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Bilateral Multiple Paramolars and Distomolars in Non-Syndromic Adults: A Case Reports

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ABSTRACT

Supernumerary teeth are developmental anomalies characterized by teeth in excess of the normal number of deciduous or permanent teeth. Multiple supernumerary teeth, particularly bilateral posterior supernumerary teeth in non-syndromic individuals, are uncommon. This case series describes the clinical, radiographic, and morphological characteristics and management of bilateral posterior supernumerary teeth in three non-syndromic adults. Three patients, comprising two males and one female, were identified during clinical and radiographic examinations at a tertiary care dental center. The first patient, a 32-year-old male, presented with bilateral maxillary posterior supernumerary teeth. The second patient, a 30-year-old female, presented with bilateral maxillary paramolars, with the right paramolar being carious and subsequently extracted. The third patient, a 28-year-old male, demonstrated bilateral maxillary and mandibular distomolars, including four distomolars in a single individual. Clinical examination, medical and family history, and radiographic assessment revealed no clinical features suggestive of an associated systemic or syndromic condition. Morphological examination of the extracted supernumerary teeth demonstrated distinct crown and root characteristics, including a peg-shaped single-rooted tooth in the first case, a carious crown with two fused roots in the second case, and a well-developed molar-shaped crown with a single root in the third case. Management was individualized based on clinical presentation, with extraction for symptomatic or compromised teeth and periodic follow-up recommended for asymptomatic teeth. This case series highlights the importance of careful clinical and radiographic evaluation of posterior supernumerary teeth in adults and supports individualized management based on symptoms, anatomical relationships, and potential complications.

1. Introduction

Hyperdontia, or the presence of supernumerary teeth, is a developmental dental anomaly characterized by the formation of teeth beyond the normal number of deciduous or permanent teeth. These teeth may develop at different stages of odontogenesis, and late-developing supernumerary teeth may become clinically or radiographically evident several years after the eruption of the permanent dentition.^[1, 2] Although the precise etiology of supernumerary teeth remains incompletely understood, several mechanisms have been proposed, including atavism, dichotomy of the tooth germ, and hyperactivity of the dental lamina. Hereditary influences and a reported male predilection have also been described.^[3] Supernumerary teeth can be classified by anatomical location, axial position, and morphology. Based on location, they include mesiodens, parapremolars, paramolars, and distomolars. By position relative to the dental arch, they may be palatal, buccal, or interproximal; morphologically, they may appear conical, odontomatous, supplemental, or tuberculate. Paramolars are generally described as supernumerary teeth located adjacent to the molars. In contrast, distomolars or distodens are positioned distal to the third molars and are

commonly referred to as fourth molars. These teeth may exhibit either eumorphic or heteromorphic morphology.^[4, 5] Supernumerary teeth are relatively uncommon in the general population, with reported prevalence estimates ranging from approximately 0.4% to 3%, depending on the population, dentition, diagnostic criteria, and study methodology.^[2, 3, 6] They are more frequently reported as isolated findings, whereas multiple supernumerary teeth are considerably less common. Approximately 80% of affected individuals have a single supernumerary tooth, while two supernumerary teeth have been reported in approximately 15–20% of cases. Three supernumerary teeth are considerably less frequent, and cases involving more than three teeth are rare.^[2, 3, 6] Paramolars have also been reported at relatively low frequencies, while the reported prevalence of distomolars varies substantially among populations.^[6] Supernumerary teeth may occur as isolated dental anomalies or as part of a broader syndromic or congenital condition.^[7] Multiple supernumerary teeth without an associated syndrome are considered uncommon and may remain undiagnosed until routine clinical or radiographic examination. When undetected, these teeth may cause complications, including delayed or ectopic eruption, crowding,

