DIAGNOSTIC APPROACH TO THE INCORRECT POSITION OF LOWER SECOND PREMOLARS

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ABSTRACT

The lower second premolar is regarded as the third most common impacted tooth after lower wisdom teeth and upper canines. The aim of the present study is to apply objective diagnostic methods to help determine the impaction likelihood of lower second premolars and their distal inclination. For the purpose of this study 137 panoramic radiographs (OPGs) have been examined of children aged 8–16 years. The methodology used in this study helped measure the inclination and angle between the lower second premolar and the crown and axis of the first permanent molar and the mandibular plane. Prevalence of the distal inclination of lower second premolars was observed. Indicators for the impacted lower second premolar proved to be the germ inclination of the lower fifth tooth in relation to the first molar of more than 30° and the intersection of the crown of the sixth tooth by the axis of premolar as well as the inclination towards the mandibular plane of less than 68°. Early extraction of deciduous molars, reserving or creating space when there is a lack of space, allow for favourable conditions for altering the eruption path of the premolar.

Keywords: lower premolar, second temporary molar, impacted premolar, disturbed eruption path

INTRODUCTION

The lower second premolar is regarded as the third most common impacted tooth after lower wisdom teeth and upper canines. Impaction of the mandibular fifth teeth accounts for 24% of all impacted teeth, apart from wisdom teeth. (1,2) The prevalence of impacted premolars vary according to age; with the elderly population the overall frequency being 0.5% (of which for lower second premolar it has been found to range from 0.2 to 0.3%) (3-5).

In the early stage of its development it is not uncommon for the lower second premolar to appear close to the inferior border of the mandible, which can be easily observed on a panoramic radiograph (OPG). Typically the eruption path of the tooth follows the direction/path of resorption of the root of the preceding temporary molar. However, sometimes the tooth germ alters its position and tilts from its normal position, making tooth eruption difficult, and in some cases may even lead to its impaction. Without further treatment the tooth may be retained in the jaw with the risk of damaging adjacent teeth and/or developing cyst formations.

The causes of impaction of lower fifth teeth are due to local, etiologic and genetic factors. The most common reason proves to be the lack of space and the ectopic position of the tooth germ of the second premolar (6-9). Literature rarely reports etiologic factors to be odontomas, supernumerary and ankylosed teeth (10). A number of authors consider impaction
part of a genetically determined pattern of development of dental anomalies (11,12). These include hypodontia, particularly of the opposing second premolar (9), size reduction of the teeth, microdontia of the lateral incisor, impacted upper canines, dental transposition. Literature also lists causes such as root dilaceration, dysostosis, fibrosis and trauma (in <1% of the cases).

More commonly, the incorrect position of the lower second premolar is seen in its distal inclination: for tooth germs to about 56.5% and only to 25% with mesial inclination (13).

Literature reports cases of early eruption of the sixth teeth, causing trauma in the periodontal tissues of the second temporary molar, resulting in ankylosis of the latter, its melting and movement down towards the germ of the second premolar, sometimes completely below the alveolar ridge (the so-called primary impaction) (14,15). Consequently, ankylosis hampers the normal eruption of the permanent tooth and the germ alters its direction.

**AIM** of the present study is to apply objective diagnostic methods for determining impaction likelihood of lower second premolars and their distal inclination.

**MATERIALS AND METHODS**

For the purpose of this study 137 panoramic radiographs (OPGs) and situation models have been examined of children aged 8 - 16 years, available from the database of the Department of Orthodontics at the Faculty of Dental Medicine of Medical University – Varna.

