

Inverted Maxillary Third Molar Impaction - A Case Report

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Abstract:

Inverted maxillary third molar impaction is a rare occurrence. We report a case of 30 year old female who complained of pain in upper part of face on left side. She was diagnosed a case of inverted third molar impaction. She was treated surgically with successful resolution of her symptoms.

Key Words: Inverted molar, impacted molar, maxillary impaction.

Introduction:

The frequency of maxillary third molar impaction has not been very well researched. In a few studies it has been found that in one out of four individuals a maxillary third molar is impacted (Dachi & Howell, 1961; Hugoson & Kugelberg, 1988). Most of the impacted third molars are found in a vertical position, but rarely an inversion of the impacted tooth in which crown pointing towards maxillary sinus and root apex facing towards alveolar crest have been reported (Gold & Demby, 1973; Held, 1979; William, 1957). The diagnosis is usually made during pre-operative radiological examination.

and development. There was no history of trauma. Clinical examination revealed missing tooth 28 with a distal periodontal pocket in relation to tooth 27. An intra oral radiograph revealed presence of an impacted maxillary third molar in an inverted position. A panoramic radiograph was taken to study its relationship with adjacent structures (Fig.I). As the symptoms were acute and not recurrent in nature and further considering the possibility of post surgical morbidity, it was initially decided to manage conservatively. However as no symptomatic improvement was noticed, the tooth was extracted by transalveolar method using standard surgical protocols, after explaining all due risks. The procedure was well tolerated and no significant post-operative complication was noticed.



Fig. I: Panoramic view showing inverted molar on left side (arrow).

Case report:

A 30 year old female reported with a chief complaint of pain in the upper part of face of left side since one week. Family and personal histories were unremarkable. There were no abnormalities in general growth

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Discussion:

On detailed literature search only six case reports of inverted teeth were found. Among these only two had impacted maxillary third molars (Gold & Demby, 1973, Held, 1979). In all case reports the management of impacted molars was done conservatively. Tooth impactions can occur because of various reasons, such as: (i) mechanical obstruction in the path of eruption, which may include hard tissue abnormalities like odontomes, soft tissue conditions such

as myxofibrous hyperplasia and ameloblastic fibroma; (ii) malpositioning of the tooth germ, either due to trauma or unknown reasons, leading to an abnormal path of eruption, which causes impactions due to lack of space; or (iii) primary failure of eruption of well-formed tooth may have strong genetic component or it could be an acquired condition, occurring due to a temporary alteration of the nerve activity in the region which, in turn, has an influence on the eruption process (Kapur et al, 2008). Access to inverted maxillary molars can be a problem, since the largest circumference of the tooth (crown) is towards the sinus and the infratemporal fossa. One of the complications that could happen during such surgery is the tooth displacement into these spaces (Winkler et al, 1977; Oberman et al, 1986). Standard surgical protocols for extraction of an impacted tooth were followed and the follow-up period was uneventful. Important aspect of management of such inverted impacted maxillary third molar is to carefully weigh the risk and benefits associated with surgical removal of the same.

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