Reporte de Casos
https://doi.org/10.47990/c0ax6e50

# Diagnosis and treatment of supernumerary teeth in non-syndromic children: case series

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**Abstract:** **Aims:** Supernumerary teeth represent teeth or structures similar to dental elements, erupted or not, that manifest beyond the quantity commonly found in both dentitions. In this article, a series of cases of children who presented with supernumerary teeth and were treated at a public pediatric dentistry service will be reported. **Materials and Methods:** The children and guardians presented themselves spontaneously to the urgency service reporting discomfort arising from the emergence of the tooth or were referred from primary care units. Patients were followed from diagnosis of the condition, complementary exams, treatment and control. During consultations, information was recorded in clinical records and photographs. **Results:** Four children were followed for this series of cases: two boys, six years old, presence of a supernumerary tooth in the anterior region of the maxilla, compatible with the diagnosis of mesiodent; a girl, 7 years old, presence of a supernumerary tooth in the anterior region of the maxilla between teeth 22 and 63; and a boy, 7 years old, diagnosed with autism spectrum disorder, presence of two supernumerary teeth, one mesiodens and the other located in the region of the lower lateral incisor. The treatment chosen for all cases was the extraction of supernumerary teeth. **Conclusions:** Supernumerary teeth present themselves as relatively recurrent conditions in the pediatric dentistry clinic and their management requires diagnosis, treatment plan, effective treatment and longitudinal monitoring.

**Key words:** Supernumerary Teeth, Pediatric Dentistry, Oral Surgery.

# Diagnóstico y tratamiento de dientes supernumerarios en niños no sindrómicos: serie de casos

**Resumen:** **Objetivos:** Los dientes supernumerarios representan dientes o estructuras similares a elementos dentarios, erupcionados o no, que se manifiestan más allá de la cantidad comúnmente encontrada en ambas denticiones. En este artículo se reportará una serie de casos de niños que presentaron dientes supernumerarios y fueron tratados en un servicio público de odontopediatría. **Materiales y Métodos:** Pacientes acudieron al servicio de urgencia reportando molestias derivadas de la emergencia del diente o los pacientes fueron remitidos desde centros de salud. Fueron seguidos desde el diagnóstico del padecimiento, exámenes complementarios, tratamiento y control. Durante las consultas se registró la información en historias clínicas y fotografías. **Resultados:** Para esta serie de casos se siguió a cuatro niños: dos niños de seis años, presentaron un diente supernumerario en la región anterior del maxilar superior (mesiodens); una niña de siete años con diente supernumerario en la región anterior del maxilar entre los dientes 22 y 63; y un niño de siete años, diagnosticado con trastorno del espectro autista, el cual mostraba dos dientes supernumerarios, uno mesiodens y otro ubicado en la región del incisivo lateral inferior. El tratamiento elegido para todos los casos fue la extracción de dientes supernumerarios. **Conclusiones:** Los dientes supernumerarios se presentan relativamente recurrentes en la clínica de odontopediatría y su manejo requiere diagnóstico, plan de tratamiento, tratamiento efectivo y seguimiento longitudinal.

**Palabras clave:** Diente Supernumerario, Odontología Pediátrica, Cirugía Bucal.

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# Diagnóstico e tratamento de dentes supranumerários em crianças não sindrômicas: série de casos

**Resumo:** **Objetivos:** Os dentes supranumerários representam dentes ou estruturas semelhantes a elementos dentários, erupcionados ou não, que se manifestam além da quantidade comumente encontrada em ambas as dentições. Neste artigo, será relatada uma série de casos de crianças que apresentaram dentes supranumerários e foram tratadas em um serviço público de odontopediatria. **Materiais e Métodos:** Os pacientes procuraram o pronto-socorro relatando desconforto decorrente do surgimento do dente ou foram encaminhados de unidades básicas de saúde. Foram acompanhados desde o diagnóstico do quadro, exames complementares, tratamento e controle. Durante as consultas, as informações foram registradas em prontuários e fotografias. **Resultados:** Para esta série de casos, quatro crianças foram acompanhadas: duas crianças de seis anos apresentavam dente supranumerário na região anterior do maxilar superior (mesiodens); uma menina de sete anos com dente supranumerário na região anterior da maxila entre os dentes 22 e 63; e um menino de sete anos, com diagnóstico de transtorno do espectro do autismo, que apresentava dois dentes supranumerários, um mesiodens e outro localizado na região do incisivo lateral inferior. O tratamento escolhido para todos os casos foi a extração dos dentes supranumerários. **Conclusões:** Os dentes supranumerários apresentam-se relativamente recorrentes na clínica odontopediátrica, e seu manejo requer diagnóstico, plano de tratamento, tratamento eficaz e acompanhamento longitudinal.

