

Interesting cases of kissing molars. Report of two cases

Interessante casos de kissing molars. Relato de dois casos clínicos

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Resumo

Introdução: Os dentes não irrompidos mais comumente encontrados são os terceiros molares inferiores, sendo a sua etiologia debatida dentro da literatura, sendo diversas causas atribuídas a essa situação. Por outro lado, a retenção do segundo molar inferior, não apresenta a mesma frequência, apresentando-se como uma condição rara, assim como a retenção simultânea de ambos os dentes. Relatos na literatura classificam os casos em que esses dentes se apresentam simultaneamente impactados estando a superfície oclusal dos mesmos conectadas por um mesmo folículo pericoronário e as raízes em direção oposta como “Kissing Molars”. O tratamento de escolha para esses casos é a remoção cirúrgica de ambos os dentes. **Objetivo:** O presente trabalho visa expor um caso clínico sobre “kissing molars”, bem como o seu manejo. **Material e método:** Este relato de caso descreve dois casos clínicos de Kissing Molars e seus respectivos tratamentos. **Resultado e conclusão:** No presente trabalho temos a apresentação de um relato de caso clínico de um “kissing molars”, bem como o seu manejo sem complicações ao paciente.

Descritores: Cirurgia bucal; terceiro molar; dente impactado.

Abstract

Introduction: Mandibular third molars are the most common unerupted teeth, whose etiology of this fact is debated on literature, being several factors causing such phenomena. On the other hand the retention of the mandibular second molar, does not present the same frequency, being a rare clinical condition, as well as the simultaneous retention of both teeth. Reports in literature classify the cases in which these teeth are simultaneously impacted with occlusal surfaces contacting each other united by the same follicular space and the roots in the opposite directions like “Kissing Molars”. The treatment of choice for these cases is the surgical removal of both teeth. **Objective:** The present work aims to expose a case about “kissing molars” and its management. **Material and method:** This case report describes two cases of Kissing Molars and their treatment. **Result and conclusion:** In this paper we present a case report of a “kissing molars” and its management to the patient without complications.

Descriptors: Oral surgery; third molar; impacted tooth.

INTRODUCTION

Unerrupted teeth can be sampled as those who failed to appear in the oral cavity¹, with greater frequency of cases assigned to mandibular third molar^{1,2}, fact that cannot be related to mandibular second molar³. In cases where the second and the third mandibular molars are unerupted, with occlusal surfaces contacting each other in a same follicular space, with the roots in opposing direction are called Kissing Molars^{4,5}. However, this term has also been used to describe similar conditions such as first and second impacted molars⁶. This work reports two cases of Kissing Molars, removed by local anesthesia.

REPORT OF CASES

1. Case 1

A 30 years old female patient, came to a private for clinical evaluation in order to undergo a surgery for placing osseointegrated dental implants. During the intraoral clinical exam, it was observed the absence of teeth in the posterior region of the mandible, as well as absence of pain and symptoms of inflammation. The panoramic radiograph revealed the presence of second and third left impacted mandibular molars, which presented occlusal surfaces contacting each other in same follicular space with roots pointing in opposite directions (Kissing Molars) (Figure 1).

The stipulated treatment plan consisted of surgical removal of the Kissing Molars, so that, for the second step of treatment, the rehabilitation with dental implants could be performed. The surgical intervention was performed under local infiltration and terminal anesthesia with nerve block inferior dental, lingual and buccal nerves.

The impacted teeth were approached with the help of a vestibular incision flap that was limited to the second molar. Being then performed osteotomy for exposure of impacted teeth. The next step was the section the third molar to minimize the quantity of bone removal and facilitate its removal. Afterwards the second molar was removed. The socket was rinsed with physiological saline and then the region was sutured using silk thread, with simple, interrupted stitches. The follicular tissue was subjected to histopathologic analysis, presenting normal tissues, without any evidence of disease.

