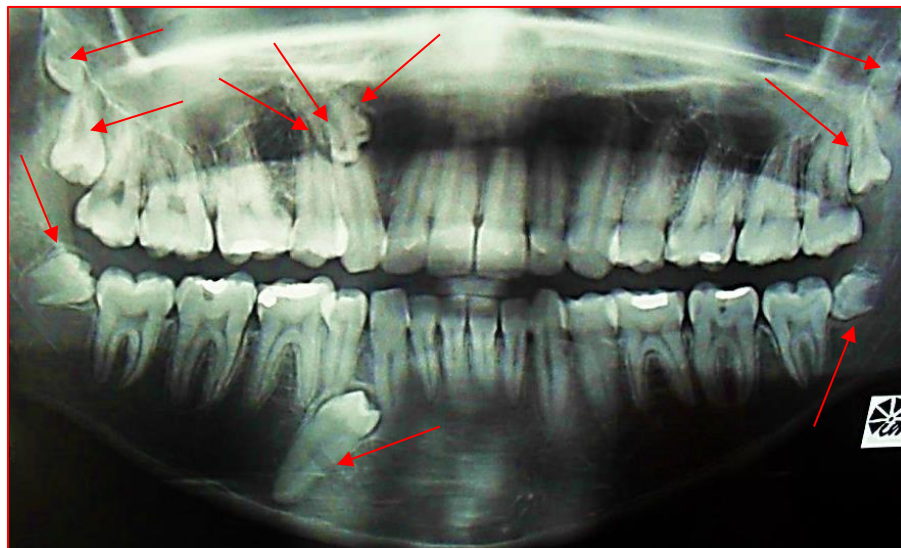


Fig. 1 - Supernumerary teeth and retained in a panoramic radiograph.
Source - Dr. Blanco Clinic.

It is explained to the patient the need of orthodontics, oral rehabilitation and maxillofacial surgery to correct the malocclusion and the need for extraction of supernumerary teeth. In radiographs was found the presence of supernumerary 7, impacted teeth 2 and 2 anodontic teeth in quadrants 2 and 3. The presence of 7 paramolars retained in 4 quadrants (**Fig.1**). In the quadrant 1, the presence of paramolars and 2, in quadrant 2 the presence of three paramolars. In the quadrant 3, the presence of a paramolar, and the quadrant 4, the presence of other paramolar (**Fig.1**). Still, in the quadrant 1, the presence of a tooth withheld between 13 and 15. In quadrant 4, came into eruption a tooth impacted between 43 and 44. At the time of this report, the patient never returned for the query.

DISCUSSION

Hypodontia or partial agenesis is congenital absence of the more teeth and may be related to certain syndromes such as achondroplasia, Lip and Cleft Palate, Crouzon syndrome, dysplasia Condro-ecto-dermal, Down syndrome, Ectodermal Dysplasia Syndrome of Hallermann -Streiff, pigmentary incontinence, Buco-facial-digital syndrome type I, Rieger syndrome (**SONIS, 2000 and MARZOLA, 2008**). You can still occur hypodontia nonsyndromic shall congenital absence of teeth and deformities or defects of any kind, based on studies of genes. The first research studies determined its connection to the family, that is, inheritance, however molecular genetic studies clarify what are the genes involved in this anomaly (**PANI, 2011**). Not any reference was achieved with the case presented in order that the patient disappeared after consultation.

Impacted teeth are those dental elements found inside the bone, fully or partially, with not very clear etiology and the possible causes may be crowding of the dental arch, poor location outbreak pathway, or physical barriers that block your exit (**MARZOLA, 2008**). This aspect much discussed among authors, mainly because the literature is presented in our book can be noted this meeting with the case presented.

Supernumerary increased the number of normal dental formula and some authors call hyperdontia (**NAZIF; RUFALO; ZULLO, 1983; ZHU; MARCUSCHAMER; KING et al., 1996; SHEINER; SAMPSON, 1997; GIBSON, 2000; SACCAL; ALFONSO; KEENE 2001 and MARZOLA, 2008**) and can be perfectly matched with the case presented. Factors related to the number of teeth, with the events related to certain syndromes and dysplasias, the hypothesis that supernumerary teeth are part of the post-permanent teeth, or the independent hyperactivity of the dental lamina is an accepted theory. Despite all these possible sources on hyperodontia, there is nothing further that can find conclusively, being able to say, as the closest to the theory of possible cause of supernumerary teeth patterns of multiple anomalies that have a hereditary multifactorial, possibly caused changes in tooth blade. A factor that cannot be confronted with the case submitted under patient does not present more for the query.

