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Research Article

**FREQUENCY OF ECTOPIC AND IMPACTED TEETH IN
PATIENTS ATTENDING THE ORTHODONTIC OPD**¹Dr. Usman Manzoor, ²Dr. Khadija Ilyas, ³Adeel Ayub¹Dental Surgeon, Nishter Institute of Dentistry²Govt General Hospital GM Abad Faisalabad³Dental Surgeon, Nishter Institute of Dentistry Multan**Abstract:**

Objective: The aim of the study was to determine the frequency of affected and ectopic teeth more frequently in patients attended the orthodontic OPD.

Study Design: A Descriptive study.

Place and Duration: In the Orthodontics outpatient department of Services Hospital, Lahore for One year duration from June 2016 to June 2017.

Methods: The total patients consisted of 389 women and 163 men. Full registration of the patient. 500 patients between 8 and 25 years of age were fully checked, ectopic teeth noted in 102 patients and permanent teeth in 124 patients. The most affected teeth are the third, especially the lower. Canines were the most common ectopic teeth, mainly upper left canines.

Results: In 42 (8.4%) patients, if both jaws were affected simultaneously, two jaws were more frequent than jaw 30 (6%) and 52 (10.4%) were more frequent. Only in 1 patient 5 teeth were affected. The most common ectopic teeth are 102 (60.5%) maxillary canines.

Conclusion: In females, Ectopic teeth ratio was high than males and lower mandible in upper jaw.

Key words: Malposition, Embedded teeth, mandibular molar tooth, ectopic teeth.

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INTRODUCTION:

A tooth that is partially or wholly occluded and is placed in another tooth, soft tissue or bone is not likely to be named as an affected tooth. In the case of embedded teeth, the development of the root may be finished, but it is not expected that the rashes will occur without assistance. Sometimes, the bad position of a permanent tooth spray may cause an explosion in the wrong place. This condition is called ectopic rash and is called ectopic tooth. Some hereditary patterns that lead to the buried tooth, but the etiological factors of concern are localized in the pathological lesions of the teeth incorrect position, prolonged storage of primary teeth, and shorten the length of the arc. The upper first molar ectopic eruption is associated with the major primary and permanent tooth, the length of the maxillary, the upper position of the upper jaw and the first molar atypical eruption reduced an angle. Any tooth may be affected, but the lower third molars are the most effected tooth, jaw bones, upper 3rd molars, second upper and lower upper tooth bones, and upper central incisors. The first permanent molar is mostly erupted as ectopic tooth, the upper cusp, the mandibular cusp, the second upper premolar and the upper lateral incisors. Except for the first molars, about half of all tooth germs in the ectopy are maxillary obstructions and 2/3rd of all ectopic dentures are present in girls. When a tooth takes too long to explode, the impact is more frequent and easier to diagnose, but extra Efforts should be made to make an early diagnosis. The palatal and buccal mucosa palpation is simultaneously recommended to assess the position of the bump and exploding maxillary canines using the index finger of both hands. After performing this study, we can determine the number of patients with affected or ectopic teeth in a better position. It will also help us obtain clues to compare with other studies conducted in various population groups. These data will be used not only by Pakistan but also by other countries for future comparison and reference by other researchers.

MATERIALS AND METHODS:

This Descriptive study was held in the Orthodontics out patient department of Services Hospital, Lahore

