

Inverted and Impacted Maxillary and Mandibular 3rd Molars; A Very Rare Case

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ABSTRACT

A very rare case of unilateral impacted and inverted mandibular as well as maxillary 3rd molars has been described. The management of this rare case should be done in most conservative manner.

Key Words: Inverted, Impacted, Conservative treatment

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Unusual proliferation of odontogenic epithelium before the development of tooth germ leads the 3rd molars to deviate from their normal location.

In mandible, the most common location of such 3rd molar is in the ascending ramus. The 3rd mandibular molar is the most common tooth to be impacted. In the maxilla the teeth may be displaced as far as the floor of the orbit.

A very few cases of inverted and impacted third molars have been reported in the literature. This case report describes a very rare case of inverted and impacted unilateral mandibular as well as maxillary 3rd molars.

Case report

A 30 year old female patient reported to the dental OPD of KMC Attavar hospital complaining of pain in the left lower molar region. A IOPA was taken (Fig. 1). Later OPG was taken to have a clear picture of the impacted molar which showed unilateral inverted maxillary and mandibular impacted 3rd

molars, both the minimal radiolucency round the crown (Fig 2).

Clinical management

The patient was informed of the presence of these impacted teeth and given the pros and cons of surgical removal versus leaving them in their respective positions. The patient opted for non-removal of the impacted and inverted teeth.

Discussion

The inverted impaction has been called a complicated impaction (1). Inverted tooth is where crown pointing downwards, root apex pointing toward the alveolar crest. Radiographic studies play a major role detecting the position of these impacted teeth in relation to other anatomic structures



Fig. 1: RVGs showing inverted and impacted 3rd molars (right side)



Fig. 2: IOPAs showing inverted and impacted lower 3rd molar (right side)

Removal of an inverted tooth is more complicated than that of a simply impacted tooth because of the age of the patient and the deeper position of the inverted tooth(1). Furthermore, healing would be deficient as indicated by different studies. Loss of bone would be a major disadvantage since these teeth are completely impacted in the bone.

It is clear in literature there are no exact treatment protocols for removing impacted third molars. The dentist must weigh between the risks and benefits of removal of impacted third molars and explain them thoroughly to the patient. There appears to be little justification for the extraction of pathology free impacted third molars(2).

The inverted impaction has been called a complicated impaction.

3rd molars in both mandibular and maxillary arch may develop at a distance from their normal location case of unusual proliferation of odontogenic epithelium before direct of tooth germ(3).

In the mandible, the most common location of such 3rd molar is in the ascending ramus. The risk factors associated the surgical removal of inverted impaction should be weighed carefully and communicated to the patient. Patient's compliance or whether to or not proceed must be obtained.

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