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malocclusion, plaque retention, caries, periodontal lesions, cystic changes, root resorption, and other functional or aesthetic problems.^[5, 8] Clinically identifying and managing posterior supernumerary teeth can therefore be challenging, particularly when they are bilateral, multiple, impacted, or morphologically similar to normal molars. A detailed clinical examination, combined with appropriate radiographic assessment, is essential to determine their number, anatomical location, morphology, eruption status, and relationship with adjacent teeth. Distinguishing paramolars from distomolars is also clinically relevant because their anatomical position may influence diagnosis and treatment planning. Although individual cases of bilateral paramolars and distomolars have been reported, multiple bilateral posterior supernumerary teeth in non-syndromic adults remain uncommon.^[1, 9, 10] The present case series describes three non-syndromic adult patients with bilateral posterior supernumerary teeth and focuses on their clinical and radiographic characteristics, morphological features of extracted teeth, and individualized management. The cases include bilateral maxillary posterior supernumerary teeth and a particularly uncommon presentation involving bilateral maxillary and mandibular distomolars in a single patient. This case series reports bilateral late-developing supernumerary paramolars and distomolars in three non-syndromic patients at the Department of Dentistry, Dr. Yellapragada Subbarao Government Medical College and Government Teaching General Hospital, Eluru, Andhra Pradesh. We obtained Scientific Committee approval (CM/GMC-ELR/2025/06, dated 23.07.2025), Institutional Ethics Committee approval (IECSMCGGH/2025/AP/193, dated 04.08.2025), and informed consent from patients, in accordance with the CARE Guidelines.

2. Case Presentation

Case Report 1

A 32-year-old male patient presented to the dental outpatient department (OPD) for a routine dental examination. His general medical and family histories were non-contributory, and general medical evaluation revealed no significant abnormalities. Clinical examination showed no facial asymmetry or congenital defects. Intraoral examination revealed a metal-fused-to-ceramic crown on the right maxillary first molar, with a reported history of previous endodontic treatment. Two calcified, peg-like tooth structures were identified in the posterior maxillary region, distal to the maxillary second molars. One structure was observed on each side. Panoramic radiographic examination using an orthopantomogram (OPG) demonstrated single-rooted supernumerary teeth in the posterior maxillary region bilaterally. The OPG also revealed impacted right maxillary and right mandibular third molars. No other dental or radiographic abnormalities were identified. The supernumerary teeth were asymptomatic, and the patient was informed about their presence and the potential need for future intervention if symptoms or complications developed. (Fig. 1) The patient did not consent to extraction; therefore, conservative management with periodic clinical and radiographic evaluation was recommended.

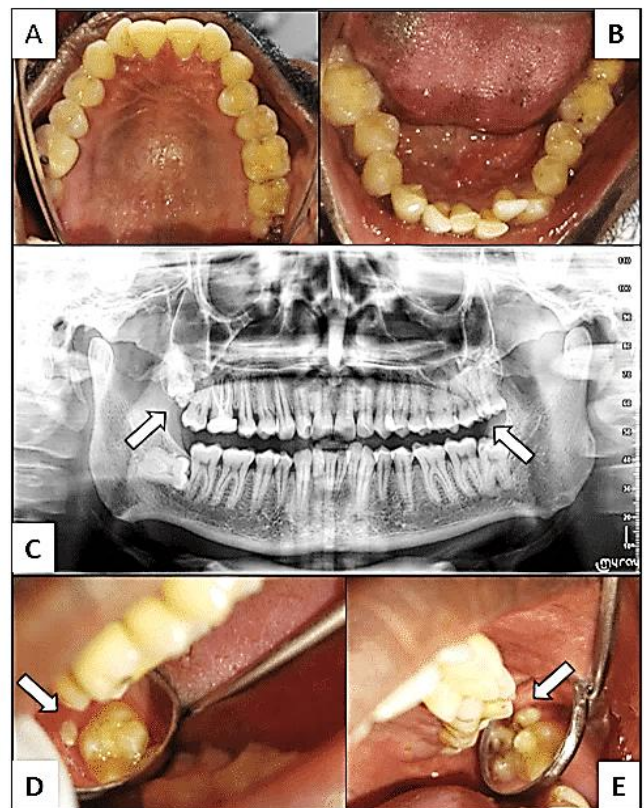


Fig. 1. Maxillary arch (A), mandibular arch (B); OPG showing bilateral maxillary paramolars (arrows) (C); Right (D), left (E) Paramolars (arrows).

Case Report 2

A 30-year-old female patient presented to the dental OPD with pain in the right upper posterior region. Her general medical history, family history, and general medical evaluation were non-contributory. No facial asymmetry or congenital defects were noted. Intraoral examination revealed fixed partial dentures in both maxillary quadrants. The mandibular first and second molars were absent bilaterally and had not been replaced. Both maxillary third molars were mesially rotated and positioned palatally. A small tooth-shaped structure was clinically visible buccally between the right maxillary second and third molars. A similar tooth-shaped structure was present in the left maxillary quadrant between the left second and third molars. Panoramic radiography confirmed bilateral maxillary paramolars. The supernumerary teeth were located distal to the maxillary second molars, with radiographic superimposition by the maxillary third molars. No other abnormalities were identified. The right maxillary paramolar was carious and was therefore extracted following informed consent. Extraction was performed under local anesthesia using Lignox® 2% A with adrenaline 1:80,000. The extracted supernumerary tooth showed a carious lesion involving the crown and palatal aspect of the root, with two fused roots curved toward the apical third. Hemostasis was achieved, postoperative analgesics were prescribed, and the patient received standard post-extraction instructions. The postoperative period was uneventful, and regular follow-up was recommended.

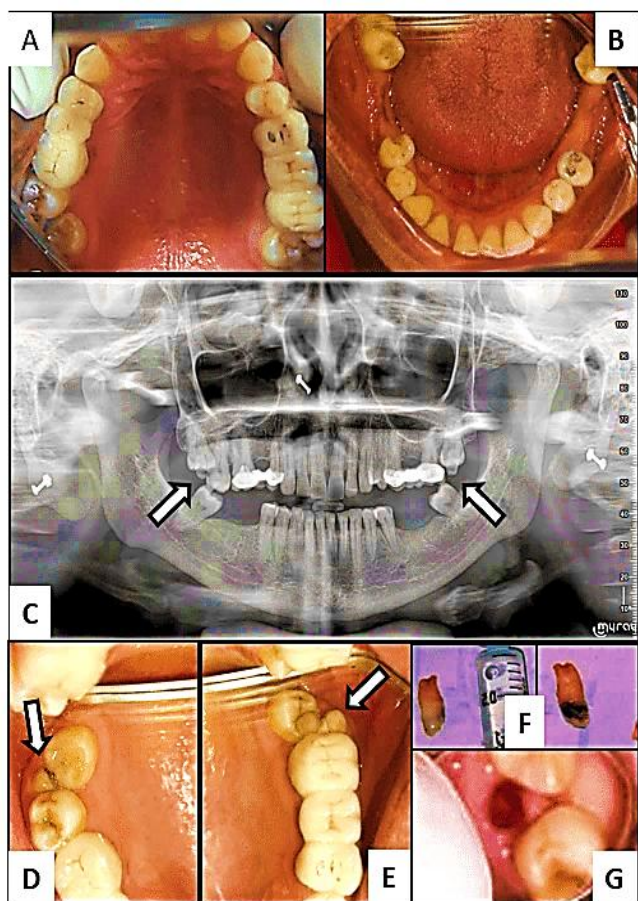


Fig. 2. Maxillary arch (A), mandibular arch (B); OPG showing bilateral maxillary paramolars (arrows) (C); Maxillary paramolars – Right (D), Left (E); Extracted right maxillary paramolar – proximal views (F), Extraction socket (G).

Case Report 3

A 28-year-old male patient presented to the dental OPD with pain in the upper left posterior region. His general and medical histories were non-contributory, and no facial asymmetry or congenital defects were observed. The patient reported a history of tooth extractions approximately five years earlier. Intraoral examination revealed missing maxillary first permanent molars bilaterally and a missing left mandibular first permanent molar. The extracted teeth had not been replaced, and mesial tilting of the adjacent posterior teeth was observed. The left maxillary third molar showed gross caries. Clinically, tooth-shaped structures were identified distal to the maxillary third molars bilaterally. Panoramic radiography revealed bilateral maxillary and mandibular distomolars, resulting in a total of four distomolars in the same patient. The mandibular distomolars were impacted. No other supernumerary teeth or dental abnormalities were identified. The patient was informed about the findings and the treatment options. Because of the grossly carious left maxillary third molar and the adjacent supernumerary tooth, the left maxillary third molar and the adjacent distomolar were extracted following informed consent and general medical evaluation. Both teeth were removed under local anesthesia using Lignox® 2% A with adrenaline 1:80,000. The extracted distomolar had a well-developed crown and a single root. The crown exhibited five cusps, comprising two buccal and three palatal cusps, with an occlusal morphology resembling that of a permanent

mandibular molar. Hemostasis was achieved, postoperative analgesics were prescribed, and post-extraction instructions were provided. The postoperative period was uneventful, and periodic follow-up was recommended.

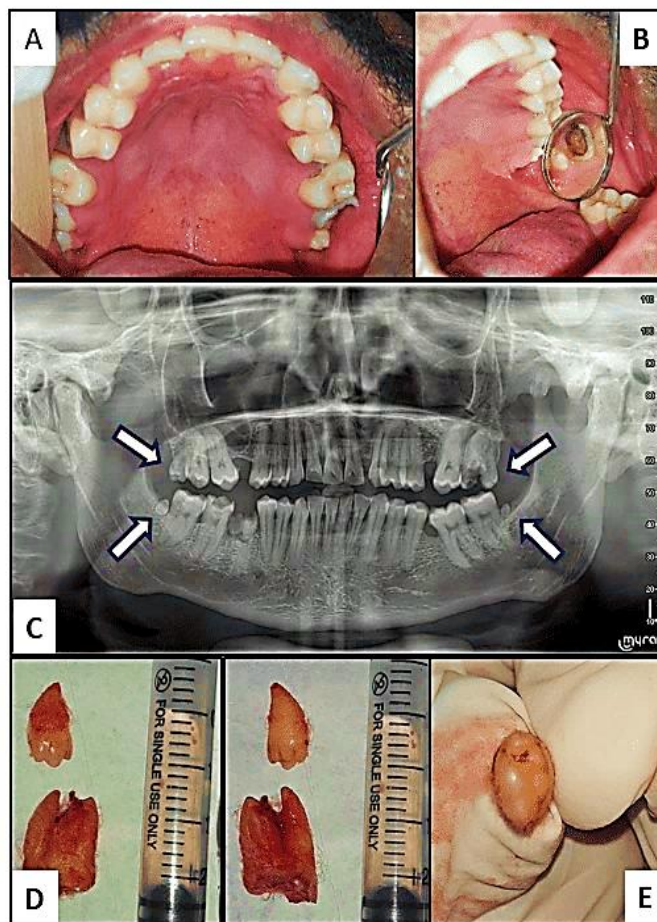


Fig. 3. Maxillary arch (A), left maxillary paramolar (B); OPG showing bilateral maxillary paramolars, mandibular distomolars (arrows) (C); Extracted left maxillary third molar with the adjacent paramolar – proximal views (D), occlusal view (E).

3. Discussion

Supernumerary teeth may occur as isolated dental anomalies or in association with systemic or syndromic conditions, and late-developing supernumerary teeth may become evident after eruption of the permanent dentition.^[1, 2] Multiple supernumerary teeth are particularly relevant because of their reported association with syndromic and genetic conditions.^[14] In contrast, multiple supernumerary teeth may also occur in individuals without an identifiable associated syndrome, although such presentations are uncommon.^[1, 15] The present series fits this latter pattern: all three patients were adults without relevant medical or family history or clinical findings suggestive of a systemic or syndromic condition. The distribution was predominantly posterior and bilateral, with bilateral maxillary paramolars in two patients and bilateral maxillary and mandibular distomolars in the third. This pattern is consistent with the limited case literature cited in the present article, which includes bilateral paramolars, bilateral distomolars, and combinations involving both arches.^[8, 16-21] The two patients with bilateral maxillary paramolars provide a direct comparison with previous reports. Bilateral maxillary paramolars have been described in young adults, including

the case reported by Shetty, in which the paramolars were located between the first and second molars,^[18] and the report of bilateral double maxillary paramolars by Ozkan et al.^[22] The present cases differed anatomically in that the paramolars were located in the posterior region distal to the maxillary second molars, and in Case 2 the third molars were mesially rotated and palatally positioned. Thus, while the bilateral occurrence is comparable with previous reports,^[18, 22] these cases show variation in the precise relationship of the paramolars to the adjacent molars. This observation also supports the importance of evaluating both sides of the posterior maxilla when a supernumerary tooth is identified. Case 3 is particularly notable because four distomolars were identified in a single patient, involving both the maxillary and mandibular arches. This finding can be compared with previous reports of supernumerary fourth and fifth molars,^[17] four impacted fourth molars in a young patient,^[19] bilateral mandibular fourth molars,^[21] and cases involving multiple paramolar or distomolar teeth.^[20, 23] The present case therefore falls within the spectrum of rare multiple distomolar presentations described previously. Still, it differs in showing bilateral maxillary and bilateral mandibular distomolars in a non-syndromic adult, with the mandibular teeth impacted. The coexistence of erupted or clinically detectable and impacted posterior supernumerary teeth in the same patient further illustrates the heterogeneous presentation described in the cited literature.^[14, 17, 19, 21] The morphology of the present teeth also corresponds to the range reported previously. Supernumerary teeth may vary from rudimentary or peg-shaped forms to teeth that closely resemble normal permanent teeth.^[20-23] In Case 1, the bilateral posterior supernumerary teeth were peg-like and single-rooted. In Case 2, the extracted paramolar had a carious crown and two fused roots with apical curvature. In contrast, the extracted maxillary distomolar in Case 3 had a well-developed molar-shaped crown, a single root, and five cusps, with an occlusal morphology resembling a permanent mandibular molar. The coexistence of these different morphologic forms within three patients is consistent with the variability reported in previous descriptions of supernumerary molars and paramolars.^[20-23] The eruption status and clinical presentation of the present teeth likewise showed considerable variation. Case 1 involved asymptomatic bilateral posterior supernumerary teeth detected during routine examination, whereas Case 2 presented with pain associated with a carious right maxillary paramolar. In Case 3, the mandibular distomolars were impacted, while the left maxillary distomolar was removed because it was adjacent to a grossly carious and symptomatic maxillary third molar. Previous reports have similarly described both erupted and impacted posterior supernumerary teeth,^[10-12, 14, 17, 19, 21, 23] supporting the observation that eruption status alone does not define their clinical significance. Rather, the present cases suggest that symptoms, caries, and the anatomical relationship with adjacent teeth are more relevant to management decisions. The pathological findings in Case 2 are also consistent with complications described in the literature. Supernumerary teeth have been associated with caries, plaque retention, periodontal complications, root resorption, cystic lesions, crowding, malocclusion, and other local effects.^[5, 8] The carious and symptomatic right maxillary paramolar in the present series represents a direct example of such local involvement. In contrast, the supernumerary teeth in Cases 1 and 3 were largely asymptomatic at presentation, although the impacted mandibular distomolars in Case 3 were clinically occult. These findings agree with previous reports emphasizing that posterior supernumerary teeth may remain undetected without appropriate radiographic assessment.^[14, 23] The radiographic findings are therefore clinically important. In the present series, panoramic radiography confirmed bilateral involvement and identified the impacted mandibular distomolars in Case 3, which were not fully evident on clinical examination. Previous reports

of impacted distomolars and multiple supernumerary molars likewise demonstrate the value of radiographic examination in defining number, location, eruption status, and relationship with adjacent teeth.^[14, 15, 19, 23] These findings support using clinical and radiographic assessment not only to confirm a clinically suspected supernumerary tooth but also to evaluate the contralateral side and identify additional impacted teeth. Multiple supernumerary teeth also warrant assessment for other dental or systemic abnormalities. Previous reports have described associations with other dental developmental abnormalities, including microdontia, macrodontia, hypodontia, gemination, and taurodontism.^[10, 23] At the same time, multiple supernumerary teeth may also occur in a wide range of syndromic conditions.^[14] In the present series, however, the medical and family histories and clinical examinations did not reveal additional local or systemic abnormalities. Thus, these cases support multiple posterior supernumerary teeth as an isolated, non-syndromic finding, while reinforcing the need for appropriate clinical assessment when multiple teeth are identified. Management in the present cases was consistent with the individualized approach described in the cited literature. The decision to retain or remove a supernumerary tooth depends on symptoms, morphology, position, relationship with adjacent structures, eruption status, and potential complications.^[24] Accordingly, the asymptomatic teeth in Case 1 were retained with periodic clinical and radiographic follow-up, whereas the carious and symptomatic right maxillary paramolar in Case 2 was extracted. In Case 3, the symptomatic left maxillary distomolar was removed together with the grossly carious adjacent third molar. These different approaches within the same case series illustrate why treatment should be based on each tooth's clinical circumstances rather than on hyperdontia alone.^[24] We also observed altered positions of the maxillary third molars in the first two cases, including mesial rotation and palatal displacement. Previous literature cited in the article describes potential effects of supernumerary teeth on eruption and the position or alignment of adjacent teeth.^[5, 8] The spatial relationship observed in the present cases is therefore compatible with these previously described clinical effects; however, the present case series cannot establish a causal relationship. In Case 3, mesial tilting of the posterior teeth occurred after extraction of the permanent first molars without replacement and should therefore not be attributed to the supernumerary teeth. These observations illustrate the importance of considering the broader local dental context when interpreting the position of posterior supernumerary teeth. Overall, the present series is broadly consistent with the limited literature cited in this article regarding the rarity and heterogeneity of bilateral posterior supernumerary teeth. The cases share features previously reported for bilateral maxillary paramolars,^[18, 22] multiple or fourth molars,^[17, 19, 21] bilateral distomolars,^[14, 21] and combinations involving both arches.^[20, 23] At the same time, this series adds clinical observations by describing different patterns of bilateral posterior supernumerary teeth in three non-syndromic adults, including four distomolars in one patient and substantial variation in morphology, eruption status, symptoms, and management. These findings should be interpreted as descriptive observations rather than evidence of prevalence or causation. The small sample size and lack of systematic long-term follow-up limit generalization to the wider population. Nevertheless, the comparison with previous reports supports careful bilateral clinical and radiographic assessment and individualized management of posterior supernumerary teeth, particularly when they are multiple or associated with adjacent molar abnormalities.

4. Conclusion

Multiple bilateral posterior supernumerary teeth may occur in non-syndromic adults and can vary widely in location, eruption status, morphology, and clinical significance. This case series described bilateral maxillary paramolars in two patients and bilateral maxillary and mandibular distomolars in a third patient, including four distomolars in a single individual. Some teeth were asymptomatic and suitable for periodic clinical and radiographic follow-up, while symptomatic or carious supernumerary teeth required extraction. These cases highlight the importance of careful clinical and radiographic evaluation of posterior supernumerary teeth and support individualized management based on symptoms, anatomical relationships, eruption status, and potential complications.

Conflict of Interest

The authors declared that there is no conflict of interest.

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References

- [1] Xie Y, Gao H, Xing L, Tang M. Late developing supernumerary teeth and congenital absence of the upper right lateral incisor in the maxillary anterior region: a rare case report. *BMC Oral Health*. 2025;25(1):420. <https://doi.org/10.1186/s12903-025-05771-3>
- [2] Li X, Gong X, Yu M, Gao X. Clinical features of non-syndromic late developing supernumerary teeth: a sign of the third dentition?. *BMC Oral Health*. 2024 Mar 28;24(1):397. <https://doi.org/10.1186/s12903-024-04155-3>.
- [3] Scully A, Zhang H, Kim-Berman H, Benavides E, Hardy NC, Hu JC. Management of two cases of supernumerary teeth. *Pediatric dentistry*. 2020;42(1):58-61.
- [4] Tworkowski K, Gasowska E, Baryla D, Gabiec K. Supernumerary teeth-literature review. *Journal of Pre-Clinical and Clinical Research*. 2020;14(1):18-21. <http://dx.doi.org/10.26444/jpcrr/119037>.
- [5] Khan TT, Erkin M, Ghaus S, Pasha M, Shah Nawaz S. Combination of bilateral paramolar and distomolar supernumerary teeth in the maxillary arch: A rare case report. 2022;10(6):168-176.
- [6] Di Donna E, Keller LM, Neri A, Perez A, Lombardi T. Maxillary distomolar associated with dentigerous cyst: an unusual entity. *Oral*. 2022;2(1):1-6. <https://doi.org/10.3390/oral2010001>.
- [7] Lubinsky M, Kantaputra PN. Syndromes with supernumerary teeth. *American Journal of Medical Genetics Part A*. 2016;170(10):2611-6. <https://doi.org/10.1002/ajmg.a.37763>.
- [8] Santos TD, Silva ER, Faria AC, Mello Filho FV, Xavier SP. Multiple supernumerary teeth in a nonsyndromic 12-year-old female patient-a case report. *Brazilian Dental Journal*. 2014;25(1):79-82. <https://doi.org/10.1590/0103-6440201301993>.
- [9] Patel N, Trivedi R, Managutti A, Suthar P, Menat SH, Girdhariya K. Bilateral multiple impacted paramolars and impacted distoangular molar in maxilla: A rare case report. *Journal of Coastal Life Medicine*. 2023;2(11), 907-910
- [10] Foley MF, del Río CE. Supernumerary teeth: report of a case. *Oral Surgery, Oral Medicine, Oral Pathology*. 1970;30(1):60-3. [https://doi.org/10.1016/0030-4220\(70\)90012-5](https://doi.org/10.1016/0030-4220(70)90012-5).
- [11] Hattab FN. Supernumerary teeth Report of three cases and review of the literature. *ASDC. J. Dent. Child*. 1994;61:382-93.
- [12] Davidson CL, Smit C, Nel S. Supernumerary teeth: A pictorial review and revised classification. *Journal of Oral Biology and Craniofacial Research*. 2025;15(3):454-62. <https://doi.org/10.1016/j.jobcr.2025.03.005>.
- [13] Lao A, Bi S, Cheng H, Lai T, Huang S, Zhao S. A combination of kissing molars, maxillary bilateral supernumerary teeth and macrodontia: a rare case report. *BMC Oral Health*. 2020;20(1):112. <https://doi.org/10.1186/s12903-020-01092-9>.
- [14] Ali FM, Aridhi WH, Hommadi AM, Altharawi RA, Khan MA. A rare case series: impacted distomolars. *Open Access Macedonian Journal of Medical Sciences*. 2019;7(23):4078-81. <https://doi.org/10.3889/oamjms.2019.637>.
- [15] Timocin N, Yalcin S, Ozgen M, Tanyeri H. Supernumerary molars and paramolars. *The Journal of Nihon University School of Dentistry*. 1994;36(2):145-50. <https://doi.org/10.2334/josnuds1959.36.145>.
- [16] Sampson WJ. Supernumerary teeth: a review of the literature and four case reports. *Australian dental journal*. 1997;42(3):160-5.
- [17] Kokten G, Balcioglu H, Buyukertan M. Supernumerary fourth and fifth molars: a report of two cases. *The journal of contemporary dental practice*. 2005;4(4):67-76.
- [18] Shetty YN. A rare case of bilateral maxillary paramolars between 1st and 2nd molars. *Journal of Orofacial Research*. 2012;2(1):52-5.
- [19] Clementini M, Ottria L, Pandolfi C, Agrestini C, Barlattani A. Four impacted fourth molars in a young patient: a case report. *Oral & Implantology*. 2013;5(4):100-3.
- [20] Desai VD, Gaurav I, Das S, Kumar MS. Paramolar complex-The microdental variations: Case series with review of literature. *Annals of Bioanthropology*. 2014;2(2):65-73. <https://doi.org/10.4103/2315-7992.153820>.
- [21] Costantino A, Fonseca GM, Cantin M. Bilateral mandibular fourth molars: a case report. *Revue de Stomatologie, de Chirurgie Maxillo-faciale et de Chirurgie Orale*. 2015;116(5):312-4. <https://doi.org/10.1016/j.revsto.2015.05.001>
- [22] Ozkan A, Dag H, Altug HA, Sencimen M. Bilateral double maxillary paramolars: A rare case report. *Journal of clinical and diagnostic research: JCDR*. 2017;11(8): ZD04–ZD05. <https://doi.org/10.7860/JCDR/2017/27393.10484>.
- [23] Vadane A, Garde J. Supernumerary molars: A short review & our experience of four rare cases. *Int Dent J Student Res*. 2019;7(2):47-9. <http://doi.org/10.18231/j.idjsr.2019.012>.
- [24] Craig R, McBride A, Marley J, Johnston C. Metachronous supernumerary teeth in a non-syndromic patient. *Journal of the Irish Dental Association*. 2024. <https://doi.org/10.58541/001c.125533>.

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