

Immediate Extraction or Delayed Extraction: A Common Factor for Parents and Dentists to Consider in the Dental Management of Shark Teeth

SASHI DEEPTH REDDY JANAPALA¹, RAMASAMY CHIDAMBARAM²

Dear Editor,

Lingual eruption of mandibular permanent incisors is a common problem among children in early mixed dentition period during the age of 5-7 years. This condition can be observed in both sorts of the patients: those with an obvious arch length inadequacy and also in those with a desirable amount of spacing between the primary incisors [1]. The other factors are unfavorable eruption paths of these teeth, lingual positioning of tooth germs, or resorption resistance of primary roots due to partial ankylosis [1,2].

Literature popularly refers it to as 'shark teeth' because of their resemblance with the two rows of teeth in shark.[3] Lingual positioning of the tooth buds and failure to migrate facially creates an odd appearance and further alarms the parents and makes them worried considering it to be an emergency. The prevalence is high in mandibular arch (10%); meanwhile "maxillary incisors can erupt ectopically or can be impacted from supernumerary teeth in up to 2% of the population" [4].

Parents assume the extraction of offending teeth to lay the problem at rest. However, the parental concerns should not be ignored while deciding to remove the deciduous teeth and at the same time there are few situations that require a delay in the intervention, where the over-retained mandibular incisors are kept under observation. Failure to treat may not affect the child's well-being; however the involved tooth erupts within the expected time frame with an abnormality in position leading to malocclusion.

The most important and common factor for the dentists and parents to be considered is the timing of extraction. Therefore, before making the final decision, an accurate evaluation of the arch length is recommended to confirm the diagnosis. Thus, in the children having a normal dental and skeletal occlusion, it can be expected

that the natural arch development and coordinating forces of the tongue, lips and cheeks will influence and guide the permanent incisors into the more normal position with the time. In most cases, a watchful waiting approach i.e., delayed extraction could be the best alternate when the lingual eruption of mandibular permanent incisors is noted in the case of a mild arch length deficiency in a patient [1]. There may not be sufficient space instantaneously in the arch for a newly erupting permanent tooth, but its position can be expected to improve over several months. This waiting period allows for maximum inter-canine width to occur. Meanwhile, this duration could increase the risk of tooth decay because of crowding. Thereby parents should assist their children in brushing and flossing and ensure a balance diet is maintained.

For the parents demanding an immediate resolution, the acceptance of the self-correcting approach may not be possible, but in the context of future arch status, during the mixed dentition phase, overall space appraisal is highly required to preserve and maintain the normal relationships in the developing occlusion. Intervention at an appropriate time would minimise complicated treatments in future. Along with, an honest conversation between the parent and dentist is essential so that it does not dilute the treatment plan.

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PARTICULARS OF CONTRIBUTORS:

1. Associate Professor, Department of Prosthodontics, RIMS, Kadapa, Andhra Pradesh, India.
2. Senior Lecturer, Department of Prosthodontics, Faculty of Dentistry, SEGI University, Kota Damansara, Selangor, Malaysia.

NAME, ADDRESS, E-MAIL ID OF THE CORRESPONDING AUTHOR:

Ramasamy Chidambaram,
Senior Lecturer, Department of Prosthodontics, Faculty of Dentistry, SEGI University, No. 9, Jalan Teknologi,
Kota Damansara PJU 5, 47810 Petaling Jaya, Selangor, Malaysia.
E-mail: dr.ramasamyc@gmail.com

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