The suture was removed on the seventh post-operative day and the patient evolved without any complication. The patient was kept on a soft diet for about 60 days, and is still under post-operative control. No pain, paresthesia or infection were observed.

2. Case 2

A 22 years old, female patient came to the surgery clinic of the School Dentistry of Bauru with indication of removal of third molars. During the intraoral clinical exam it was not possible to observe signs of inflammation or the presence of mandibular third molars. A panoramic radiograph revealed the presence of simultaneous impaction of second and third left impacted

mandibular molars which have occlusal surfaces contacting each other in same follicular space with roots pointing in opposite directions (Kissing Molars) (Figure 2). Due to the enhancement of the follicular space, the prophylactic removal of both teeth was the selected treatment option.

To set the correct positioning of the teeth, as well as the exact relationship with the alveolar nerve channel, it was obtained a cone beam computed tomography (i-CAT). This exam revealed a bone resorption of lingual side and sharp proximity to the alveolar nerve channel (Figure 3).

The impacted teeth were approached with the help of a vestibular incision flap that was limited to the second molar. Being then performed osteotomy for exposure of impacted teeth. The next step was the section the third molar to minimize the quantify of bone removal and facilitate your removal. Afterwards the second molar was removed. The socket was rinsed with physiological saline and then the region was sutured using 3-0 silk thread, with simple, interrupted stitches. The follicular tissue was subjected to histopathologic analysis, presenting normal tissues, without any evidence of disease.



Figure 1. Panoramic radiograph with presence of kissing molars.



Figure 2. Computed Tomography with presence of kissing molars.

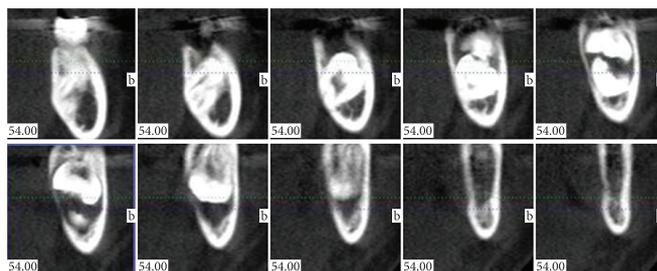


Figure 3. Computed Tomography spotlighting the resorption of lingual bone.

The stitches were removed one week after the surgical procedure. No clinical alterations were observed up to now.

DISCUSSION

The decision on removal of asymptomatic lower third molars represents a surgical challenge^{7,8}. The Kissing Molars are in the same situation⁵. This can be explained by the elevated rates of complications that can be assigned to the removal of impacted teeth (4,6 to 30.9%)⁹, such as: mandibular fractures during the surgery^{10,11} or post- operative^{7,10-13}, dry socket^{10,11} or damage to the alveolar nerve¹⁴⁻¹⁶.

On the other hand, the maintenance of these teeth can be tied to other complications such as reduction of mandible bone tissue, which increases the risk of mandibular fracture^{17,18}, root resorption of adjacent teeth, pericoronarite, local pain or cystic changes^{8,19}. In order to reduce or even prevent these complications, it becomes necessary the prior surgical planning, as well as the

knowledge of the professionals and patients concerning the potential risks of this surgical intervention²⁰.

In the moment of surgical planning, panoramic X-rays are considered the gold standard in most cases¹⁵, being possible use CT scans for evaluation of proximity with the mandibular lingual nerve channel, or even pathologic alterations^{7,20}. Care must be taken to avoid the lingual nerve injury, especially in cases where there is a ceiling of proximity between the alveolar channel and the tooth roots¹⁶.

Both cases comprising this work, the surgical removal was the treatment option. In the post-operative control of both, no pain, paresthesia, infection or other complication were observed.

CONCLUSION

Cases of Kissing Molars are rare clinical condition, with few treatment options described. This option chosen in this paper is in agreement with the literature, for instance, the surgical removal of both teeth.

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CONFLICTS OF INTERESTS

The authors declare no conflicts of interest.

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