MAXILLARY IMPACTED MOLAR - A CASE REPORT

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ABSTRACT

Third molar impaction is a rare occurrence. Very few cases have been reported in the literature till date. We report an interesting and a rare case of inverted maxillary third molar impaction in a 25 year old female patient. This case report would add to the academic literature and case of maxillary tooth impactions.

KEYWORDS: Maxillary, impaction, third molar.

INTRODUCTION

Tooth impaction is a frequent phenomenon.[¹-²] An impacted tooth is one that is erupted, partially erupted, or un-erupted and will not eventually assume a normal arch relationship with the other teeth and tissues.[³] Local factors include crowding, ectopic position of the tooth germ, supernumerary teeth, and soft tissue or bony lesions contribute to tooth impaction. Mandibular and maxillary third molars are the most frequently impacted teeth, with slight predilection to the former.[³] Most of the theories related to tooth impaction stress on the discrepancy of jaw size to the tooth. We report an unusual impaction of maxillary third molar in an inverted direction. To date, very few cases of inverted tooth impactions have been reported in the literature.
CASE REPORT
A 25 year female patient reported to the Sharda dental clinic, Budh vihar, New delhi with a chief complaint of multiple decayed teeth. Detailed oral examination revealed multiple decayed teeth with a poor oral hygiene. Orthopantomogram confirmed the oral findings of multiple badly decayed teeth which were beyond restoration or rehabilitation. The OPG also showed an maxillary right molar impaction.

![Figure 1: OPG Molar.](image)

As shown in figure 1, the crown of the impacted molar was facing towards the maxillary sinus floor. Treatment was planned in terms of extraction of decayed teeth along with surgical removal of inverted maxillary third molar impaction under local anesthesia. The patient refused to undergo even simple extractions even after repeated counseling and recall appointments. As such, we present this case without complete treatment of extractions and rehabilitation with denture.

![Figure 2: IOPAR.](image)
DISCUSSION
Any permanent tooth in the dental arch can be impacted, but the teeth most frequently involved in a descending order are the mandibular and maxillary third molar, the maxillary canines, the mandibular and maxillary second premolar, and maxillary central incisors.\(^4\) The etiology of impaction is multifactorial. Impacted teeth may be associated with periodontal disease, dental caries, odontogenic cyst and tumors, pain of unexplained origin, jaw fracture, and resorption of root of the adjacent tooth.\(^5\) The many kinds of impaction include vertical, horizontal, buccal, lingual and even inverted impaction. Though ectopic eruption of third molar teeth have been reported in the literature, the incidence of inverted impaction of third molar teeth are very few to date. Gold J and Demby N in 1973 reported the first case of inverted maxillary third molar tooth impaction.\(^6\) Yuvaraj and G D Agarwal reported another case of inverted maxillary third molar impaction in 2011.\(^7\) According to them, only two cases of inverted maxillary third molar impacted teeth (Gold & Demby in 1973 and Held in 1979) have been reported in the literature. Similar such impaction’s reported by AlShamrani SM in 2001, Pai V et al.\(^9\) in 2008 and Held H.W in 1979 have probably not been taken into consideration by Yuvaraj and G D Agarwal. To the best of our literature review, seven cases of inverted maxillary third molar impaction have been reported and this is the eight such case till date since 1973. Since an inverted impaction of third molar would have the crown facing in an upward direction (toward the floor of maxillary sinus), a greater amount of bone guttering needs to be done. This would lead to a socket size significantly larger than a normal post-impaction socket. Another concern while removal of such teeth is the greater chances of tooth displacement into adjoining spaces such as infra-temporal space. The risk of

![Extracted Tooth](image-url)
bleeding, displacement of tooth into maxillary sinus and alveolar fracture while elevation of
tooth are some of the other factors that should be considered during removal of inverted
maxillary third molar impactions. Conclusion Impaction of maxillary molar in inverted
direction is a rare occurrence and till date only 7 cases of inverted maxillary molars have
been reported in the literature. This case report would therefore add to the present academic
literature available. In our view, the risks of removal of such asymptomatic teeth should be
carefully weighed with the benefits of retaining.

REFERENCES
1. Chu FCS, Li TKL, Lui VKB, Newsome PRH, Chow RLK, Cheung LK. Prevalence of
impacted teeth and associated pathologies – a radiographic study of the Hong Kong
2. Gisakis IG, Palamidakis FD, Farmakis ER, Kamberos G, Kamberos S. Prevalence of
impacted teeth in a Greek population. Journal of Investigative and Clinical Dentistry,
3. Mwaniki D, Guthua SW. Incidence of impacted mandibular third molars among dental
4. Al-Faleh W. Completely Impacted teeth in dentate and edentulous Jaws, Pakistan Oral
and Dental Journal, 2009; 29: 255-60.
5. Maglutac M, Sarmiento MA, Echiverre N. Impacted Maxillary Premolar: A Report of
9. Pai V, Kundabala M, Sequeira PS, Rao A. Inverted and Impacted Maxillary and