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CASE REPORT OPEN ACCESS

UNILATERAL IMPACTED MAXILLARY DISTOMOLAR ASSOCIATED WITH AN ERUPTED THIRD MOLAR : A RARE CASE REPORT

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ABSTRACT

Reports describing the clinical relationship between supernumerary fourth molars and adjacent third molars are exceedingly scarce. The present case involves a unilateral impaction of a right maxillary fourth molar, identified in the presence of a normally erupted right maxillary third molar. The patient sought consultation due to persistent irritation of the right buccal mucosa caused by repeated cheek biting. Comprehensive clinical and radiographic evaluation indicated that the erupted third molar was contributing to the patient's symptoms; therefore, its removal was planned and performed using conventional local infiltration anaesthesia.

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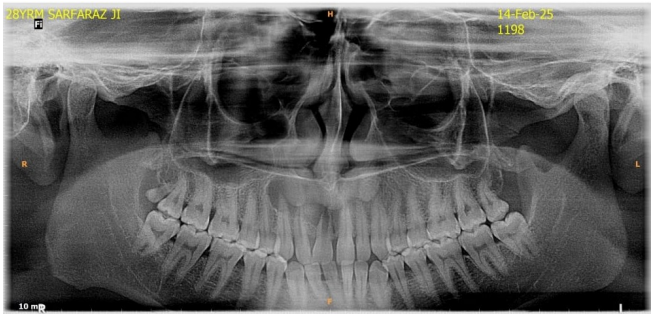
INTRODUCTION

Supernumerary teeth are defined as teeth that develop in excess of the normal number within the dental arches. Their occurrence is uncommon, with prevalence figures in the literature ranging from approximately 0.3% to 3.8% of the population. These additional teeth are reported more frequently in the permanent dentition, show a marked preference for the maxillary arch, and demonstrate a higher incidence among males. Based on their anatomical position, supernumerary molars are subdivided into paramolars and distomolars. Distomolars, commonly referred to as fourth molars, are located distal to the third molar and are often clinically silent. Owing to their asymptomatic nature and posterior location, they frequently escape detection during routine intraoral examination and are most often identified incidentally on radiographic evaluation. While isolated reports have documented impacted fourth molars, detailed descriptions of their clinical relationship with adjacent third molars remain scarce. This article describes a case involving a unilateral impacted maxillary fourth molar occurring alongside a fully erupted third molar on the same side. In contrast, the maxillary third molar on the opposite side and both mandibular third molars demonstrated normal eruption patterns.

CASE REPORT

A 30-year-old male sought dental consultation due to persistent trauma to the right cheek associated with mastication. Intraoral evaluation revealed areas of ulceration and laceration along the right buccal mucosa. The right maxillary third molar was found to be fully erupted in a distal inclination and was occluding directly with the opposing mandibular third molar.



This unfavourable occlusal contact was identified as the definitive source of the recurrent cheek injury. Radiographic investigation revealed an impacted supernumerary right maxillary fourth molar

located posterior to the erupted third molar (Figure 1). The right mandibular third molar was fully erupted. On the left side, both maxillary and mandibular third molars showed normal eruption patterns, and no additional molars were observed. Figure 1 presents a panoramic radiographic image demonstrating an impacted supernumerary fourth molar in the right maxilla, located distal to an erupted maxillary third molar. The opposing right mandibular third molar is also fully erupted. In contrast, the left maxillary and mandibular third molars exhibit normal eruption patterns, and no additional molars are identified on that side. In view of the clinical and radiographic findings, removal of the right maxillary third molar was planned and performed under local infiltration anaesthesia.

DISCUSSION

Supernumerary teeth have the potential to give rise to multiple clinical sequelae, including abnormal occlusal relationships, repetitive trauma to the oral soft tissues, disturbances in the eruption of adjacent teeth, and compromise of both function and facial harmony [9]. In the current presentation, however, the supernumerary fourth molar did not exert any observable influence on the eruption pattern or alignment of the neighbouring third molar. While impacted fourth molars have been mentioned in several isolated case reports [1–5], there is a notable lack of detailed discussion regarding the eruption status and clinical relevance of the adjacent third molar. The present case adds to the existing literature by describing an impacted right maxillaryfourth molar positioned distal to a normally erupted third molar, a combination that has been infrequently emphasised**.** Therapeutic strategies in such scenarios are determined by the source of symptoms and potential risk of future complications. In this instance, extraction of the right maxillary third molar with forth molar was selected as the definitive treatment, as it was identified as the causative factor for the patient's complaint.

CONCLUSION

Impacted maxillary fourth molars may coexist with normally erupted third molars and remain clinically silent. However, the adjacent erupted third molar can become the primary source of symptoms due to unfavourable occlusion. Careful clinical and radiographic evaluation is essential for accurate diagnosis and appropriate management.

REFERENCES

Arathi R, Ashwini R. Supernumerary teeth: A case report. *J Indian Soc Pedod Prev Dent* 2005 Jun; 23(2):103–5. [CrossRef] [Pubmed]

Arathi R, Ashwini R. Supernumerary teeth: A case report. *J Indian Soc Pedod Prev Dent* 2005 Jun; 23(2):103–5. [CrossRef] [Pubmed]

Kokten G, Balcioglu H, Buyukertan M (2003) Supernumerary fourth and fifth molars: a report of two cases. *J Contemp Dent Pract* 4: 67-76. [Crossref]

Menardía-Pejuan V1, Berini-Aytés L, Gay-Escoda C (2000) Supernumerary molars. A review of 53 cases. *Bull Group Int Rech Sci Stomatol Odontol* 42: 101-105. [Crossref]

Oropeza Murillo MP. Dientessupernumerarios. Reporte de un casoclínico. *Rev Odontológica Mex* 2013; 17(2):91–6. [CrossRef]

Piattelli A, Tetè S (1992) Bilateral maxillary and mandibular fourth molars. Report of a case. *Acta Stomatol Belg* 89: 57-60. [Crossref]

Pindborg JJ (1970) Pathology of the dental hard tissues. Copenhagen.

Shultsman M, Taicher S (2003) [Fourth molars in the maxilla and mandible--a rare phenomenon]. *Refuat Hapeh Vehashinayim* (1993) 20: 35-37, 80. [Crossref]

Woelfel JB (1984) Dental Anatomy. (3rd edn), Philadelphia, Lea & Fabiger 226-228.

Yashiro M, Yosue T, 2021. Copyright OAT. All rights reserv87) [Radiographical study of supernumerary teeth with special reference to the upper molar region]. Shigaku 75: 1013-1021. [Crossref]

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