Metachronous supernumerary teeth in a non-syndromic patient

Précis: This case report highlights the conservative management of non-syndromic multiple supernumerary teeth and emphasises the importance of vigilant radiographic monitoring, especially for future orthodontic considerations.

Abstract

This paper presents a case of metachronous supernumerary teeth in the mandibular premolar region, following previous removal of a supernumerary tooth and orthodontic treatment, in an adolescent patient following an interval of eight years.

Individual or multiple supernumerary teeth can develop anywhere in the jaws, although it is unusual for sequential supernumerary teeth to develop in late adolescence and after orthodontic treatment, particularly in non-syndromic patients.

The management of asymptomatic supernumerary teeth should fully consider the risks and benefits of surgical removal. Clinicians should remain aware of the possibility of subsequent supernumerary removal, and the presented case emphasises the importance of radiographic monitoring if subsequent orthodontic treatment is being considered following previous identification of supernumerary teeth.

Keywords: supernumerary; orthodontics; case report; multiple premolar supernumeraries; sequential supernumerary.

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A rare case of unilateral facial infiltrating lipomatosis: summary of medical and dental implications

Précis: Facial infiltrating lipomatosis is associated with dental developmental anomalies and medical complications of the affected side, requiring multidisciplinary care.

Abstract

Introduction: Facial infiltrating lipomatosis (FIL) is a rare congenital and benign condition, resulting from mature non-encapsulated adipocytes penetrating into neighbouring structures. Individuals with FIL present with unilateral facial and craniofacial hemihypertrophy, alongside various medical and dental complications of the affected side.

Case report: At birth, the infant had an evident right-sided facial swelling, which remained asymptomatic but continued to increase in size. Mild right-sided hearing and visual impairments were also present, with an epidermal naevus evident on the right cheek. Magnetic resonance imaging confirmed right-sided lipomatous hyperplasia and genetic testing confirmed a somatic mutation to PIK3CA – the cause of cell hyperproliferation, often identified in FIL cases. A multidisciplinary team (paediatric medicine and dentistry, dermatology, ear, nose and throat (ENT), and plastics at Great Ormond Street Hospital) has contributed to managing the complex condition. At 12 months old, paediatric dentistry observed premature eruption of teeth 53, 54 and 84, and hyperplasia of the upper right alveolar arch. At five years old, the child presented with premature exfoliation of primary teeth and premature eruption of permanent teeth 14, 16, 41, 42 and 46, with bilateral crossbites.

Management: A dental prevention regime has been implemented and the child remains caries free. The developing dentition will continue to be monitored with consideration of orthodontic management. As the child remains stable, a conservative approach without surgical or medical intervention has been adopted. His vision has been corrected with glasses.

Conclusion: FIL is associated with dental developmental anomalies and medical complications of the affected side, requiring multidisciplinary care.

Keywords: FIL; facial infiltrating lipomatosis; swelling; unilateral swelling; multidisciplinary; congenital; genetic mutation; PIK3CA.

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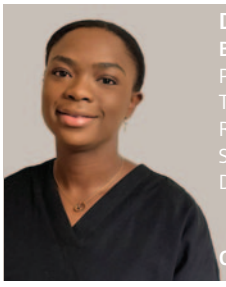

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