

DOUBLE TEETH : A big tooth with bigger problems ???

MACRODONTS: Size does matter.....

INTRODUCTION:

Double teeth is a condition wherein a child has tooth which are usually larger in size than the adjacent normal tooth, thus also called as Macrodonts. Etiology could be trauma, systemic infection or crowded tooth germs during tooth development. Tooth germs in the same developmental stage and located close to each other are also postulated to have high occurrence of adjacent anterior double teeth, although pathogenesis is still not clear, there is strong evidence for genetic control of fused teeth. These teeth are of concern to a paediatric dentist as they cause various problems like, malocclusion, esthetics concerns etc. and need intervention in early mixed dentition.



Pre-op

Macrodont

CASE REPORT:

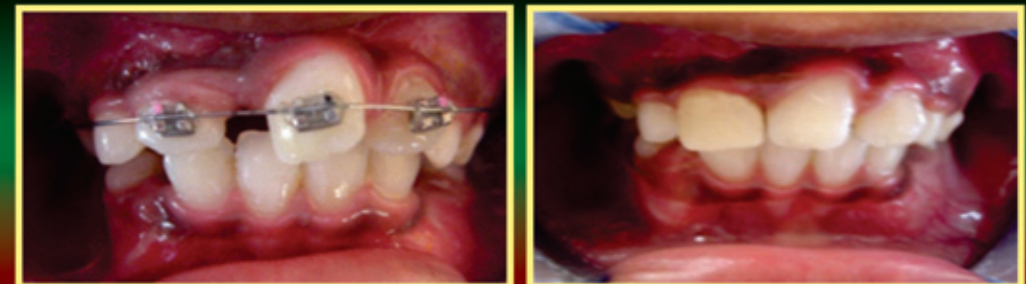
A 9-year-old girl patient with chief complaint of big front tooth, difficulty in closing mouth, poor appearance and low self-confidence. 11 21 macrodontia, 12 crossbite, 21 rotated 90 degrees, anterior crowding. No tooth was missing. Radiographic examination: 11 in Demirjian's Stage E of root development with blunder buss canals, very thin dentinal walls and nonrestorable endodontically, two pulp horns and almost no radiographic apex. Arch analysis was done and 11 extracted.

CLINICAL MANAGEMENT:

A removable appliance with Z-springs i.r.t. 12, 21, 22 delivered to correct crossbite of 12 and rotation of 21 22 respectively. After 6 months, irregularities corrected. Followed with fixed orthodontic Tt to close the space of extracted 11 and fine movements. Finally, this 9-year-old young girl in her formative traits had a more aligned, aesthetically pleasing smile with enhanced psychological confidence.

DISCUSSION:

In our case since tooth number was normal, the cause of macrodonts could be the fusion of normal tooth germ with some supernumerary germ present during the tooth development stages. Treatment for such double teeth usually involves either esthetic correction or extraction if they pose interference in occlusion. Extraction of 11 was planned as it was non-restorable endodontically as well as esthetically d/t its excessively large size. Instead 12 was esthetically build up as 11 and gingivectomy performed to provide satisfactory esthetics.



Post-op - 1

Post-op - 2