

Maxillary Paramolar: Case Report And Overview

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Abstract: Paramolar is a type of supernumerary teeth that is small and mostly situated buccally or adjacent to maxillary molars. It is a type of developmental disturbance that can occur due to varied etiology. In this case report, we present the occurrence of paramolar in a patient who reported for denture placement. We also discuss the occurrence, cause, diagnosis, complications and treatment strategies for these patients.

Keywords : Supernumerary teeth, Paramolar.

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I. Introduction

Supernumerary teeth are those which are additional or in excess to the normal number of teeth. These teeth may or may not show a normal appearance of crown and root and maybe completely or incompletely developed. The occurrence of supernumerary teeth in general population is about 1-2 % [1,2]. Depending on position, it could be a mesiodens, paramolar, distomolar and parapremolar. Mesiodens is usually conical and is present between maxillary central incisor; paramolar is a supernumerary teeth which is small, situated buccally or palatally in relation to maxillary molar; a distomolar is a fourth permanent molar, distal to third molar. Most common supernumerary teeth is mesiodens, the other sites that it can occur in is maxillary fourth molar, maxillary paramolar, mandibular premolar, maxillary lateral. [3] Paramolars are usually similar in shape to molar but smaller in size and are most common in the maxilla, with partial or complete eruption.[1] A supplemental supernumerary is when a tooth duplicates and is in the end of that tooth series. Supernumerary teeth may also compromise bone grafting in cleft lip and palate patients. The presence of a supernumerary teeth in a potential implant site compromises implant healing and could be a source of pain when undetected in denture wearers.

II. Case report

We report the case of a patient named P. Salamma who reported to our dental OP with the chief complaint of missing upper and lower teeth for the past six months and wants to get it replaced. Patient also complains of difficulty while eating with no other associated symptoms. Patient is a known diabetic for the past 2 years and is under medication. On last medical examination, her post prandial sugar level was 180mg/dl. Patient previously underwent uneventful extraction about 15 days back. After taking a diagnostic impression for the maxillary overdenture, patient was asked to take a orthopantomogram suspecting an impacted teeth in the second quadrant. OPG was taken which revealed impacted paramolar in the second quadrant.

III. Figures And Tables



Fig 1: Extra oral view



Fig 2: Intra oral view



Fig 3: Maxillary arch

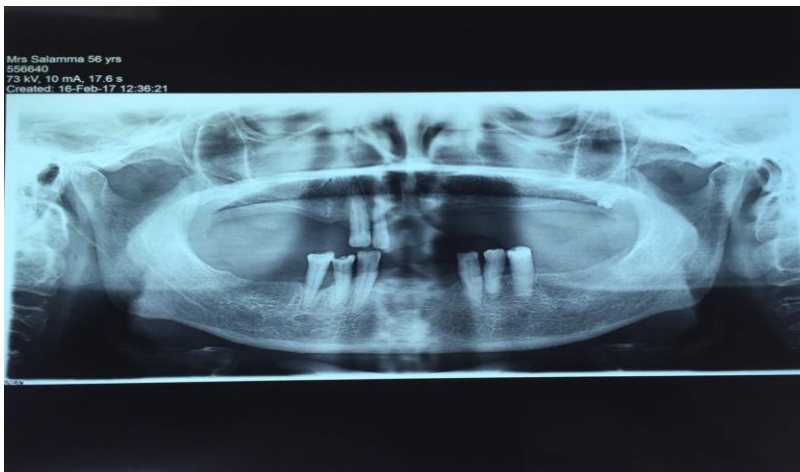


Fig 4: Orthopantomogram of the patient



Fig 5: Incision given



Fig 6: Mucoperiosteal flap elevated



Fig 7: Extraction socket



Fig 8: Extracted paramolar



Fig 9: Extracted premolar



Fig 10: Sutures placed

III. Procedure

The procedure was explained to the patient informed consent was obtained.

After giving 2% local anesthesia with epinephrine 1:80000 posterior superior alveolar block and greater palatine nerve block, crestal incision with the mesial releasing incision was given. The mucoperiosteal flap was elevated and extraction of the paramolar done. After complete examination of the socket, alveoloplasty was done and adequate haemostasis was achieved. Three simple interrupted sutures were placed. Post operative instructions were given. *The following medications were prescribed:*

1. Cap. Amoxicillin 500mg 1-1-1 (3 days) {9}
2. Tab. Imol 1-0-1(3 days) {6}

Patient was recalled after 7 days, suture removal done and the wound healing was satisfactory.

IV. Discussion

The occurrence of paramolar is rare with the exact etiology being unknown. The various theories of supernumerary teeth has been suggested such as “ Phylogenetic theory”[4], “the Dichotomy”[5], “Hyperactive dental lamina[6]” and combination of other factors. It is important to correctly diagnose and rule out other structures that may occur in the molar region. The term paramolar cusp was coined by Bahberg in 1945 and is applied to supernumerary teeth on buccal surface of maxillary and mandibular molars. Supernumerary teeth that are impacted are mostly diagnosed by radiograph and the most useful being a rotational tomograph(OPG). The clinical management of patients depends on position , anatomical structure, patients health and other factors. Treatment plan is either observation or extraction.

V. Conclusion

Paramolars are considered to be supernumerary teeth that are usually located in the buccal or palatal aspect in the maxillary molar region. Although the etiology remains unknown, there are numerous theories suggesting the formation and occurrence of supernumerary teeth. As it is mostly noticed only in radiographs, treatment option would be observation or removal of the teeth. In certain scenario like impacted paramolars, surgical removal is indicated.

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