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Unusual anatomy of permanent maxillary and mandibular molars – case reports

Својеврсна анатомија сталних максиларних и мандибуларних молара – приказ случајева

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Unusual anatomy of permanent maxillary and mandibular molars – case reports

Својеврсна анатомија сталних максиларних и мандибуларних молара – приказ случајева

SUMMARY

Introduction The anatomy and morphology of the roots and root canal systems of multi-rooted teeth, especially the molars, shows numerous variations. Preoperative radiography, in particular, Cone-beam computed tomography (CBCT), has an exceptional significance in detecting anatomical variations and unusual root canal morphologies whose knowledge is extremely important for successful endodontic therapy and minimization of procedural errors.

Outline of Cases This report shows cases of incidental diagnosis of an unusual root anatomy and root canal morphology of permanent molars in two patients. Diagnosis in the first case was made using orthopantomography and confirmed after extraction therapy. The second case reviled unusual root anatomy and root canal morphology of permanent molar after preoperative CBCT imaging.

Conclusion Anatomical and morphological variations of the roots and root canal systems can occur in any teeth. Clinicians should expect these variations, and they should be thoroughly investigated when considering dental treatment.

Keywords: single rooted molars; unusual anatomy; dental radiography

САЖЕТАК

Увод Анатомија и морфологија корена и система канала корена вишекорених зуба, нарочито молара, показују бројне варијације. Преоперативна радиографија, компјутеризована томографија конусног зрака (*CBCT*) посебно, има изузетан значај у откривању анатомских варијација и својеврсне морфологије канала корена чије је познававање изузетно важно за успешну ендодонтску терапију и смањење процедуралних грешака на минимум.

Приказ случајева Ова студија показује два случајна налаза својеврсне анатомије корена и морфологије канала корена сталних молара два пацијента. У случају првог пацијента, дијагноза је постављена коришћењем ортопантомографије и потврђена је након екстракције зуба. У другом приказаном случају својеврсна анатомија корена и морфологија канала корена сталног молара показана је преоперативним *CBCT* снимком.

Закључак Анатомске и морфолошке варијације корена и система канала корена могу се уочити на свим зубима. Стоматолози би требало да очекују ове варијације, а треба их и детаљно истражити приликом постављања плана терапије.

Кључне речи: једнокорени молари; својеврсна анатомија; дентална радиографија

INTRODUCTION

It is known that there are numerous variations in the root and root canal anatomy and morphology of multi-rooted teeth, especially molars [1]. Knowing the possible anatomical and morphological variations is extremely important for successful endodontic therapy, but also for the extraction of such teeth [2]. Permanent maxillary molars are commonly described as a group of teeth with three roots, two buccal and one palatinal, while permanent mandibular molars have usually two roots, mesial and distal [3, 4]. With regard to the number of root canals, in each of the three roots of the maxillary molar there is generally one canal, but it is common to have two canals in the bucco-mesial root when there are four canals in

total [5]. Mandibular molars usually have three canals, of which two are located in mesial root, [6] but often, two canals can also be found in the distal root [7].

Anatomical and morphological variations and rare abnormalities of roots and root canal systems had been shown in previous studies [1–3]. Literature shows that maxillary molars can present from the simplest to the extensively complicated root and root canal anatomy and morphology [8–14]. There was not much difference for mandibular molars [6, 15–19]. The key for successful endodontic therapy is in proper locating, chemo-mechanical cleansing, and obturation of all canals, so in addition to knowing the complicated canal morphology, it is necessary to be familiar with the simple canal morphology in order to reduce the possibility of procedural errors.

Dental radiography is of the great importance for diagnosis, administration of therapy, and post-operative monitoring. By using preoperative radiography, it is possible to estimate the number and morphology of the roots and the root canal systems [13]. Introduction of cone-beam computed tomography (CBCT) facilitated the finding of anatomical and morphological variations in everyday dental practice [19].

Despite of the numerous studies of the anatomy and morphology of maxillary and mandibular molars, there is a small number of those which describe the presence of single-rooted molars.

CASE REPORTS

Cases reported in this study were acquired after signing the written consent by the patients. The study was approved by the Ethics Committee of the Faculty of Medical Sciences, University of Kragujevac, Serbia (No: 01-15837), and it was conducted in compliance with the Helsinki Declaration and Guidelines for Good Clinical Practice.

PATIENT ONE

The 51-year-old female patient reported for a dental appointment at the Department of Dentistry, Faculty of Medical Sciences, University of Kragujevac, Serbia, due to prosthetic rehabilitation. The medical history of the patient was not significant for dental diagnosis and therapy.

