INCIDENCE OF SUPERNUMERARY TEETH IN UCLP PATIENTS VISITING SAVEETHA DENTAL COLLEGE AND HOSPITAL

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Abstract

Introduction: Cleft lip and palate (CLP) is the most common orofacial congenital malformation in live births. CLP can occur individually or in combination with other congenital deformities. Affected patients experience a number of dental, aesthetic, speech, hearing, and psychological complications and have a higher incidence of severe dental conditions.

Aim: The objective of the study was to determine the incidence of supernumerary teeth in unilateral cleft lip and palate patients.

Materials and Method: A cross sectional retrospective study of, study population will 28 patients visiting Saveetha Dental College and Hospital with oral Candidiasis. Their antibiotic prescription was found. The data was tabulated and analyzed. SPSS by IBM was used for data analysis

Result: From the conducted study we see that there was less incidence of supernumerary teeth in unilateral cleft lip and palate patients out of 28 of them only 2 of them had a supernumerary teeth (7.1%) and 26 of them did not have supernumerary teeth or hyperdontia (92.9%), maybe there are probability of hypodontia.

Conclusion: There is a less incidence of supernumerary teeth on unilateral cleft lip and palate patients. Since the OPG for pediatric patients cannot be taken so identification of supernumerary teeth is difficult.

KEYWORDS: Cleft Lip, Cleft Palate, Supernumerary, Unilateral.

INTRODUCTION:
Cleft lip and palate are anomalies which develop due to lack in the fusion of two processes, the lateral nasal process and the middle nasal processes with the maxillary processes. And for cleft lip, there is a lack of fusion of the lateral palatal processes among each other or the fusion with the nasal septum or the primary palate as would be in case of cleft palate (1). The overall incidence of cleft lip and palate (CLP) is approximately 1 out of 700 live births (2), which makes CLP the most common congenital malformation of the orofacial region (3). CLP is accompanied by a wide variety of dental anomalies, which also have a long-term impact on the patient’s facial structure, anatomy and self-esteem (4). Dental anomalies are considered one of the contributing factors in formation of clefts (5,6). The incidence of dental anomalies is relatively increased in children suffering with CLP as compared to the general population (7). Generally, the specific anomaly varies according to the type of CLP occurring (8,9). Previous studies have proved that both permanent and deciduous teeth can be affected, and dental anomalies are found to occur more frequently on the cleft affected side (10,11). The maxillary lateral incisors are found to be the most susceptible to
dental anomalies within the cleft area (4). According to the severity of the cleft, there are three most common dental anomalies which are missing maxillary lateral incisors, supernumerary teeth, and missing lower incisors (8). They appear separately or are seen together and may be unilateral or sometimes bilateral. They can originate during the fourth to seventh month of intrauterine life. The lack of fusion between the mid nasal processes and maxillary processes is the possible reason for a deficiency of mesenchymal mass which can cause the disorder associated with etiological factors and can be genetic or environmental (12,13). Dental anomalies are more frequently seen in the case of children with cleft lip and/or cleft palate than in normal populations, they affect both dentitions (10,14). Hypodontia and hyperdontia may be seen among these anomalies; they are most commonly found in or near the fissured areas (15). Other additional circumstances found are changes in the position of the tooth, alterations in the tooth shape and size of the tooth, as well as delayed tooth eruption and late development of tooth (10,12,13).

Supernumerary teeth is defined as an increase in the number of teeth when compared to the normal dental formula (16–18). They are mainly observed (90- 98%) in the upper jaw, exhibiting predilection for the premaxillary area (17,19). Development of these teeth is capable of causing complications like crowding, delayed eruption, displacement or root resorption of adjacent teeth, diastema, rotations, cystic lesions, or eruption into the nasal cavity (16,20).

A study conducted by Qureshi WA et. al, compared prevalence of dental anomalies in deciduous and permanent dentition of the patients with unilateral cleft lip and palate (UCLP) and bilateral cleft lip and palate (BCLP). In which from the total of 96 collected cases, 67 of the cases were UCLP patients and 29 of them were BCLP patients were examined, and they observed that there was a high prevalence of dental anomaly in both deciduous and permanent dentitions. A total of 93% UCLP patients and 96% BCLP patients presented with a minimum of one dental anomaly, and the patient groups showed significant differences in the prevalence of single missing tooth UCLP had 39% and BCLP had 14%; in multiple missing teeth UCLP had 22% and BCLP had 54%, and for anterior malocclusion, UCLP was 15% and BCLP had 41% (21,22).

