Case Report

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Dentistry Section

Bilateral Double Maxillary Paramolars: A Rare Case Report

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ABSTRACT

Paramolars are rare supernumerary molars occurring buccally or lingually/palatally near the molar row. They may cause complications such as caries, periodontal disease and delay or prevention eruption of permanent teeth. Reports of bilateral entity are rarely found in the dental literature. The present article reports a rare case of bilateral double paramolars in the maxillary molar region in 21-year-old male patient.

Keywords: Bilateral, Dental caries, Periodontal disease, Supernumerary

CASE REPORT

A 21-year-old male patient referred to Oral and Maxillofacial Surgery Clinic of Gulhane Training and Research Hospital with the complaint of crowding in the maxillary molar teeth. The patient's medical and family history was non-contributory and there was no sign of any syndromes. An intraoral examination revealed the presence of bilateral double paramolars which were situated buccal aspects of the maxillary second and third molars [Table/Fig-1]. These paramolars resembled upper premolars, but they were smaller in size. They had crown with single cusp with some grooves and located in the vertical direction. Deep carious lesion was detected in the left maxillary first molar and there was inflammation in the gums of first and second molars. Panoramic radiograph was taken to rule out the presence of impacted supernumerary teeth. It confirmed our clinical finding and revealed bilateral double maxillary paramolars [Table/Fig-2]. All paramolars were extracted under local anesthesia to maintain oral hygiene and to prevent caries [Table/Fig-3].

DISCUSSION

When supernumerary teeth are in molar region they are named paramolar. Paramolars are usually rudimentary and situated in the interproximal spaces between the second and third molar or buccally-lingually/ palatally to one of the molars, rarely they can be found between first and second molars [1]. The prevalence of paramolars in the permanent dentition ranges from 0.08% to 0.50% [2].

The etiology of this anomaly is still unknown. Multiple supernumerary teeth are frequently associated with a number of syndromes. Some of those are; Gardner's syndrome, Ehlers-Danlos syndrome, Fabry's disease, chondroectodermal dysplasia, cleft lip and palate, Down's syndrome [3]. In our case, thorough general examination was carried out to rule out the presence of any syndromes. There were no signs of systemic diseases or syndromes.

Supernumerary teeth can stay impacted or erupt normally. They can be asymptomatic and recognized by chance during clinical or radiographic examination. Supernumerary teeth may cause some problems such as failure of eruption of permanent teeth (occurs in 30% to 60% of cases) [4], crowding, displacement, root resorption, dilaceration, dental caries due to bad oral hygiene, gingival inflammation, periodontal diseases, difficulty in closing space during orthodontic treatment [5]. In this case, both paramolars were extracted to prevent caries in the adjacent teeth and gingival inflammation in the surrounding areas.

Extensive literature review of Medline revealed only four reports of bilateral paramolars in maxilla [Table/Fig-4] [6-9]. Sulabha AN and Sameer C [9] reported two cases and one of them had a microdontia of third molar. Parolia A and Kundabala M [7] reported bilateral maxillary paramolars with caries in adjacent molar tooth. One of the teeth was placed buccally and the other was in palatally. Paramolars presented in these both reports were located between first and second molars. In contrast to all these cases, the present case was extremely rare and interesting as there was bilateral double paramolars in a non syndromic patient. These paramolars were situated buccally between the second molars and third molars.

After medical history, clinical and radiological examination must be made for an accurate diagnosis. Periapical radiographic or occlusal with parallel technique, panoramic radiograph, computed tomography or cone beam computed tomography can use to detect the supernumerary teeth [10,11]. Treatment of the supernumerary teeth is planned according to location and type, its potential negative effect on adjacent teeth and periodontal tissues. Extraction of the supernumerary teeth are recommended to prevent conditions like

[Table/Fig-1]: Clinical intraoral photograph showing bilateral double paramolars. **[Table/Fig-2]:** Panoramic radiograph showing double paramolars between the second molars and third molars. **[Table/Fig-3]:** Postoperative photograph showing extracted teeth.

