# **Ectopic Supernumerary Tooth Located in Palate: A Case Report**

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ctopic eruption is a developmental disturbance in eruption pattern of teeth. The incidence of ectopically erupting teeth is increasing day by day. This may be due to greater use of panoramic and increasing awareness among public in their dentition and oral health. These can be either primary or secondary. This is a clinical case report on an ectopic supernumerary teeth present in palate. [1,2]

**Keywords**: Ectopic teeth, supernumerary teeth, ectopic eruption

#### Introduction

Before permanent teeth erupt in the oral cavity and are visible they move through the bone along their path of eruption. When this eruption path is incorrect, the tooth will erupt in the mouth in an incorrect position or may not erupt at all. This undesirable eruption is called ECTOPIC ERUPTION.[1]

Ectopic teeth can be primary, secondary or supernumerary. A supernumerary tooth is one that is additional to the normal series and can be found in any region of dental arch. Supernumerary teeth can be conical, tuberculate, supplemental or odontome in shape. Most supernumerary teeth are asymptomatic and usually discovered with routine examination and radiographs.

Ectopic teeth can be found in palate, maxillary sinus, nasal and orbital cavities, mandibular condyle and coronoid process.

## Case Report

A patient aged 16 yrs reported to my clinic with a chief complaint of a tooth present in his palate. The tooth was asymptomatic and the patient chief complaint was unaesthetic appearance of tooth on opening the mouth.

Intraoral examination revealed a crown portion of a tooth located in the rugae area of hard palate slightly deviated towards left from the midline. [Fig.1] The patient had crossed the mixed dentition phase and had a complete set of



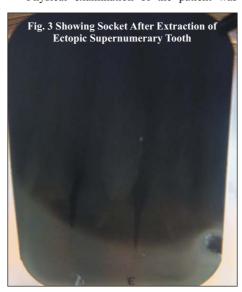
all the permanent teeth except the third molars. Henceforth the tooth was confirmed as an ectopic supernumerary. [6]

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Radiographic examination of the oral cavity including periapical and occlusal x-rays revealed a small tooth like structure located behind left central incisor. [Fig. 2]

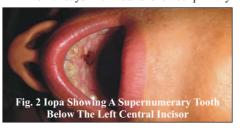
Physical examination of the patient was



normal. Laboratory tests showed an uncontributory medical history and the patient was not taking any medication associated with uncompromised healing. An informed consent was obtained from the patient and extraction was scheduled after a course of premedication for 2

The patient came on the third day. That patient was anaesthesized with nasopalatine, greaterpalatine nerve blocks and local infiltration around the tooth. The tooth was then luxated with an elevator followed by forcep extraction of the tooth. [Fig. 3, 4]

After 7 days the wound showed primary



signs of healing. The patient was completely asymptomatic and was then recalled after one Dr. Kokil Agarwal

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Then on examination the wound was completely healed with no remaining signs and symptoms.

#### Discussion

Tooth development results from a complicated multi-step interaction between the oral epithelium and the underlying mesenchymal tissue. A series of complex tissue interaction results in the formation of mature teeth. Ectopic tooth eruption may be associated with one of the three distinct processes: developmental disturbances, pathological processes and iatrogenic activity. The etiology of Ectopic tooth is not always known and age ranges from 3 -60 years.

These affect 0.1-1% of the population with an increased incidence in males compared to females. Various theories have been proposed to explain the presence of supernumerary teeth. The first is excessive growth of dental lamina. The 2<sup>nd</sup> theory is dichotomy of tooth germs. The 3<sup>rd</sup> theory states that these teeth are derived from clumps of epithelium that remains after breaking up of the tooth and became activated to tooth formation. The diagnosis of ectopic supernumerary teeth depends on both clinical and radiographic examination. [5,6,7]

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