Maxillary bilateral distomolars – a case report

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ABSTRACT
Supernumerary molars are divided into paramolars and distomolars. Distomolars are located distal to the third molar. Occurrence of bilateral distomolars is rare and affects only 0.07% of population. This paper reports a case of maxillary bilateral distomolar in a 58-year old patient.

Key Words: Supernumerary Teeth; Supernumerary Molars; Distomolars; Fourth Molars

Introduction
Supernumerary molars are divided into paramolars and distomolars. Distomolars are located distal to the third molar. Particularly rare is the occurrence of bilaterally distomolars, which affects only 0.07% of population. Distomolar teeth very often are not visible in intraoral examination and are detected incidentally on radiographs. This paper reports a case of maxillary bilateral distomolar in a 58-year old patient.

Case Report
A 58-year old female reported with a chief complaint of recurring inflammation between the upper right posterior teeth. On clinical examination inflammation of dental papilla was present between 17 and 18. Orthopantomogram revealed the presence of impacted maxillary right and left fourth molars / distomolars (Figure 1), an unusual radiographic finding. Right distomolar can be described as “ghost tooth”, evolved from behind third molar. Intraoral periapical radiograph was additionally taken (Figure 2) for a better view of right fourth molar. Anamnesis allowed excluding congenital anomalies and genetic or syndromic alterations. There were no clinical complications like failure of eruption, displacement or rotation. It was decided to keep both fourth molars under observation. On the basis of intraoral periapical radiograph findings the distomolars are with a single root and are smaller in size than third molars.

Discussion
Hyperdontia is a developmental anomaly defined as the presence of any tooth in excess of the normal dental formula. The prevalence rates of supernumerary teeth in the permanent dentition, reported in the literature, vary between 0.1 and 6.9%. In the molar region supernumerary teeth are with prevalence rate 6.33-9.7%. According to studies in general population they appear in 0.12-0.57%. Supernumerary molars are divided into paramolars and distomolars. Paramolars are usually rudimentary, situated buccally or palatally to one of the molars. Distomolars are located distal to the third molar. Particularly rare is the occurrence of bilaterally distomolars, which affects only 0.07% of population. The presence of fourth molars is usually noticed not in intraoral examination, but on the radiographs. Correct diagnosis of fourth molars is not always easy to conduct based on pantomographic image.

The case described above represents a study of bilaterally distomolars, which are very rare reported in the literature. Most of distomolars, also these in our case, are not visible intraorally and are detected incidentally during radiographic examination. For final diagnosis of supernumerary molars is proposed panoramic X-ray. However distomolars can be unclear or smeared on the panoramic image, giving impression of “ghost teeth”. This situation extorts the additional execution of dental or occlusal radiograph to confirmation of fourth molar’s occurrence, what was made in this study.

Conclusions
In conclusion, even though distomolar teeth are not clinically visible in intraoral examination screening panoramic radiogram is helpful for the diagnosis and intraoral periapical radiograph aids in the treatment planning.

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Figure 1. On the panoramic X-ray are visible two impacted maxillary fourth molars, but right distomolar is unclear, giving impression of “ghost tooth”; Figure 2. Right maxillary distomolar visible on the dental X-ray.

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