

## Ectopic Supernumerary Tooth in Nasal Cavity : A Rare Case Report

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### ABSTRACT

Supernumerary teeth are those which exceed the normal dental formula<sup>1</sup>. They are not uncommon and are found in approximately 1.2-3% of population<sup>2</sup>. Prevalence varies from place to place and rate as high as 6% has also been reported<sup>3</sup>. They are more common in males and mostly involve permanent dentition. Maxilla is affected more often as compared to mandible; the most common site of involvement is anterior maxillary region. Teeth are said to be ectopic when they do not follow normal path of eruption<sup>4</sup>. There may be minor variation in the path, for example as in crowding, but they are still within the oral cavity. Sometimes teeth may be found in totally ectopic location; for example many cases of ectopic teeth in Maxillary Antrum have been described. Eruption of tooth into nasal cavity is very rare. Very few cases have been reported in literature<sup>5,6</sup>. We are presenting here a case of ectopic tooth in nasal cavity.

**Key words:** Supernumerary tooth, Ectopic tooth, Nasal cavity

### INTRODUCTION

Ectopic dentition is a rare clinical entity and intranasal supernumerary tooth is a very rare clinical entity. The presence of teeth has been reported in very unusual locations such as ovaries, testes, anterior mediastinum, and pre-sacral regions. In the maxillofacial region, teeth have been found in maxillary sinus, mandibular condyle, coronoid process, chin, nose, and even orbit. The most common ectopic tooth which appears in the maxillary midline is called a mesiodens.

### CASE REPORT

A 55 years old male edentulous patient presented with Complains of pain in upper front region of jaw and a foreign body which he can feel with his finger since so many years. Nasal examination showed mild swelling in the floor of the right nasal cavity.



Fig. 1: Nasal examination with Nasal Speculum

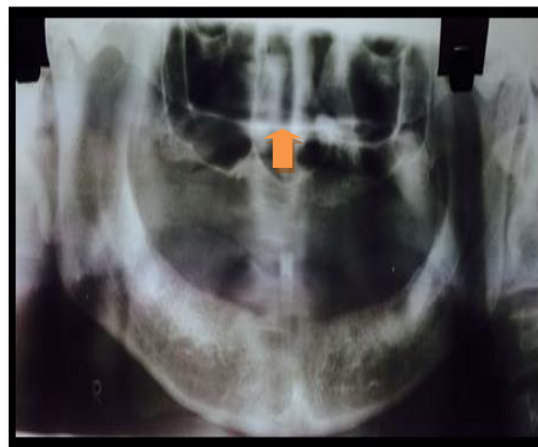
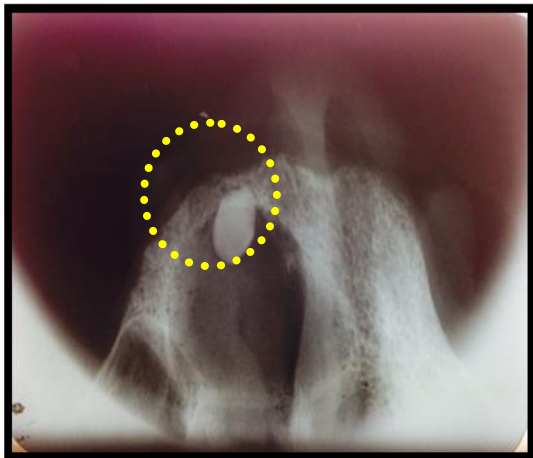


Fig. 2: OPG showing radio opaque shadow in nasal floor

The appearance suggested a rhinolith. The patient was completely edentulous since last 3-4 years. Radiograph of the paranasal sinuses was normal. However there was a radio-opaque shadow in the right nasal cavity. Orthopantomogram and other radiographs revealed it to be a tooth lying in the floor of the nasal cavity.

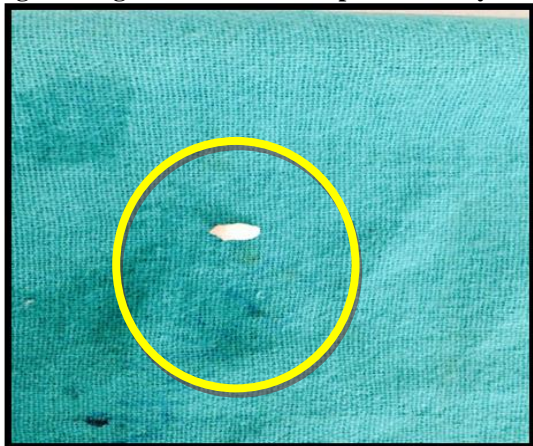


**Fig. 3: Occlusal radiograph showing tooth like shadow in nasal floor**

The nasal tooth was lying oriented in an anteroposterior direction, the attachment being anterior. It was covered by a sleeve of nasal mucosa near the attachment at the maxillary crest. Slitting this sleeve of mucosa facilitated easy removal of the tooth. There was no bony socket. On follow-up examination six weeks later, the patient was symptom free.



**Fig. 4: Surgical Removal of Supernumerary tooth**



**Fig. 5: Removed supernumerary tooth**

## DISCUSSION

The etiology of ectopic eruption is debatable. Various environmental and genetic factors have been blamed. Apart from environmental factors, genetic factors are thought to play an important role<sup>7</sup>. However, there seems to be consensus that ectopic eruption is the result of disturbance in the balance between the rate of jaw growth, the rate of eruption of the first molars, and mean size of different teeth<sup>4</sup>.

Though mostly asymptomatic, supernumerary teeth can be associated with various complications; they can lead to dental impaction, delayed eruption, ectopic eruption, overcrowding, spacing anomalies and the formation of follicular cysts<sup>6</sup>.

The diagnosis of nasal teeth is made on the basis of clinical and radiographic findings. The differential diagnosis of nasal teeth includes radiopaque foreign body, rhinolith, inflammatory lesions due to syphilis, tuberculosis, or fungal infection with calcification, benign tumours, including haemangioma, osteoma, calcified polyps, enchondroma, and dermoid and malignant tumours, such as chondrosarcoma and osteosarcoma. Removal of nasal teeth is generally advocated to alleviate the symptoms and prevent complications. When an extra tooth is in the nasal cavity, the procedure is usually a minor operation. When a tooth has a bony socket in the floor of the nose, it may be extremely difficult to extract<sup>8</sup>.

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