

Multiple Impacted Teeth in Maxilla - A Case Report

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Abstract

Impacted molars are more common in maxillary and mandibular third molars, whereas impacted central incisors and premolars are relatively rare. A case of horizontal impaction of maxillary central incisor and maxillary premolars is reported in this study, and the relevant literature are presented.

Keywords: impacted teeth; central incisor; horizontal impaction

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Introduction

Teeth become impacted when they fail to erupt or develop in their proper functional location; Impacted molars are more common in maxillary and mandibular third molars, whereas impacted central incisors and premolars are relatively rare¹. Teeth that cease to erupt before emergence to their functional position in the oral cavity are termed as impactions. In permanent dentition, third molars are the most frequently impacted teeth followed by the canines. When impaction involves few teeth, the condition is localized but when it involves multiple teeth, the condition becomes generalized and is often associated with some derangement of the normal physiological processes. Factors causing impactions may be localized, pertaining to the area or, systemic or, generalized including bone disorders such as cleidocranial dysplasia and/or some sort of endocrinological disturbance such as hypoparathyroidism². This report describes an interesting and unusual case where multiple impacted permanent teeth were detected in the maxilla which involved an impacted central incisor and a maxillary premolar in a 16-year-old female patient.

Case Report

A 16 year old female patient reported to the oral and maxillofacial surgery OPD with a chief complaint of chronic sinusitis over her right maxillary sinus and malaligned teeth. On clinical examination she was detected with a missing maxillary left central incisor, deviated and partially erupted maxillary right central incisor and a missing maxillary Right Premolar.

On subsequent radiographic examination the patient was diagnosed with a horizontally placed and buccolingually inclined maxillary central incisor and a maxillary right pre molar impacted in the maxillary sinus which

could have been the probable cause of chronic sinusitis (fig 1).

Treatment plan made was surgical removal of impacted maxillary central incisor and premolar.

Surgical removal of impacted central incisor:- (Fig 2) A gingival sulcular incision was given between both maxillary lateral incisors in continuation with vertical releasing incisions bilaterally. Bone removal was done with a medium sized surgical rosehead burr and the tooth was exposed. Bone guttering was done around the impacted tooth with a no 203 flat fissure burr and the tooth was removed. Closure was done with a non-resorbable silk suture.

Surgical removal of impacted maxillary premolar:- (Fig 3) Vestibular incision was given in the area corresponding to maxillary right premolar and molar regions similar to the incision given for a caldwell-luck procedure⁴. A small surgical window was made in the maxillary sinus with the help of a medium sized surgical rosehead burr, the impacted tooth was located which was then removed carefully.

Conflict of Interest

There is no conflict of interest.

References

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Fig 1



Fig 2:- Depicts the surgically exposed impacted maxillary central incisor with bone guttering done around its border

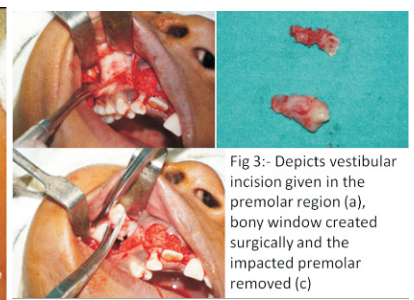


Fig 3:- Depicts vestibular incision given in the premolar region (a), bony window created surgically and the impacted premolar removed (c)