The long axes of the first molars and the germs of the second premolars were drawn on the panoramic radiographs under research and the angle between their axes was estimated. The methodology of Becker et al. (16) was used to observe the angle of the germ axis of the second lower premolar and mesial surface of the crown of the first permanent molar. The cases where the long axis of the fifth tooth germ did not intercept the mesial surface of the sixth tooth were considered favourable and were expressed as a plus (+), i.e. normal eruption was to be expected. When intersection of the long axes of both teeth took place within the permanent molar, the eruption prognosis was considered unfavourable and was expressed as a minus (-) (Fig. 1). The angles between the long axes of the first molar and second premolar in the lower jaw were also drawn, namely the γ-angle as per Baccetti et al.’s methodology (17). Measurements were taken of the θ-angle as per Shalish et al. (Fig. 2) (23), formed by the long axis of the fifth tooth and the line drawn tangent to the inferior border of the mandible on the radiograph. According to the authors the values of these two angles for normal eruption range as follows: for γ-angle 8.4±9.9° and for θ-angle 82.3±12.8°.
RESULTS AND DISCUSSION

137 OPGs were explored in this study, however, the examination of 36 radiographs (26.3%) revealed impaction likelihood of second premolars, i.e. unfavourable prognosis. Out of all teeth observed having unfavourable position, 27 radiographs displayed impaction likelihood of second premolar in the lower jaw whereas 9 radiographs showed their impaction likelihood in the upper jaw (Fig. 3). The conclusion follows that there is a higher incidence of impaction of lower premolars compared to the upper jaw. Etiologic causes are probably linked to the greater density of the lower jaw as well as to genetic components.

Within the study group the analyses of the clinical picture disclosed the following etiologic factors leading to impaction of premolars in the lower jaw:

- Delayed root resorption of the temporary tooth and its retention in the dental arch, the result of a slow eruption tendency of more than a year (7 cases)
- Closing of the space for the lower second premolar due to medialisation of adjacent teeth due to premature loss of temporary molars (for 6 teeth)
- Mesial inclination of the first molar, the result of untreated approximal caries (6 cases)
- Ankylosis of temporary teeth (1 case)
- Follicular cysts (1 case)

Figure 3. Impaction incidences for upper and lower jaw

Figure 4. Etiologic factors leading to impaction of premolars
Inflammation of the tissues surrounding the root of the temporary tooth, the result of caries treatment and subsequent complications (4 cases)

Ectopic position of the germ of the permanent tooth (11 cases considered genetically determined, with the presence of hypodontia, abnormal shape of lateral incisors, overall impaired development, etc.

The etiologic factors analysed in our study coincided with findings observed by other authors (19-22). This confirms the significance of genetic and local factors and their differentiation as causes of impacted second premolars.

The direction of inclination of lower fifth teeth was also explored. The distal inclination of the germ of fifth permanent teeth shows prevalence for 33 teeth (91.6% of the cases studied). Only three teeth had mesial inclination of the germ in the upper jaw.

In the cases for lower jaw, analyses were performed of the γ-angle between the long axis of the sixth tooth and the axis of the germ of the lower second premolar where there was impaction likelihood. The angle for normally erupting premolars on the opposite side was also measured in the control group.

The etiology of impacted premolars is extremely diverse. The role of the genetic mechanism in the impaired eruption of fifth teeth is undeniable. The presence of hypodontia, microdontia of lateral incisors, impacted canines and other genetically related disorders should only point to the increasing inclination of the lower fifth teeth. Among local factors of greatest importance is the mesial inclination of the sixth teeth as well as the loss of space due to dental caries. Malposition of premolars appears much more frequent alongside other dental abnormalities rather than as an inclination alone.

The present study reveals more incidences of retention of lower rather than upper second premolars.
with significant prevalence towards distal inclination of lower premolars of over 30°. The increase in value of the angle between the long axis of the first permanent molar and the germ of the fifth tooth and the reduction of the angle between the long axis of the premolar and the tangent to the lower jaw increases the likelihood of impacted premolar.

**CONCLUSION**

Early detection of impaction likelihood of lower second premolars is important for prevention purposes. Timely diagnosis will lead to early correction and treatment prior to their complete root development, which in turn will give a favourable prognosis. The inclination of the fifth tooth axis in relation to the first permanent molar of over 30° and the intersection of the crown of the sixth tooth by the axis of the premolar are indicative of impaction. Early extraction of deciduous molars, reserving or creating space when there is a lack of space, allow for favourable conditions for altering the eruption path of the premolar.

**REFERENCES**