Series of Clinical and Medical Case Reports and Reviews

Letter to the Editor

Report of a Rare Odonto-Stomatologic Anomaly - Maxillary Paramolar

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A 35-year-old male patient came to a private dental clinic complaining of pain in the upper right back tooth in the last 5 days. On physical examination, the patient was normal, with no signs and symptoms of systemic, metabolic, or syndromic disorders. On intraoral examination, the patient showed a complete set of permanent teeth with erupted third molars. On the right side of the maxillary arch, a third molar was found with deep caries with pulpal involvement. Buccal to this molar, an additional small, rudimentary tooth was observed attached to the third molar **(Figure 1)**. The radiographic examination also revealed the presence of an extra tooth buccal to the third molar **(Figure 2)**. Finally, based on clinical, radiographic, and literature searches, the case was diagnosed as paramolar, a type of supernumerary tooth. As the patient had pain concerning the third molar, both the third molar and paramolar were extracted under local anesthesia **(Figure 3)**. Following extraction, when paramolar was observed, complete root formation was evident. Multiple roots in the maxillary third molar were also evident.

Paramolar is a kind of supernumerary tooth related to positional variation and is usually seen as located buccally or palatally to one of the maxillary molars [1]. It is a developmental anomaly that is small and rudimentary in shape and explained to develop from a combination of environmental and genetic factors. In addition, other supernumerary teeth seen among positional variations are mesiodens, parapremolars, and distomolars [2]. This paper's author has published several articles on supernumerary teeth [3–5]. Paramolars are most commonly encountered in the interproximal space buccal to the upper second and third molars, whereas distomolar is a fourth permanent molar which is usually located either directly distal or distolingual to the third molar [1, 2]. A MEDLINE search reveals very countable cases of paramolar in the literature [1]. The reported cases show less predilection for the maxilla as compared to the mandible, and rarely bilateral occurrence has been reported. Paramolars appear most of the time rudimentary, located more frequently between the second and third molars on the buccal side. In rare cases, they are found between the second and first molars. In primary dentition, their occurrence is extremely rare. Fusion between the paramolar and their normal adjacent tooth is also extremely rare. A review article enlisted only one case of endodontic management of fused mandibular left second molar with paramolar and paramolar having bifid crown [1]. This article also reported one case of its occurrence in primary dentition [1].

On radiographic examination with periapical or orthopantomography, superimposition of the paramolar with the adjacent tooth is seen, resulting in difficulty in the current diagnosis. For better visualization, occlusal radiographs of the maxilla or mandible are advised [1–5]. In differential diagnosis, other structures that occur in the molar region like paramolar tubercle and fused supernumerary tooth, should be ruled out to avoid inadvertent complications in treatment planning. The treatment option for paramolar tooth most commonly involves extraction if it is affecting adjacent teeth and important anatomical structures or if it gets infected. The clinical implication associated with this tooth is the interference with the occlusion, difficulty in maintaining oral hygiene around this tooth, and buccal mucosal irritation. In such instances, it is wise to opt for extraction rather than observation [1–5].

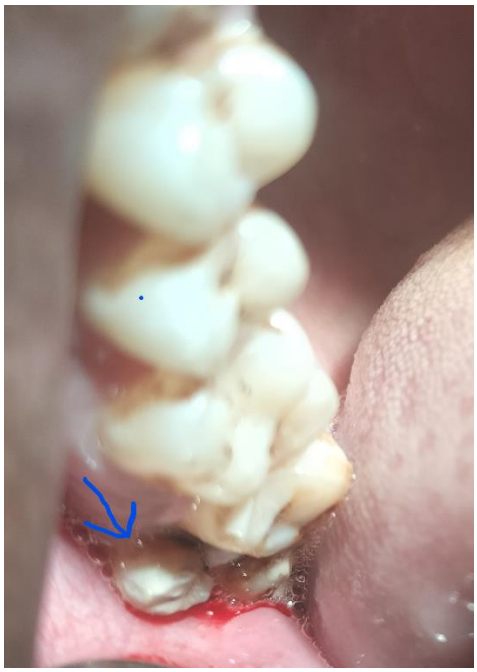

Figure 1: Intraoral photograph showing paramolar (blue arrow) located buccal to maxillary right third molar.

Figure 2: Radiograph showing superimposition of paramolar (red arrow) with the crown of maxillary third molar.

Figure 3: Extracted maxillary third molar and paramolar. Small, rudimentary paramolar with complete root can be seen (blue arrow). Multiple roots in the third molar are also evident.

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