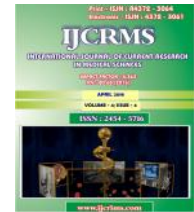




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**Case Report**

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## Rare occurrence of impacted and inverted maxillary third molar - A case report

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### Abstract

Third molars are the last teeth to erupt in oral cavity. Most commonly impacted teeth are also third molars. Very rarely impacted tooth can be inverted. Such case with impacted and inverted maxillary third molar is presented in this article.

**Keywords:** tooth, Third molars, oral cavity.

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### Introduction

A tooth is considered impacted when it fails to erupt in the dental arch within the expected time.<sup>1</sup> Tooth becomes impacted when its eruption is hampered by the presence of another tooth, bone or soft tissue.<sup>2</sup> Etiology of impacted tooth includes both local and systemic factors. Local factors causing impaction are: crowding of teeth, ectopically positioned tooth germ, supernumerary teeth, dense overlying bone or mucosa, premature loss or prolonged retention of deciduous teeth.<sup>1,3</sup> Systemic factors include heredity, endocrine disorders, rickets, congenital syphilis, progeria and achondroplasia etc. Mandibular third molar is most frequently impacted tooth followed by maxillary third molar, maxillary canine and mandibular premolar.<sup>4-6</sup>

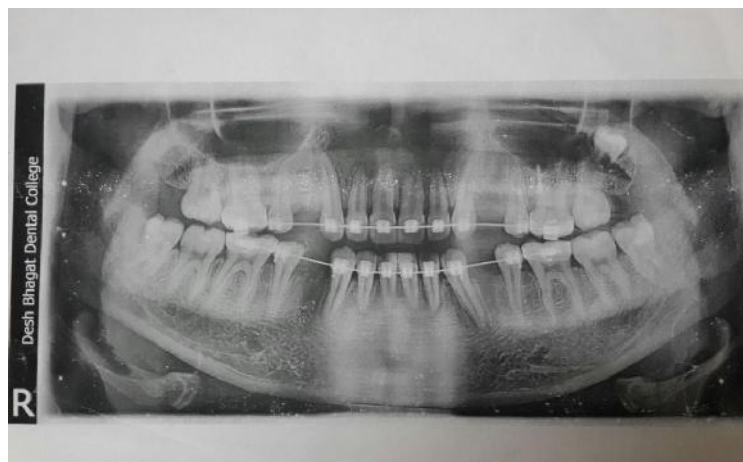
### Case Report

A female patient complaining of forwardly placed front teeth came to the department of orthodontics and Dentofacial Orthopaedics in Desh Bhagat dental college and hospital. She has class I bimaxillary protrusion. Intraorally patient has all permanent teeth except maxillary third molars, class I molar relationship on both right and left side and proclined maxillary and mandibular anterior teeth.

Extra orally patient has convex facial profile, incompetent lips. Orthopantomogram (OPG) and lateral cephalogram were taken for orthodontic diagnosis and treatment planning. Treatment was planned by doing extraction of all first premolars.

OPG showed impacted left maxillary third molar and right side maxillary third molar was absent. It was noticed that impacted maxillary molar was

lying in inverted position near root apex of second molar. (fig.1)



**Fig. 1: OPG showing impacted and inverted maxillary third molar**

## Discussion

Impacted and Inverted third molars are rare and very few cases have been reported.<sup>7</sup> Removal of impacted maxillary molars is difficult due to many factors such as limited accessibility, less visibility, minimum space between ramus of mandible and maxillary third molar which further decreases when patient opens the mouth, thin tuberosity, and proximity to maxillary sinus.<sup>7</sup> Therefore extractions of impacted maxillary molars need a detailed clinical and radiographic examination of the patient. Also evaluation is done for the difficulties of impaction removal and possible complications which may occur.<sup>1</sup> There is no definitive treatment procedure for removal of inverted and impacted molar. The safest option is conservative treatment that is teeth are not extracted until they produce any pathology causing problem to the patient. Periodic clinical and radiological examination should be done to detect any alteration related to impacted tooth. Patient should know indications, contraindications, risks and advantages of conservative treatment and surgical extraction of impacted tooth. Patient should be involved in decision regarding management of impacted tooth.<sup>8-10</sup>

In present case patient has no problem due to this impacted and inverted maxillary third molar. Orthodontic treatment has been planned for patient for which she has come to the department. After consulting oral surgeon, it was decided to left the third molar as such in its position and Patient was informed about the inverted and impacted third molar.

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## References

1. Chhabra S, Chhabra N, Dhillon G. Inverted and impacted maxillary third molar: removal by Lateral transposition method. *International journal of Experimental Dental Sciences* 2012;1(1):26-29.
2. Archer WH. *Impacted teeth: Oral and Maxillofacial Surgery*. Philadelphia:WB Saunders 1975;250-390.
3. Togo RA. Rare occurrence of inverted maxillary third molar impaction: A case report. *J Int Oral Health*.2013;5(3):85-87.

4. Padhye MN, Dabir AV, Girotra CS, Pandhi VH. Pattern of mandibular third molar impaction in the Indian population: a retrospective clinico-radiographic survey. *Oral Surg Oral Med Oral Pathol Oral Radiol.* 2013;116:161–6.
5. Chu FC, Li TK, Lui VK, Newsome PR, Chow RL, Cheung LK. Prevalence of impacted teeth and associated pathologies – a radiographic study of the Hong Kong Chinese population. *Hong Kong Med J.* 2003;9:158–63.
6. Msagati F, Simon EN, Owibingire S. Pattern of occurrence and treatment of impacted teeth at the Muhimbili National Hospital, Dar es Salaam, Tanzania. *BMC Oral Health.* 2013; 13:37.
7. Jain V, D’Silva J, Garg H, Mendonsa JP. Knocking out maxillary third molar with a hockey stick elevator. *SRM J Res Dent Sci* 2016;7:202-4.
8. Abu-Mostafa N, Barakat A, Al-Turkmani T, Al-Yousef A. Bilateral inverted and impacted maxillary third molars: A case report. *J Clin Exp Dent.* 2015;7(3):e441-e443.
9. Ulusoy AT, Akkocaoglu M, Akan S, Kocadereli I, Cehreli ZC. Reimplantation of an inverted maxillary premolar: case report of a multidisciplinary treatment approach. *J Clin Pediatr Dent.* 2009;33:279–82.
10. Almendros-Marqués N, Alaejos-Algarra E, Quinteros-Borgarello M, Berini-Aytés L, Gay-Escoda C. Factors influencing the prophylactic removal of asymptomatic impacted lower third molars. *Int J Oral Maxillofac Surg.* 2008; 37:29–35.

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