During the clinical examination, it was noticed that the following teeth were missing: 15, 26, 36, 35, 46 and 47. The presence of the gangrenous root of the tooth 17 was determined, as well as numerous caries lesions. Oral hygiene was inadequate. Preoperative orthopantomographic examination revealed that all the present teeth were single-rooted including both maxillary and mandibular molars (Figure 1). The patient was referred for further dental care.

The terminal stage of periodontal disease was diagnosed for the following teeth: 16, 14, 11, 25, 27, 37, and 31. These teeth, as well as tooth 17, were indicated for extraction. After the extraction, teeth were photographed, and it was confirmed that the extracted molars were single-rooted (Figure 2). Further conservative and prosthetic rehabilitation of the patient followed.

PATIENT TWO

A 49-year-old female patient reported for prosthetic rehabilitation of the mandibular right segment. The patient denied any previous diseases regarding her medical history. The clinical examination revealed the absence of teeth 45, 46, and 47, numerous caries lesions and inadequate oral hygiene. In order to consider possible implant rehabilitation, the patient was referred to the CBCT preoperative imaging.

The CBCT image revealed that the left maxillary first molar had unusual root and root canal anatomy: one root and one root canal at the transversal, sagittal, and axial cross-

sections (Figure 3). The canal was oval-shaped within its entire length and had a larger bucco-lingual than a mesio-distal diameter.

Prior to implant rehabilitation, the patient was referred to further dental care, which included periodontal, restorative, endodontic, and surgical treatment.

DISCUSSION

Anatomical variations such as fusion, germination, or anomalies in the number of roots can often be diagnosed based on the preoperative dental radiography. Although the incidence of root variation is scarce, their presence should not be underestimated, especially if root variations are present in most of the teeth of one patient [20]. Morphological dental anomalies can be localized on a single tooth, on a group of teeth or in the entire dentition and they are considered to be associated with the disorders of morpho-differentiation or could be attributed to the failure in invagination of Hertwig's epithelial sheath [16].

Variations in the number of roots of the permanent maxillary first molar are described in the literature, mostly regarding the complicated anatomy. Literature shows that single-rooted permanent maxillary first molars, as described in our case report, are a rare finding [20–22]. At variance, single-rooted maxillary second molars were more often described, in 0.5% to 5% of cases, which is not negligible [8, 13, 23].

Out of all permanent molars, mandibular second molars show the most variations in the root anatomy and morphology. The presence of single-rooted mandibular second molars was found in 1.3% to 5.8% [8, 24].

Anatomy and morphology of third molars were also previously investigated, with many morphological variations described. In our first case, orthopantomographic image suggested that the patient had all four third molars with simple anatomy, i.e. single root. This could not be confirmed due to the lack of indications for CBCT imaging or extraction of

these teeth. Nevertheless, simple anatomy should be expected, as previous studies showed that the same anatomical variations are often present in the most teeth of the same group [24].

Previously described cases showed that single rooted anatomy is often presented with bilateral, contralateral, or ipsilateral symmetry [8, 13, 24]. In our first case, regarding the present teeth, we showed the bilateral and contralateral symmetry in third molars, and ipsilateral symmetry in second molars (teeth 27 and 37).

Unlike the symmetrical appearance of simple anatomy, our second case presented a morphological variation in a single tooth. This result emphasizes the importance of preoperative evaluation of root canal morphology of every individual tooth, as it can facilitate canal identification, prevent the unnecessary removal of a healthy tooth structure, and reduce the incidence of procedural errors.

Anatomical and morphological variations of the roots and root canal systems can occur in any teeth. Clinicians should expect these variations when considering dental treatment. Extensive preoperative radiography or utilization of CBCT should be considered during the treatment planning.

Conflict of interest

All listed authors have made a significant contribution to the conception, design, execution, or interpretation of the reported study. The authors have no conflicts of interest to declare.

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Figure 1. Orthopantomographic image of patient one.

