

Congenitally Missing Mandibular Central and Lateral Incisors in a 14-year-old Adolescent: A Clinical Image

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A 14-year-old female patient presented to the Department of Paediatric and Preventive Dentistry with a chief complaint of missing mandibular central and lateral incisors since birth with presence of all maxillary teeth. The patient also complained of missing deciduous mandibular central and lateral incisors due to which there was space loss in the mandibular anterior region. An Orthopantomogram (OPG) was requested. Clinically and radiographically, the teeth were absent, and there was no history of tooth extraction, confirming the absence of mandibular central and lateral incisors. There was no family history of missing teeth. There was no relevant past medical and dental history. Other findings include hypocalcification in 16 as well as hypoplastic central and lateral incisors (11,12,21,22). Permanent dentition was noted during this period. While the patient's chief complaint was strictly aesthetic, the condition could also lead to functional issues, including malocclusion, periodontal damage, insufficient alveolar bone growth, compromised chewing ability, and impaired phonetics [Table/Fig-1-3] [1].



[Table/Fig-3]: OPG showing missing 31,32 ,41 and 42.



[Table/Fig-1]: Maxillary arch showing hypocalcification with 16 and 11,12,21,22.



[Table/Fig-2]: Mandibular arch showing missing 31,32 ,41 and 42.

Hypodontia or congenital absence of teeth is the most common developmental anomaly in humans. Congenitally absent teeth are more common in permanent dentition and have a prevalence ranging from 3.7 to 9% (excluding the third molars) with a female to male ratio of 3:2 [2]. Hypodontia in primary dentition is rare, generally in

the incisor region and often associated with missing succedaneous teeth. Individuals with congenitally absent teeth also frequently have microdont, conical, or tapered teeth, reduced alveolar development, an increased freeway space, and retained primary teeth. Hypodontia is commonly accompanied by malformation of the corresponding tooth on the contralateral side [2]. Patients with congenital absence of permanent mandibular incisors exhibit a smaller mandibular symphysis area and a greater retroclination of mandibular alveolar bone than patients without hypodontia [3].

Provisional diagnosis is hypodontia based on the chief complaint of the patient. Differential diagnosis can be delayed eruption, impacted tooth, traumatic loss, or extraction. Final diagnosis is non syndromic familial hypodontia with agenesis of the mandibular central incisors (31 and 41).

The management of missing mandibular anterior teeth, specifically of mandibular central and lateral incisors, is a complex and sometimes very challenging task that needs an interdisciplinary approach. Treatment options include orthodontic space closure, resin-bonded bridges, implants, removable partial dentures, fixed partial dentures, and autotransplantation [4]. In the present case, the mandibular first molar is occluding with the maxillary second premolar due to space loss in the mandibular anterior region [Table/Fig-4,5]. Therefore, the ideal treatment option should be orthodontic treatment first, followed by an implant, a removable or fixed partial denture, depending on the patient's economic condition and the condition, growth, and development of their alveolar bone [5].

The patient also presented with a severe deep bite, with the upper incisors covering the lower incisors [Table/Fig-6]. In the patient with deep bite, excessive forces act on resin-bonded fixed partial dentures, causing the denture and the prosthetic crown to debond frequently. Therefore, occlusal discrepancy should be corrected first followed by prosthetic treatment. So first orthodontic treatment followed by prosthodontic treatment should be done [6]. Meanwhile, removable partial denture can be given to the patient [7]. The treatment given to the patient was a removable partial and it is shown in [Table/Fig-7].

Diagnosis of missing mandibular anterior teeth is of paramount importance. It allows early orthodontic treatment followed by further



[Table/Fig-4]: Mandibular 1st molar occluding with maxillary 2nd premolar- 1st quadrant.



[Table/Fig-5]: Mandibular 1st molar occluding with maxillary 2nd premolar- 2nd quadrant.

prosthodontic rehabilitation, which in turn avoids the bone loss and maintains the alveolar ridge thickness, allowing for the creation of space for both mandibular central and lateral incisors by orthodontic treatment and further implant, removable or fixed partial dentures or Maryland bridge [8].



[Table/Fig-6]: Deep bite with the upper incisors covering the lower incisors.



[Table/Fig-7]: Removable partial denture in the mandibular anterior region.

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