INTRODUCTION

Ectopic teeth are those that are impacted in unusual positions, or that have been displaced and are at a distance from their normal anatomic location. Ectopic eruption can be associated with developmental disturbances, pathologic processes, or iatrogenic activity. In many cases the etiology cannot be identified.

The presence of supernumerary or ectopic tooth is not uncommon, and it is estimated to occur in 1% of the general population, especially in children and involving the first dentition. These ectopic teeth may be permanent, deciduous, or supernumerary. Ectopic eruption of teeth into regions other than the oral cavity has been rarely reported. In the oro-pharynx, it is extremely rare. The authors believe the case presented here is the first documented case of an ectopic supernumerary tooth seen in the oropharynx.

CASE REPORT

A 4-year old boy was referred to the Department of Oral and Maxillofacial Surgery, SJM Dental College and Hospital, Chitradurga, with a complaint of pain and discomfort during swallowing since a week. Intra-oral clinical examination of the patient revealed a tooth-like structure resembling a molar posterior to soft palate, and soft tissue surrounding was reddish in color and inflamed. The patient also felt that there is something blocking his throat. Patient’s dental examination revealed one complete set of deciduous teeth without any oral disease or history of maxillofacial trauma or surgery. Patient’s general medical status was reviewed and found adequate. Computed tomography (CT) scan was advised to evaluate any lesion associated and to plan further treatment. Due to financial constraints, CT was not affordable for the patient.

A diagnosis of supernumerary ectopic tooth was consistent with the clinical finding in the oro-pharyngeal region.

After 1 month of initial visit, the parents of the patient reported back that the tooth fell off on its own within 10 days and the healing was uneventful.

DISCUSSION

Tooth development results from a complicated multistep interaction between the oral epithelium and the underlying mesenchymal tissue. A series of complex tissue interactions result in the formation of mature teeth. Abnormal tissue that interacts during development could potentially result in an ectopic tooth. Most commonly
Figure 1: Intra-oral clinical photograph showing a tooth-like structure posterior to soft palate, with inflamed red surrounding soft tissue

Ectopic teeth are rare dental anomaly and more likely managed by medical practitioners than their dental counterparts. In addition, this report also addresses a young patient with a tooth in the oropharynx with the objective of emphasizing the fact that the etiology is non-traumatic and such clinical presentation is extremely rare.

We strongly suggest that the treatment must aim at the dental extraction, whether for the symptoms are recurrent and the location of the ectopic tooth, in many instances, a potential region of complications. Treatment should be carefully planned based on the position of the ectopic tooth and the potential for surgical trauma. If a conservative approach is decided on, periodic monitoring of the patient will be necessary.

REFERENCES

1. Büyukkurt MC, Tozoglu S, Aras MH, Yolcu U. Ectopic eruption of a maxillary third molar tooth in the maxillary sinus: A case report. J Contemp Dent Pract 2005;6:104-10.
2. Bodner L, Tovi F, Bar-Ziv J. Teeth in the maxillary sinus–imaging and management. J Laryngol Otol 1997;111:820-4.
3. Chye CH, Singh B. Rapid cystic development in relation with an impacted lower third molar: A case report. Ann Acad Med Singapore 2005;34:130-3.
4. Moreano EH, Zich DK, Goree JC, Graham SM. Nasal tooth. Am J Otalaryngol 1998;19:124-6.
5. Thor AL. Delayed removal of a fully intruded primary incisor through the nasal cavity: A case report. Dent Traumatol 2002;18:227-30.
6. Wang LF, Tai CF, Lee KW, Ho KY, Kuo WR. Delayed removal of a fully intruded tooth in the nasal cavity after facial trauma: A case report. Otolaryngol Head Neck Surg 2004;131:330-1.
7. Carver DD, Peterson S, Owens T. Intranasal teeth: A case report. Oral Surg Oral Med Oral Pathol 1990;70:804-5.
8. Smith RA, Gordon NC, De-Luchi SF. Intranasal teeth. Report of two cases and review of the literature. Oral Surg Oral Med Oral Pathol 1979;47:120-2.
9. Thawley SE, Ferriere KA. Supernumerary nasal teeth. Laryngoscope 1977;87:1770-3.
10. Mahmood S, Lello GE. Tooth in the nasopharynx. Br J Oral Maxillofac Surg 2002;40:448-9.
11. Wang CC, Kok SH, Hou LT, Yang PJ, Lee JJ, Cheng SJ et al. Ectopic mandibular third molar in the ramus region: Report of a case and literature review. Oral Surg Oral Med Oral Pathol Oral Radiol Endod 2008;105:155-61.

How to cite this article: Nagarajappa D, Manjunatha BS. Tooth in oropharynx. J Oral Maxillofac Pathol 2011;15:346-7.

Source of Support: Nil. Conflict of Interest: None declared.