

Two Unusual Cases of Supernumerary Teeth

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The two following cases are reported because they are the first in the author's experience and because he does not remember ever having seen reference in the literature to similar conditions.

Recurring Supernumerary Teeth

Case I is that of a boy who came into my practice through the death of Dr. Harris W. McClain, by whom he was first seen in May, 1933, at the age of seven. His older sister was under treatment at the time for a severe Class III malocclusion. No records were taken until February, 1934, when, because of the delayed eruption of the permanent maxillary centrals (the laterals were in place), X-rays were ordered of this area. These revealed supernumerary teeth below the permanent centrals as shown in Fig. 1. In June of 1934 this area was opened by Dr. Howard C. Miller and the supernumerary teeth carefully removed. Fig. 2 represents the X-ray taken by Dr. Miller immediately following the operation.

The case was next seen in June, 1935, by the author subsequent to the death of Dr. McClain. The permanent centrals were still unerupted; in fact, the only permanent teeth in place were the first molars, the four lower incisors and the upper laterals. The patient was now nearly ten years old and presented a severe Class III malocclusion. Models were made and full mouth X-rays were ordered. These revealed ten supernumerary teeth, *including two where the previous ones had been removed*. Fig. 3 represents the X-ray of the area taken at this time.

The operation was repeated in July, 1935. Fig. 4 represents the area after the operation. Since then the x-rays taken reveal no recurrence. The centrals are still unerupted.

It is interesting to note that the two girls and one boy comprising this family all had supernumerary teeth. The older sister had two, one of which was in the upper right premaxillary region and the other in the lower right cuspid-lateral region. The younger sister had one behind the left maxillary central and the boy had ten, widely distributed in both jaws, two of which recurred following removal. The older girl and the boy were both severe Class III malocclusions while the younger girl was Class I. There is no Class III malocclusion in the parents.

Delayed Development of Supernumerary Tooth

Case II is that of a boy of seven years who presented in September, 1928, with a Class II, Division 1 malocclusion. Full records were taken including full mouth intra-oral X-rays. Fig. 5 represents an X-ray of the lower left molar and premolar area taken from this set.

The patient was given a short period of treatment (from October, 1928,



Fig. 1



Fig. 2



Fig. 3



Fig. 4

to February, 1929) for the correction of the mesiodistal relationships. In April the appliance was replaced, following the appearance of relapse, and he was treated until July. In September, 1929, full mouth X-rays were taken again. These were repeated in September, 1930, October, 1931, and in January, 1933, at which time all of the permanent teeth were in place except the lower left second bicuspid. Fig. 6 represents the X-ray of this site taken at the time.

The case was put under active treatment again in September of 1933 and treated to completion in June of 1934. Unfortunately no further X-rays were taken until January, 1936. By this time there had been a slight relapse on the right side and it was decided to give another short



Fig. 5

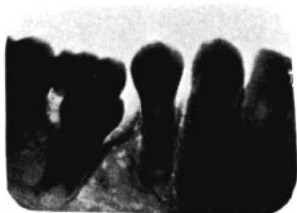


Fig. 6



Fig. 7

period of treatment. X-rays were ordered before beginning treatment, and these revealed a well-formed supernumerary bicuspid crown between the roots of the lower left second bicuspid and the first molar teeth, (Fig. 7). This had developed sometime between January 28, 1933, and January 7, 1936, and between the ages of twelve and fifteen.

The last period of treatment was started January 28 and ran until June 18, 1936. No attempt was made to remove the supernumerary and the treatment was uneventful. The case will be X-rayed periodically from now on for the purpose of watching the development of the supernumerary. It is interesting to note that the right side of the mandible is the side of relapse while the left, containing the anomalous tooth, has kept up its development to that of the maxilla.

The author would be indebted to anyone who would report to him experience with either of these two conditions.

Note: I am indebted to Dr. Howard C. Miller for the post-operative X-ray shown in Fig. 2. All others are from my own records.

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