for One year duration from June 2016 to June 2017. Five hundred patients were selected from our outpatient clinic. Orthopantograms and photographs were taken. The sample consisted of 388 women of 162 men. As the duration of our study was only one year, we received these 500 patients. Informed consent and Intentional sampling was obtained from the patients. 8 and 25 years was the mean age of patients. All patients had grade I, II or III molar ratios. Patients with various dental classification on both sides were selected for analysis. History of any patient with affected tooth extraction was discarded. Patients with significant dentofacial abnormalities such as palate and cleft lip; With any open dental pathology, p. Patients with cysts, granulomas, primary or supernumerary / auxiliary teeth were not selected for the study. Demographic data were determined on separate date pages as number of cases, name, date of report, gender and age. History, missing teeth, ectopic teeth, tooth extraction, inferences about orthodontic treatment, record in the area of the face of the accident; About artificial prostheses. 500 total patients were evaluated completely. 13 patients from 8 to 25 years of age were separated from 17 to 20, 16 and from 21 to 25 years, with 12 8. 500 patients from both sexes. The photos were made in Agfa's films. The snapshots Analysis and identification of ectopic and affected teeth for every patient was performed in the same department. All related data is collected in a specific way. In SPSS version 11, the collected data were entered. The pie chart was calculated according to the mean and standard deviation rates of age, gender and age groups. The frequency was determined for male and female populations and also for the number of affected and ectopic teeth in the mandible and maxilla.

RESULTS:

The study was based on a series of 500 orthopantograms of patients, 18 to 25 years old, (Fig. 1), randomly selected by the method, 162 (32.4%) men and 388 (67.6%) women (Fig. 2).

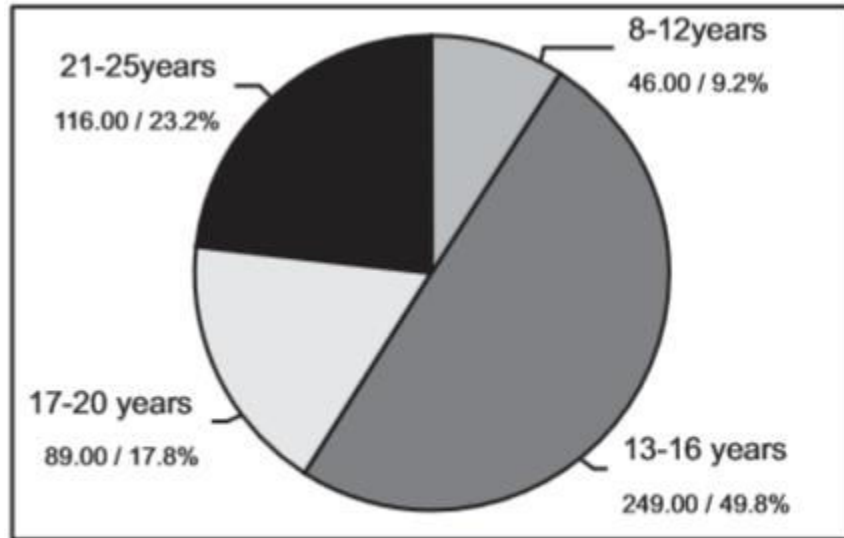


Fig 1: Age/distribution of the patients

Of the 162 men, 12 (7.40%) had only one affected tooth; 21 (12.96%) had two affected teeth. Male females were affected in 6 (3.70%) males and male females in 5 (3.07%) males.