As regards its location, the most common ones which are situated supernumerary teeth, the maxillary palatal region midline region of the upper incisors, premolar and the distal third molar, both as far as the jaw in the jaw. However, in cases of supernumerary teeth several authors reported a predilection for the premolar region, followed by the molar region and former respectively (**LEVINE 1961; FOSTER; TAYLOR, 1969; GARVEY; BARRY; BLAKE, 1969; YUSOF, 1990; LIU 1995; ALAEJOS; CONTRERAS;. BUENECHEA et al., 1999; PATCHETT; CRAWFORD; CAMERON et al., 2001 and MARZOLA, 2008**). There was no such congruence with respect to the case presented. This can be presented on the radiograph shown in our case. (**BOHN, 1963; SMITH, 1969; GORLIN; COHEN; WOLFSUN, 1969; REGATTIERI; PARKER, 1973; BROOK, 1974; BRINDLEY; ARCHARD;**

ALLING et al., 1975; CADENA; COMBELLES; FABERT, 1977; PRIMOSCH, 1981; SHAFER; LEVY, 1986; WOLF; JARVINEN; HIETANEN et al., 1986; HO; O'DONELL; RODRIGO et al., 1989; MELAMED; BARKAI; FRYDMAN, 1991; KING; LEE; WAN, 1993; HATTAB; YASSIN; RAWASHDEH, 1994; RICHARDSON; DEUSSEN, 1994; RICHARDSON et al., 1994; SHAFER; LEVY; RICHARDSON et al., 1994; NEVILLE; DAMM; ALLEN et al., 1995; WYNNE; ALDRED; BARTOLD, 1995; CHOW; O'DONNELL et al., 1997; SEDDON; JOHNSTONE; SMITH, 1997; BABU; NAGEST; DIWAKAR, 1998; DESAIRS; SHAHNP, 1998; HATTAB; YASSIN; SASA, 1998; MUNSHI; MUNSHI, 1999; REGEZZI; SCIUBBA, 1999; PETERSON; THOMAS, 2000; COOPER; FLAITZ; JOHNSTON et al., 2001; PERCIN; GEDIK; DEVELIOGLU et al., 2002; RAJAD; HAMDAN, 2002; CAHUANA; ALFARO; PÉREZ et al., 2003; HOLZHAUSEN; GONÇALVES; CORREA et al., 2003; CAHUANA; PALMA; GONZALES et al., 2004; DRIVA; FRANKLIN; CRAWFORD et al., 2004; SALCIDO; LEDESMA; HERNÁNDEZ et al., 2004 and MARZOLA, 2008).

According to a review of cases published in the literature as to the type of tooth found a prevalence of multiple supernumerary teeth premolar shaped, unlike other cases of supernumerary teeth reported which preferably are mesodians, this aspect not observed with respect to case presented (**LEVINE, 1961; FOSTER; TAYLOR, 1969; GARVEY; BARRY; BLAKE, 1969; BROOK, 1974; LIU, 1995; ALAEJOS; CONTRERAS; BUENECHEA et al., 1999; PATCHETT; CRAWFORD; CAMERON et al., 2001 and MARZOLA, 2008**), which was verified in the present case.

As its prevalence by location and type is varied, and most prevalent, it is the lateral incisors superiors com 50% the mesiodens with 36%, the maxillary central incisors with 11% and the premolars with 3% (**KANTOR; BAILEY; BURKER, 1988**). The surplus have a percentage of 76-86%, doubling between 12 and 23%, and multiple less than 1% (**LEVINE, 1961; RUBINTEIN; LINDAUER; ISSACSAON et al., 1991; ZHU; MARCUSCHAMER; KING et al., 1996; SHEINER; SAMPSON, 1997, and GIBSON, 2000**). This fact is corroborated by the case presented.

The most common genre is in men, and a study of 125 reported cases, 96 were men (76.8%) and 42 women (23.2%) (**CAHUANA; ALFARO; PÉREZ et al., 2004**). In another survey of supernumerary teeth it was reported that in a Mexican population a prevalence of 54.2% in men and 45.8% in women (**SALCIDO; LEDESMA; HERNÁNDEZ et al., 2004**). In another study of 152 cases in children found a prevalence of 69.1% in men and 30.9% in women (**RAJAD; HAMDAN, 2002**). This aspect also not corroborate the present case, for here the patient was already a teenager and female.

CONCLUSIONS

The magazine of literature and the presented case can be concluded that:

1. Multiple supernumerary teeth are a rare, less than 1% of the population.
2. This patient is not connected to any syndrome are related supernumerary teeth.
3. In this patient the highest prevalence of supernumerary teeth were in various paramolar region.
4. The etiology is still controversial and the theory is hyperactive as to dental blades and genetic causes.
5. There is a Latin American study showing a predominance of any ethnic group or individual in a country where they are often multiple supernumerary teeth.
6. These patients require multidisciplinary treatment to be fixed the problem of malocclusion.
7. A comprehensive view of these patients should include the study of functions, such as oral digestion, including swallowing disorders, speech, breathing and other disorders.

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* According the norms of ABNT and modifications of the Review of ATO.

