

A New Tooth Description: Aybuke Tooth

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Summary

Ectopic eruption is known as changing way of eruption the tooth does not follow normal course. Although ectopic eruption of tooth is not a common phenomenon, cases have been reported in the maxillary sinus, mandibular condyle, nasal cavity, chin. Owing to ectopic teeth's scarcity, cases should be discussed. Odontogenic tumors and odontogenic cysts can result from ectopic tooth. Thus, ectopic teeth should be evaluated regularly as there is no symptoms. If the patient has orofacial pain, maxillary sinusitis and radiating pain, the patient should be examined regarding ectopic tooth.

Introduction

Ectopic tooth is known as the tooth is not placed at tooth bearing region. Some factors result in ectopic eruption. These factors can be classified as developmental, iatrogenic, infectious and genetic. Ectopic tooth can place at palate, coronoid process, orbita floor, nasal septum, and maxillary sinus [1, 2]. Ectopic tooth can be deciduous tooth [3]. As the ectopic tooth is asymptomatic, it can be evaluated regarding cystic development. If ectopic tooth shows symptoms like pain, cystic development, it should be reevaluated [4]. The patient may come to oral and maxillofacial specialist with symptoms of facial swelling, radiating pain, sinusitis. In those situations, odontogenic source should not be ignored.

In this case report, we present a patient who referred to us for idiopathic pain which caused by ectopic baby molar tooth at right maxillary antrum.

Case Report

22-year-old female patient came to Dentistry School of Istanbul University with main complaint of radiating pain along upper right quadrant of the face. After intraoral examination was done, orthopantomograph was taken (Figure 1). The root of idiopathic pain was thought as implant placed on upper right first bicuspid. Implant-supported crown was pulled out and healing abutment was placed to deny causes associated with dental implant. However, complaint of the patient was not passed. Cone Beam Computer Tomography (CBCT) was taken to evaluate maxilla facial region deeply (Figure 2).



Figure 1: Orthopantomograph of the patient.

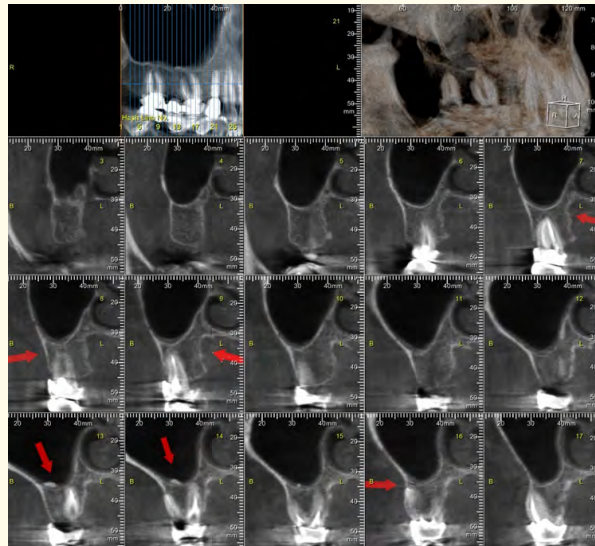


Figure 2: CBCT of the patient.

As the CBCT was interpreted, a radiopaque mass with 2 mm diameter and 3 mm long was located at the right sinus floor. This radiographic mass was removed by cadwell luc approach because it was thought being a source of idiopathic pain (Figure 3). Radiopaque mass was later described as ectopic baby molar (Figure 4). After the mass removed, surgical region was rinsed with saline and closed with 4.0 vicryl suture primarily. Patient's complaints was passed at postoperative third and tenth day. Postoperative period was uneventful.

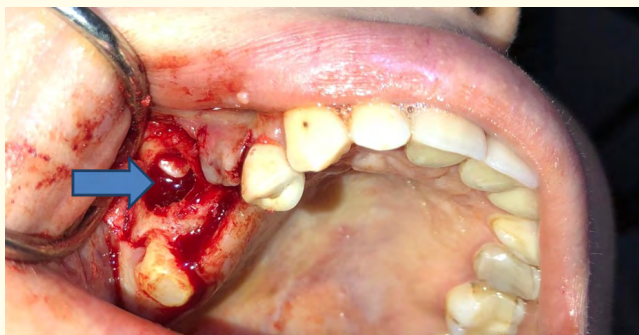


Figure 3: Blue arrow showed ectopic deciduous tooth.



Figure 4: Ectopic deciduous tooth after the removal (Aybuke tooth).

Discussion

Tooth development involves consecutive steps which occur between oral epithelium and mesenchymal tissue. Disruption of such steps result in ectopic tooth development. Lower jaw is affected more than upper jaw in terms of ectopic tooth. Ectopic tooth cannot be not only permanent tooth, but also deciduous tooth. In most cases, of ectopic tooth eruption is not clear. In our case report, abnormal placement of the tooth germ can be a factor for the ectopic tooth eruption. Teeth can be ectopically erupted at sinus maxilla, subcondylar region, nasal floor, orbit, maxillary antrum, and condyle [5-7].

Ectopic tooth in the maxillary sinus is not a common phenomenon. Ectopic tooth in maxillary antrum can be symptomatic. Facial swelling and radiating pain are some of the symptoms of ectopic teeth in maxillary antrum but mostly they are asymptomatic. Pulling out of ectopic tooth is the treatment option when it is symptomatic [8].

In conclusion, ectopic tooth placement can cause wide range of symptoms. Ectopic deciduous molar tooth is the origin of idiopathic pain in our patient. In our case report, three sides of the extracted deciduous ectopic tooth looked like to crescent. Thus, we renamed it as 'aybuke tooth'.

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