The objective of the study was to evaluate the incidence of supernumerary teeth in unilateral cleft lip and cleft palate patients.

MATERIALS AND METHOD:
The study design was a prevalence study in OPD Department in a private dental institution in Chennai. The study sample was of 28 outpatients attending the OPD department with incidence of cleft lip and cleft palate. The sample was collected owing to the nature of the study design and setting, a convenience sampling method was used, and the data was collected. An online platform called DIAS was used to collect the data and the data of patients with unilateral cleft palate and cleft lip. Patients suffering from unilateral cleft lip and palate were included in the study. Syndromic patients were excluded from the study. Ethical clearance of the study was obtained prior to the study, ethical clearance was obtained from the institution ethical committee of Saveetha University. The collected radiographs were analyzed by the peer reviewers for interexaminer bias. The responses from the Google Forms were transferred into excel and were then imported to SPSS by IBM software, (version 25). Descriptive statistics were done using frequency and percentage. Inferential statistics were done using the Chi-square test. Interpretation was based on a p value less than 0.05, which was considered statistically significant. Comparisons were done between independent variables like age, gender, occupation and knowledge, attitude, practice responses by the participants.

RESULTS AND DISCUSSION:
Patients with craniofacial clefts are often affected by various dental anomalies, such as tooth agenesis, supernumerary teeth, microdontia, taurodontism, dilaceration, ectopic eruption, impacted teeth and late dental development (23).

From the collected data there were a total of 28 unilaterally affected cleft lip and palate patients 26 of them did not have any supernumerary teeth (92.9%) and 2 of them had supernumerary teeth (7.1%) (22). Among the following, hypodontia was found to be the most common type of dental anomaly. In a study conducted by Liesa Heidi Möller et. al, 50% of the cleft patients analyzed, had congenital missing teeth (24). In a study conducted by Liesa Heidi Möller et. al, supernumerary teeth were observed in 33.3% of cleft individuals. Which contraindicated the results of our study (25). The same investigation revealed that in the UCLP group, right-sided clefts were statistically significantly more
often affected by supernumerary teeth than left-sided clefts, which is in accordance with the study finding of Stahl et al., Byloff-Clar and Droschl (5,26). In the study of Liesa Heidi Möller et al, all supernumerary teeth found, were located in the maxillary anterior region. This is consistent with many other studies (24,27). Except this, only Stahl et al. also found a supernumerary lateral incisor in the lower jaw (5,28).

Graph 1: Graph showing the prevalence of supernumerary tooth out of 28 cleft lip and palate patients 26 of the did not have any supernumerary teeth (92.9%) and 2 of them had supernumerary teeth (7.1%)

A high prevalence of dental anomaly hypodontia and supernumerary teeth was found in a study, with 205 CLP patients. Hypodontia was observed in 144 patients from the total population (70.2%), and the maxillary lateral incisor showed the highest occurrence of missing teeth. The lesion was primarily located distal to the cleft (25%) when both the lateral incisors were intact (43%). Supernumerary teeth were seen in 11.7% of patients (29,30). In another study, Al-Kharboush (31) observed that hypodontia was the most common dental anomaly to be observed, affecting 134 out of 288 cleft patients (46.5%), which is followed by microdontia (91 patients, 31.6%), ectopic eruption (30 patients, 10.4%), supernumerary teeth (26 patients, 9%), and macrodontia (7 patients, 2.4%). In a study assessing the craniofacial morphology of Japanese patients with UCLP, pushback palatoplasty was the frequently selected repair for maxillary and dentoalveolar malformation (32,33).

In a study conducted by Al Jamal GA for Jordanian subjects, they found that the prevalence incidence of dental anomaly was higher in case of CLP patients than in normal subjects. 66.7% of patients were observed with missing teeth, out of which maxillary lateral incisor was the most commonly affected tooth. 16.7% of patients were seen with supernumerary teeth, other findings included microdontia for 37% of the patients, taurodontism was seen in 70.5% of the patients, transposition or ectopic teeth was observed in 30.8% of the patients, dilacerations was seen in 19.2% of cases, and hypoplasia in 30.8% of the cases (34). This does not support our study which shows only 7.1% of them reporting with supernumerary teeth.
CONCLUSION:
From the study we conclude that the incidence of supernumerary teeth in unilateral cleft lip and cleft palate was less as compared to hypoplasia.

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CONFLICT OF INTEREST: The authors declare no conflict of interest.

REFERENCES:


