



Effects of maxillary anterior supernumerary impacted teeth on diastema

To the editor:

Impaction of maxillary anterior supernumerary teeth is associated with a diastema, however, the validity of this concept has been called into question because of the rarity with which maxillary median diastema and supernumerary teeth occur together.¹ The incidence of maxillary anterior supernumerary impacted teeth and that of diastema were investigated in 751 male and 535 female subjects ranging from 6 to 60 years of age who underwent panoramic radiographs between April 1984 and March 1993. All 28 of the anterior supernumerary impacted teeth detected in 24 patients were located within the central incisors region. There were 17 males (6 to 33 years of age; mean, 14.6 years) and 7 females (6 to 56 years of age; mean, 19.2 years). All 13 of the subjects aged 6 to 10 years with supernumerary impacted teeth also had diastema, whereas none of the 11 subjects 11 years old or older had diastema. This suggests that the relationship of the supernumerary impacted tooth status to diastema is affected by age and that the median diastema seen in subjects aged 6 to 10 years may not always be caused by supernumerary impacted teeth. Indeed, approximately 20% of the patients with supernumerary teeth do not present with any abnormality.² Considering that the majority of supernumerary impacted teeth lay palatal to the central inci-

sors,^{3,4} the obvious explanation for remaining diastema is the location between the central incisors. The absence of any evidence of resorption of the incisors in this study may indicate that there is no disturbance of the force in closing of the diastema because of its distance from the incisors. If diastema closure occurring after eruption of the canines depends on displacement of anterior supernumerary impacted teeth, routine removal of anterior supernumerary impacted teeth is not likely to be of practical value in the treatment of patients with diastema, and the recommended imaging would include occlusal x-ray via axial projection of the incisors in the patients at risk of diastema.

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A separate and distinct space for Letters to the Editor was established by Larry J. Peterson, editor in chief of ORAL SURGERY, ORAL MEDICINE, ORAL PATHOLOGY, ORAL RADIOLOGY, AND ENDODONTICS in his Editorial in the January 1993 issue.

Dr. Peterson also encouraged brief reports on interesting observations and new developments to be submitted to appear in this letters section as well as Letters commenting on earlier published articles.

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We look forward to hearing from you.