BILATERAL SUPERNUMERARY PREMOLARS: A RARE CASE REPORT
Dinesh Rokaya, Manoj Humagain, Mamata Tamrakar, Chandan Upadhayaya

ABSTRACT
Supernumerary third and fourth premolars are one of the rare anomalies of the maxillofacial complex. This paper reports a case of bilateral supernumerary third and fourth premolar in the mandibular arch.

Keywords: Mandibular premolar; Supernumerary teeth; Third and Fourth premolar

Introduction
Supernumerary teeth, or hyperdontia, is defined as an excess number of teeth when compared with the normal dentition. Classification is either based on time of appearance (pre-deciduous, similar to permanent, post-permanent, and complementary) or according to positions in the dental arch (mesiodens, paramolars, distomolars, or impacted). They may appear as a single tooth or multiple teeth, unilaterally or bilaterally, erupted or impacted and in mandible/maxilla or both the jaws. The prevalence of supernumerary teeth varies between 0.1 and 3.8% and is more common in the permanent dentition. A recent study by Solares et al found that supernumerary premolars occur three times more in males than in females, indicating a possible sex-linked inheritance, with the highest frequency of occurrence in the mandibular premolar region (74%). Based on his review they are also the most common supernumerary teeth in the mandibular arch (7%), and their incidence is 1% much higher than previously reported by various authors. This paper reports a case of bilateral supernumerary third and fourth premolar in the mandibular arch.

Case Report
A 30 year old male patient complaint of pain in the left mandibular jaw and wants to extract his tooth in health camp at Salambu organized by Rotatory Club of Kathmandu West, Nepal on October 6, 2011. There was no relevant family history of dental abnormalities and the medical history was noncontributory. Extra oral examination shows swollen lower lips. On intra oral examination, bilateral supernumerary teeth i.e., third and fourth premolars, one distal and one buccal to second premolar in both quadrant of mandibular arch (Figure 1, 2) was noticed. The oral hygiene status was poor with generalized plaque, calculus and stains. Generalized gingivitis was present which was diagnosed with bleeding on probing, color, and the loss of stippling. Dental caries were present in relation to 26, 27, 28, 35, 36, 45, 46, and supernumerary teeth buccal to second premolar in third and fourth quadrant were grossly decayed in the mandibular arch.

The location where the camp took place was a small village and there were no nearby hospitals and clinics to take X-ray of the jaws. The diagnosis was four supernumerary teeth one distal and one buccal to second premolar bilaterally in the mandibular arch. At the health camp, supernumerary teeth buccal to second premolar of the left mandibular jaw was extracted, under local anesthesia. The patient was referred to the nearby dental clinic or hospital for further dental treatment.

Discussion
The prevalence of supernumerary teeth varies between 0.1% and 3.8%. Males are affected twice and the incidence of supernumerary teeth is considerably high in maxillary incisor region, followed by maxillary third molar and mandibular molar, premolar, canine, and lateral incisor. It has been reported that prevalence of supernumerary premolars in permanent dentition is between 0.075% and 0.26%. Supernumerary premolars account between 8% and 9.1% of all supernumerary teeth. The common complications associated with the presence of supernumerary tooth are failure of permanent teeth eruption, crowding, ectopic eruption displacement, root resorption, dilaceration, loss of vitality of adjacent teeth, dental caries, periodontal abscess, gingival inflammation, sub acute pericoronitis, incomplete space closure during orthodontic treatment, and pathological problems such as dentigerous cyst formation, ameloblastomas, odontomas, and fistulae.

In the present case dental caries and gingivitis were present. Different developmental syndromes can be present with single and multiple supernumerary teeth. In our case there was no associated syndrome with bilateral occurrence of mandibular supernumerary premolar.

Conclusion
In conclusion, the occurrence of third and fourth premolar in the mandibular arch is an uncommon phenomenon. Extraction should be considered if it causes unaesthetic, interfere with oral hygiene maintenance and function.

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References


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