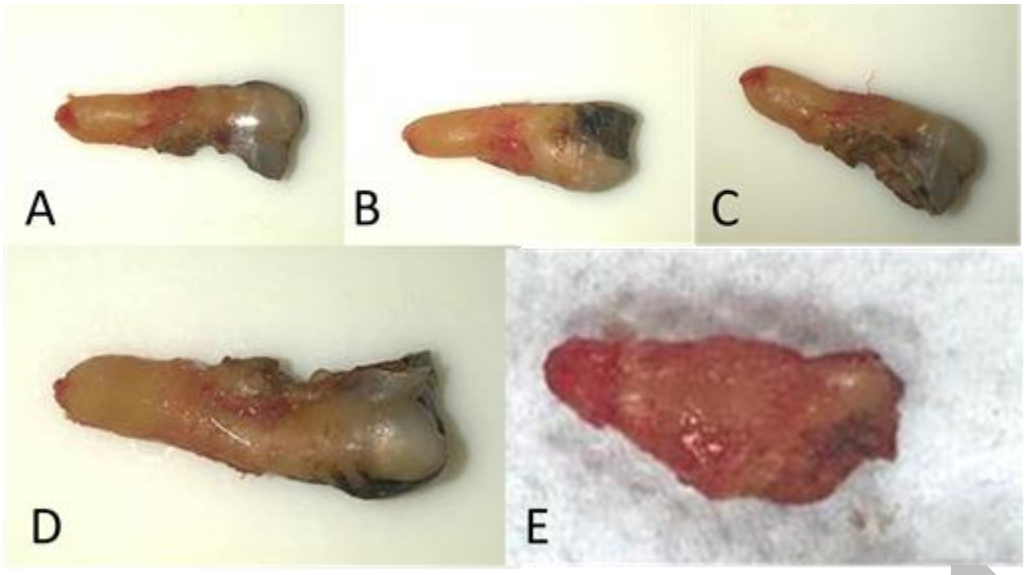

Figure 2. Extracted teeth of patient one. A, B, C, D: left permanent mandibular second molar; E: right permanent maxillary second molar

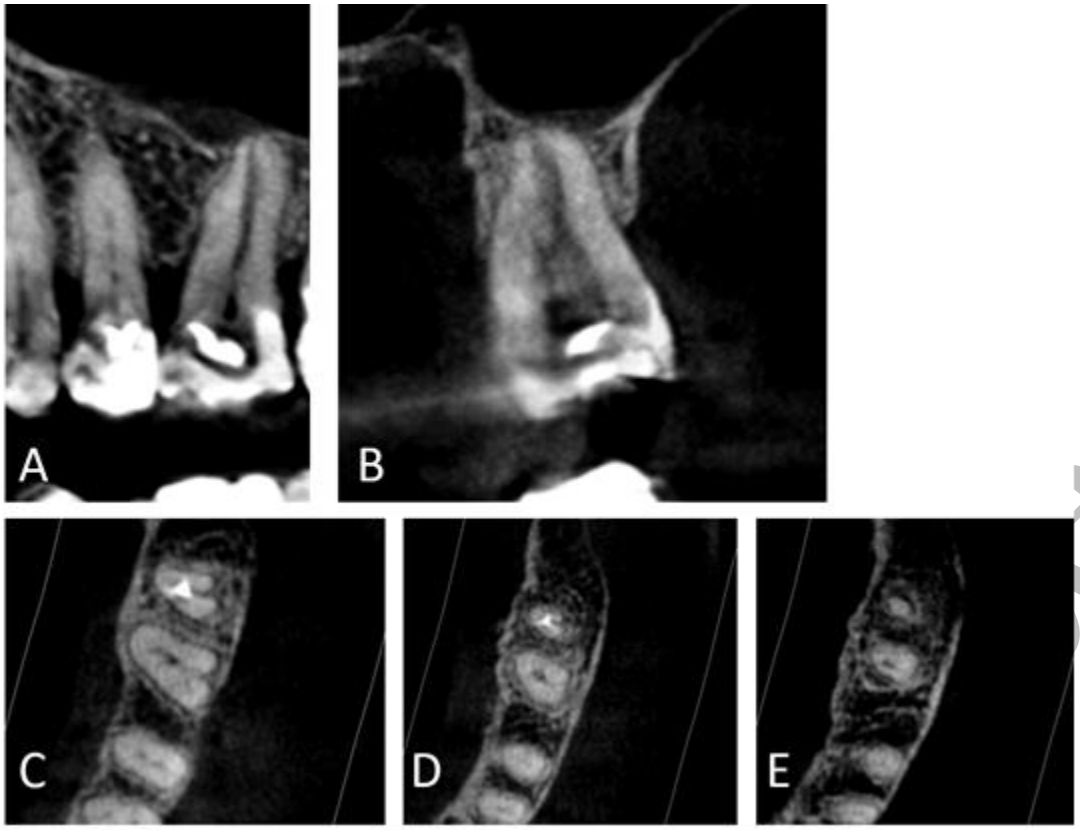

Figure 3. A – Cone-beam computed tomography images of left permanent maxillary first molar on transversal cross-section; B – sagittal cross-section; C – axial cross-sections on coronal; D – medial level; E – apical level.

