### Abstract

A supernumerary tooth is an entity in addition to the normal series of teeth that, although rare, can be fused to a tooth, whether deciduous or permanent. Diagnosis and management in cases involving supernumerary teeth in the anterior region of the maxilla are often challenging. The clinical examination associated with the radiographic examination is decisive for the diagnosis and planning of cases. This article describes a case of unilateral fusion of a supernumerary tooth to a permanent upper lateral incisor, in which clinical and radiographic diagnosis was essential for a conservative approach.

**Descriptors:** Diagnosis; Fused Teeth; Tooth, Supernumerary.

### INTRODUCTION

Developmental dental disorders may originate from anomalies of tooth number, size, shape, and structure. Among changes in tooth number, supernumerary teeth are the most common. Teeth are considered supernumerary when exceeds the normal series of teeth and their prevalence in the permanent dentition has been reported to be between 0.1% and 3.8%\(^1\). The supernumerary tooth can be found in any part of the jaws, although its incidence is highest in the maxillary incisor. While fusion is considered an anomaly of shape with a prevalence of 0.5% in the permanent dentition\(^2\). Fusion is the union of two dental germs that can be joined by enamel or dentin level, resulting in a single tooth\(^3\), where the pulp and channels can be connected or separated based on the stage of development when the fusion occurred\(^3\). The degree of fusion depends on the stage of tooth development, the dentin joining being the main criterion\(^4\). These teeth are identified mainly due to their unique position and form in the dental arch. According to their position, they are termed as distomolar, mesiodens, paramolars, and mesiомolars\(^1\). A fusion between supernumerary and permanent teeth occurs less frequently than a fusion between other types of teeth\(^5\). Fused teeth are found predominantly in the anterior region, and the incisors of the deciduous dentition are the most frequently affected\(^6\).

Mader’s “two tooth” rule is a popular way of identifying the difference between fusion and gemination\(^3\).

The fusion of permanent and supernumerary teeth is considered unusual. Thus, the objective of this work is to report a case of fusion between a permanent tooth and a supernumerary tooth, where the knowledge of this anomaly provided a conservative treatment.

### CLINICAL CASE

A 35-year-old female patient was referred to the Oral Radiology Department of the São Paulo State University (Unesp), School of Dentistry, Araçatuba, Brazil, for take panoramic radiography (Figure 1A). Clinical examination of oral structures confirmed the presence of a bifid crown (Figure 1B). The patient presented no symptoms concerning the tooth aforesaid. A periapical radiograph of 12 area revealed two roots and two crowns (Figure 1 C), thus confirming the fusion with the supernumerary tooth. No treatment was prescribed since the patient reported no symptoms.

### DISCUSSION

Dental fusion is the shape dental anomaly, characterized most commonly by the appearance of a clinically apparent wide tooth. Fused teeth normally appear quite unesthetic owing to their unusual and irregular tooth morphology, mainly in the region between incisors and canines\(^6-13\), as the case described.
The differential diagnosis of this condition usually lands up in confusion between fusion and gemination. Gemination is a developmental anomaly of tooth shape that develops when a single tooth bud forms two teeth. It leads to the formation of two or more identical crowns, but with a single root. Mader in 1979 emphasized that the teeth count in the arch is a distinguishing feature between gemination and fusion, which is also known as the two-toothed rule. Mader stated that if the dental anomaly results in an extra count of the number in the arch, it can be considered as gemination, whereas it can be considered as fusion if the dental anomaly results in a normal count of the number of teeth in the arch. Fusion is usually the cause of a reduced number of teeth in the dentition and this important fact helps to differentiate it from gemination. However, there can be exceptions, like the present case, where the fusion is seen to be occurring between a supernumerary tooth and a normal tooth.

The fusion of the teeth needs to be properly identified and a radiographic examination is an absolute prerequisite for the diagnosis and planning of these cases. Among the various radiological techniques, conventional intraoral periapical radiography is considered to be effective and effective. Conventional intraoral periapical radiography provides details of the region, low radiation dose and low cost for the patient. In the case described, it was with conventional intraoral periapical radiography that we were able to conclude the diagnosis of fusion of a permanent tooth with a supernumerary tooth.

These anomalies, if they are esthetically acceptable, require no treatment. However, they also present a high predisposition to caries, periodontal disease, and spacing problems. The main periodontal complication in fusion occurs due to the presence of fissures or grooves in the union between the teeth involved. Bacterial plaque accumulation in this area is quite high, which occurred in the present case. Although no aesthetic procedures were performed, the patient was oriented about proper oral hygiene and rigorous.

**FINAL CONSIDERATION**

Morphological and anatomical variations are not uncommon. However, its simultaneous occurrence is. Diagnosing and managing dental anomalies has always been challenging for the clinicians. This case describes the fusion between a permanent tooth and a supernumerary tooth, in the anterior region of the maxilla, from a conventional intraoral periapical radiography.

**REFERENCES**


CONFLICTS OF INTEREST
The authors declare no conflicts of interests.

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