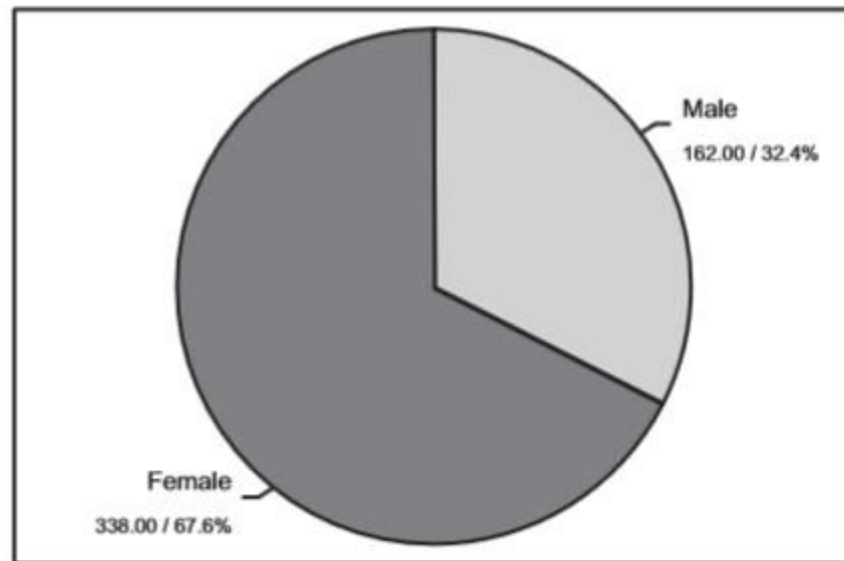


Fig 2: Gender distribution of the patients

1 patient only (0.63%) had 5 affected teeth. In male patients the third molar rare commonly affected, especially the right third molar. 388 women, 24 (6.03%) had a single buried tooth, 26 (5.99%), two buried teeth and 21 patients had 3 buried teeth (5.41%). the total frequency was 44 (27.16%), while it was 129 (33.24%) in women. Of the total patients, 74 (14.8%) were affected in 70 (14.08%) patients with a lower 3rd molar, and the most frequently affected lower third molar in 69 (13.8%) patients. In the right upper dog 21 patients (4.2%) the second most buried teeth and masculinos.8 Thirty members (6%) affected the teeth in the jawbone in the patient, fifty-two women.13 were more common compared to two (10.4 jawbone, forty-two (8%, 4) The patient affected the teeth in both the lower and upper jaw. 162 men, 122 (75.30%) 17 (10.49%), one external tooth, 8 (4.93%) 2, 6 (3.70%) was an external tooth having 3, 5 4, 1 (0.61%) of 5, 2 (1.23%) of 6, 1 (0.61%) had only 8 ectopic teeth, 388 women, 278, 6, 7 and 2 patients. only one patient had 8 ectopic teeth 1 had 5, 8 had 4, 5 had 3, 19 had 2, one had an external tooth 23.

DISCUSSION:

The use of panoramic dental tomography (DPT) for

the examination of affected teeth is limited to large dentistry practices due to dental patients and related costs and ethical considerations. In order to ensure the study validity, we assess all patients radiological findings. Although this study does not represent the entire population of Pakistan, the results are beneficial to primary health care workers since the patients surveyed represent a wide range of dental patients who provide information to our organization. For convenience, we divided the periapical sample into only 4 years of age. The age group was 13-16 years old, 43 were affected, 24 (49.8%) and 62 were ectopic. The reason for the high prevalence in this age group may be that many of these adolescents are concerned about reporting this problem to orthodontists only for aesthetic reasons. The frequency and type of affected teeth were consistent with previous reports. The most common are the third molars, the following top canines. This trend has not been reported on the effects of lower third molars on other ethnic groups. 173 of the 500 patients affected the teeth. The tooth affected 308, the third part of the jaw was most affected [143 (46.42%)] and then the third tooth molar [70 (22.72%)]. Given the developmental stages and the explosion of affected third parties, their distribution was almost identical between the left and right sides of the patients. In our study, maxillary canines were the most affected second teeth (38%) (12.33%); this coincided with the surgery of Rayne J and low TB. In another study, the prevalence of embedded canines in our study was only 0.9%; this was lower in our study, and only Orthodontic OPD could be applied to our patients. Like ours, maxillary canines are three times more common in girls than boys. Literature is filled with a more common phenomenon, the dental impaction. However, there are significant changes in the prevalence and distribution of affected teeth in different parts of the jaws. Affecting factors: selected age group, radiological criteria of tooth bursts and development and dental eruption. Ectopic eruption of the first upper molar teeth showed a variable prevalence ranging from 2% to 6%, depending on the population studied. According to Moyers, 3% of American children have this type of dental anomaly.

CONCLUSION:

Ectopic or affected teeth send an alarming signal in Pakistan for both the patient and parents and the orthodontist treating it. This great ectopia concern emphasizes the value of timely orthodontic treatment, early diagnosis and personalized strategic approach to achieve the real cause of dentofacial aesthetics and functional congestion at the lowest level of dentistry.

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