Non-syndromic asymptomatic Hyperdontia
M.B.Mishra, Nikhil Marwah

Abstract
Supernumerary teeth had been reported with certain syndromes but multiple supernumeraries in nonsyndromic individual are not commonly found and reported. The etiology of nonsyndromic supernumerary teeth was not clearly known. This paper reports supernumerary premolars teeth presents in two different patients.

Key Words: Supernumerary; Mesiodens; Paramolar; Panoramic radiograph

Introduction
A supernumerary tooth is a tooth present in addition to those found in the normal series, and can be present in all locations in either dental arch. (1) Depending on position, a supernumerary tooth can have different names, such as a) mesiodens - located between central incisors, b) distomolar- a fourth molar erupts distal to third molar, c) paramolar it may be fully developed or hypomorphic, small in size. paramolar are found buccal or lingual to maxillary molars, preferably in relation to first molar. This paper reports supernumerary premolar teeth presents in two different patients.

Case 1
A 15 year old male patient reported to our dental outpatient clinics for routine dental checkup. Intraoral examination revealed additional erupting premolar, slightly submerged in the mandibular left molar region, with missing first molar i.e., hypodontia (Figure 1). Following dentition was observed clinically and radiographs revealed in this patient.

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\begin{array}{c|c|c|c|c|c|c|c|c}
8 & 7 & 6 & 5 & 4 & 3 & 2 & 1 & 1 \\
8 & 7 & 6 & 5 & 4 & 3 & 2 & 1 & 5 & 6 & 7 & 8
\end{array}
\]

Figure 1. Missing mandibular first molar and additional premolar erupting in place.

Intraoral periapical radiograph of the mandibular left molar region revealed missing first molar and an open apex of the developing supernumerary premolar. Since the patient was asymptomatic therefore, no treatment was necessary for supernumerary teeth, and were kept under observation for couple of recall visits.

Case 2
A 15 year old female patient referred to our outpatient department for radiographic examination. She had heavy calculus deposited on right posteriors. History revealed habitual chewing on left side. Clinically no caries could be detected, after periodontal phase 1 treatment, intra-oral radiographs of mandibular bilateral posteriors was taken. Clinically and radiographic examination revealed supernumerary tooth in relation to right first molar (Figure 2) and left first premolar (Figure 3) as stated below.

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\begin{array}{c|c|c|c|c|c|c|c|c}
8 & 7 & 6 & 5 & 4 & 3 & 2 & 1 & 1 \\
8 & 7 & 6 & 5 & 4 & 3 & 2 & 1 & 2 & 3 & 4 & 5 & 6 & 7 & 8
\end{array}
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Discussion
The occurrence of non-syndromic supernumerary teeth is common in maxilla than in mandible i.e., 8:1 in contrast to our cases where both were in mandible. (2) A relationship between supernumerary teeth and hereditary predisposition has also been suggested by various authors. (3) Kalra et al. described a clinical case where the patient presented with 3 supernumerary teeth in mandibular premolar region and without any overlying medical condition similar to our observation.
Yusof in 1990, reported that the premolar region in lower arch is the most common place of supernumerary teeth. (5) Contrarily other findings suggest that supernumerary in the mandibular premolar region are the third common among the additional teeth. Simultaneous occurrence of hypodontia and supernumerary teeth in the same individual has been mentioned in the literature and the term “concomitant hypo-hyperdontia” has been used for this condition. (6) Case report No1; is typically under the category of “concomitant hypo-hyperdontia”, as similar to mentioned in case reports by some authors. Both cases are Non-syndromic supernumerary teeth are rare anomaly. It is difficult to establish an ideal treatment for cases of multiple supernumerary teeth.

Conclusion
Non-syndromic supernumerary teeth if asymptomatic need to have periodical radiographic observation, and on being found any variation, should be advisable for the removal.

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References

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Source of Support: Nil, Conflict of Interest: None Declared