

## CASE REPORT

## Tooth in oropharynx

Nagarajappa D, Manjunatha BS<sup>1</sup>*Department of Oral and Maxillofacial Surgery, SJM Dental College and Hospital, Chitradurga, <sup>1</sup>Department of Oral Pathology and Microbiology, K M Shah Dental College and Hospital, Vadodara, Gujarat, India*

## Address for correspondence:

Dr. Manjunatha BS,  
 Department of Oral and Maxillofacial Pathology,  
 K M Shah Dental College and Hospital,  
 Sumandeep Vidyapeeth, Pipariya - 391 760,  
 Vadodara, Gujarat, India.  
 E-mail: drmanju26@hotmail.com

## ABSTRACT

The incidence of ectopic teeth has increased. In many cases, the etiology of ectopic teeth cannot be identified. Ectopic tooth in deciduous dentition period is very rare and information is limited about its causes and characteristics. The conditions commonly associated with an increased prevalence of ectopic teeth include cleft lip and palate, cleidocranial dysplasia, and Gardner syndrome. The diagnosis is made by the clinical and radiological examinations. The indication for extraction in ectopic teeth cases is in general determined by the presence of symptomatology, or by the need for preventing future complications. We present a case of an ectopic maxillary tooth in a 4 year-old boy. In addition, this report also addresses a young patient with a tooth in the oropharynx with the objective of non traumatic etiology, and such a clinical presentation is extremely rare. The authors believe the case presented here is the first documented case of an ectopic supernumerary tooth seen in the oropharynx.

**Key words:** Ectopic eruption, ectopic tooth, extraction, oropharynx

## 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.<sup>[1,2]</sup> In many cases the etiology cannot be identified.<sup>[3]</sup>

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.<sup>[4-6]</sup> These ectopic teeth may be permanent, deciduous, or supernumerary.<sup>[7]</sup> Ectopic eruption of teeth into regions other than the oral cavity has been rarely reported.<sup>[4,7]</sup>

Here we describe a unique case of ectopic supernumerary tooth in the oropharynx and what we believe is the first reported case of this rare kind in the English literature.

## 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 [Figure 1]. The patient also felt that there is something blocking his throat. Patient's dental examination revealed one complete set of deciduous teeth [Figure 2] 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.<sup>[8]</sup>

Abnormal tissue that interacts during development could potentially result in an ectopic tooth.<sup>[1,3]</sup> Most commonly

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**Figure 1:** Intra-oral clinical photograph showing a tooth-like structure posterior to soft palate, with inflamed red surrounding soft tissue



**Figure 2:** Intra-oral clinical photograph showing complete set of deciduous teeth in both arches

ectopic tooth is found single but multiple teeth has been reported.<sup>[8]</sup> The tooth may be asymptomatic at the time of diagnosis and may be noticed on routine clinical or radiological examination.<sup>[9]</sup>

Ectopic eruption of teeth into regions other than the oral cavity has been rarely reported in a variety of locations such as maxillary sinus,<sup>[1,2]</sup> mandibular condyle, coronoid process, orbit, palate and nasal cavity.<sup>[4,7-9]</sup>

Not a single case of ectopic tooth in oropharynx has been reported in the English-language literature and was searched from Pubmed and Medline databases. A case of tooth in the nasopharynx in a 36 year-old man due to trauma has been reported by Mahmood and Lello.<sup>[10]</sup>

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.<sup>[11]</sup> If a conservative approach is decided on, periodic monitoring of the patient will be necessary.

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