Authors	Age/Sex	Country	Year	Dentition
Mayfield A and Casamassimo PS [6]	17/M	USA	1990	Permanent
Parolia A and Kundabalam M [7]	27/M	India	2010	Permanent
Dhull KS et al. [8]	17/M	India	2012	Permanent
Sulabha AN and Sameer C [9]	case 1: 35/F case 2: 25/F	India	2015	Permanent

[Table/Fig-4]: Reported cases of bilateral maxillary paramolars.

permanent tooth eruption, increase risk of caries due to plaque retention, causing pathological problems, esthetic and functional reasons, for orthodontic treatment [12]. It should be noted that supernumerary teeth can fuse with the adjacent teeth, which may make the extraction difficult. During the extraction nerves and blood vessels can be damaged, maxillary sinus can be perforated, so the clinician must work carefully. These may complicate the extraction [13,14].

CONCLUSIONS

Supernumerary teeth can cause some problems in the oral cavity. Clinicians should apply the right treatment option to minimize these problems. Bilateral paramolars are the rare anomalies of the maxillofacial region. We report here an extremely rare case report of non syndromic bilateral double paramolars which, to the best of our knowledge, is the first ever case reported in English literature.

REFERENCES

[1] Shah A, Gill DS, Tredwin C, Naini FB. Diagnosis and management of supernumerary teeth. Dental Update. 2008;35:510-20.
[2] Nayak G, Shetty S, Inderpreet S, Pitalia D. Paramolars a supernumerary molar: a case report and over view. Dental Research Journal. 2012;9:797-803.
[3] Kumar DK, Gopal KS. An epidemiological study on supernumerary teeth: a survey on 5,000 people. J Clin Diagn Res. 2013;7(7):1504-07.
[4] Mitchell L. Supernumerary teeth. Dent Update. 1989;16:65-66, 68-69.
[5] Nuvvula S, Melkote TH, Mohapatra A, Nirmala SV. Impacted mandibular permanent incisors related to supernumerary teeth: a rare condition. Pediatr Dent. 2012;34:70-73.
[6] Mayfield A, Casamassimo PS. Bilateral paramolars and fourth molars. Oral Surg Oral Med Oral Pathol. 1990;69(3):394.
[7] Parolia A, Kundabala M. Bilateral maxillary paramolars and endodontic therapy: a rare case report. J Dent (Tehran). 2010;7:107-11.
[8] Dhull KS, Acharya S, Ray P, Yadav S, Prabhakaran SD. Bilateral maxillary paramolars: a case report. J Dent Child (Chic). 2012;79(2):84-87.
[9] Sulabha AN, Sameer C. Case Rep Dent. Unusual bilateral paramolars associated with clinical complications. 2015;2015:851765.
[10] Ballal S, Sachdeva GS, Kandaswamy D. Endodontic management of a fused mandibular second molar and premolar with the aid of spiral computed tomography: a case report. J Endod. 2007;33:1247-51.
[11] Liu DG, Zhang WL, Zhang ZY, Wu YT, Ma MC. Three dimensional evaluations of supernumerary teeth using cone-beam computed tomography for 487 cases. Oral Surg Oral Med Oral Pathol Oral Radiol Endod 2007;103:403-11.
[12] Garvey MT, Barry HJ, Blake M. Supernumerary teeth- an overview of classification, diagnosis and management. J Can Dent Assoc. 1999;65:612-16.
[13] Loh FC, Yeo JF. Paramolar with bifid crown. Oral Surg Oral Med Oral Pathol. 1993;76:257-58.
[14] Nunes E, de Moraes IG, de Novaes PM, de Sousa SM. Bilateral fusion of mandibular second molars with supernumerary teeth: case report. Braz Dent J. 2002;13:137-41.

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