

## Case Report

**Impacted Mandibular Third Molar in Ramus: A Rare Presentation**Nouf Haif Alsubeaie<sup>1</sup>, Areeg Zakari<sup>1</sup>, Ghadeer Ahmed Al Mughlis<sup>2</sup>, Mahmoud Almasrahi<sup>2</sup>, Fareedi Mukram Ali<sup>3</sup><sup>1</sup>Dental Intern, College of Dentistry, Jazan University, Saudi Arabia<sup>2</sup>Dental Intern, College of Dentistry, Jazan, Saudi Arabia<sup>3</sup>Asst Professor, Dept of Oral & Maxillofacial surgery, College of Dentistry, Jazan University, Saudi Arabia**\*Corresponding Author:**

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**Abstract:** Mandibular third molars were found to be the common impacted tooth, but the ectopic eruption of the third molar is uncommon. The etiology and other information of these teeth were not completely clarified. The present article reports a case of an ectopically impacted left mandibular third molar in the ramus of the mandible.

**Keywords:** Impacted third molar, Ramus of mandible, Impacted tooth.

**INTRODUCTION**

The tooth prevented from eruption because of interference, malposition or lack of space is called as impacted tooth [1, 2].

Third molars are common to be impacted and having higher impaction rate than any other tooth.1 Dachi and Howell [3] analyzed 3874 radiographs in their study and concluded that maxillary third molars were more prevalent in impaction than mandibular third molars. The incidence found to be 21.9 % for maxillary third molars and 17.5 % for mandibular third molars. No gender differences were noted in the incidence of impaction of third molars [4].

Mandibular third molars impaction is a common condition, with a higher prevalence in women. In some circumstances the teeth have a tendency to

lodge an abnormal position because of shortage of space in the posterior side of mandible [5].

The present article reports a case of an ectopically impacted left mandibular third molar in the ramus of the mandible.

**CASE REPORT**

A 40 year old female patient came to the department of OMFS with a complaint of periodontal problem. OPG showed the presence of mandibular left third molar in the ascending ramus of the mandible (Fig. 1). The third molar was present vertically about 1 cm below the coronoid notch of the left side of the mandible. The follicular space of the tooth was apparently normal and no pathology was present with the impacted tooth. As it was asymptomatic, no treatment was done.



**Fig-1: OPG showing the ectopically erupted mandibular third molar in the ascending ramus of the mandible**

**DISCUSSION**

The etiology of third molar impaction has been proposed to be due to insufficient space in the

retromolar area, between the anterior border of the ascending ramus of the mandible and distal of the second molar [4, 6].

However in some of the instances, the third molars can be found at distant places from their point of origin and these places includes ramus, condyle, coronoid process, lower border of mandible and sigmoid notch. The ectopic eruptions of the mandibular third molars are not very common and the causes of this type of impaction still remain unclear [5].

The variability in the literature dealing with predicting third molar status can be due to various imaging methods. It seems that panoramic radiography is a dependable and common technique for assessing the mandibular third molar status [7].

Mandibular third molars in ectopic position are very rare and their heterotopic positions were reported in the condylar area, ramus, ascending ramus, or in the coronoid process of the mandible. Due to the infrequency of this finding and the scarcity of reported similar cases, the etiology, clinical features and optimal management of ectopic mandibular third molar are still unclear [5, 8].

A diversity of case reports had described ectopic mandibular third molars in diverse places in the mandible. The causes of ectopic impacted teeth cannot be easily determined. Numerous theories have been advocated to clarify ectopic positions like trauma, aberrant eruption and ectopic formation of germs. Impacted third molars can be situated at a space distant from their normal position due to an abandoned eruption, or dislocation because of lesions (cyst or tumors) [5, 9].

Managing an ectopic mandibular third molar can be determined by several factors such as signs, symptoms and associated pathology. Pathology associated with impacted third molar in the mandibular ramus or the condyle can lead to complications like condylar resorption, fracture and osteolysis [5].

The optimal or precise method for the management is based on the position of the tooth and associated pathologies. The treatment should be designed carefully with the aim of choosing the more conservative technique [4].

## CONCLUSION

The ectopically impacted third molars in the ascending ramus are a rare finding. The third molars migration to the nearby sites should be kept in the mind and such patients should be followed regularly prior and after the removal of the impacted tooth. The decision of the removal of the impacted third molar should be made according to the individual case of each patient. For such type of decision, the possible risk factors, complications and benefits to the patient should be evaluated and then the decision should be made.

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