**Palavras-chave:** Dente supranumerário, Odontopediatria, Cirurgia Bucal.

## Introduction

The process of tooth growth and development in deciduous and permanent dentition is a highly complex phenomenon and susceptible to the action of genetic, systemic and local factors. As a consequence of these possible influences, dental impairment and the development of anomalies in number, size and shape may be present in both dentitions[1-3].

Among the dental alterations found in the general population, supernumerary teeth (ST) represent teeth or tooth-like structures that occur in excess of the amount commonly observed. This quantitative anomaly may occurs in both dentitions and manifest individually or multiple forms, unilaterally or bilaterally, affecting the maxilla and/or mandible and erupting or remaining unerupted[4-6].

Regarding the presence of ST in non-syndromic patients, the estimated prevalence is 0.1%–3.8% in the permanent dentition and 0.35%–0.6% in the primary dentition[7]. Furthermore, they may be classified according to location, with ST in the region of upper lateral incisors representing 50%, mesiodens 36%, upper central incisors 11% and premolars 3% [2,8].

The etiology of ST remains uncertain, although several authors suggest that tooth germ dichotomy, hyperactivity of the dental lamina, phylogenetic theory, as well as the association of genetic and environmental factors (trauma) can influence the origin of this anomaly[4,6,9].

With regard to the need and type of treatment, several factors must be considered, including: age of the patient, type and position of the supernumerary tooth and clinical characteristics of the case[10,11]. Early diagnosis and intervention in both dentitions prevents and minimizes aesthetic, functional and pathological damage, and potentially reduces the

need for future complex treatments in children[3,10,11]. Thus, the present study aims to report a series of cases of children who had ST, involving the diagnosis, treatment plan and clinical follow-up.

## Case series

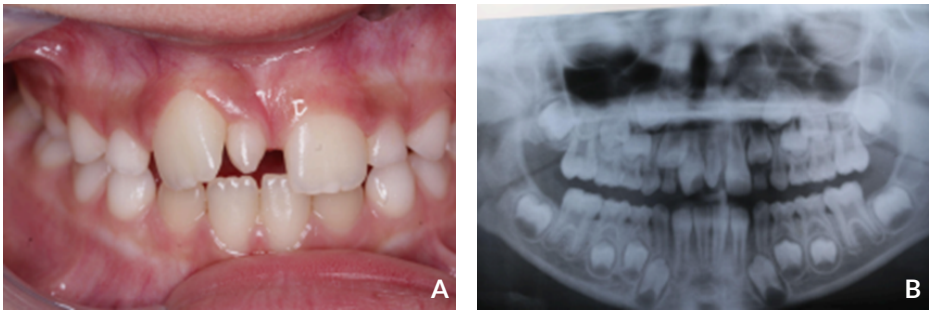
All patients were treated in the Pediatric Dental Urgency Room of the Baby-Clinic of the State University of Londrina (UEL) after reporting discomfort resulting from the emergence of the tooth or were referred from the Basic Health Unit (BHU).

## Case 1

Male patient, six years and eleven months old, caucasian. The complaint was of “an extra tooth between the front teeth” with an eruption observed approximately threemonths ago. The mother and child did not report any pain or discomfort when talking and/or chewing. On the other hand, the child reported discomfort with the aesthetics caused by this tooth and that “his friends at school had already made jokes about its appearance”. During anamnesis, the mother reported that there was no family history of ST, nor any relevant medical or gestational history. The child received preventive dental care at the BHU.

On intraoral examination, mixed dentition and aesthetic impairment were observed due to the presence of a conical tooth with ⅔ of the crown erupted, located between teeth 11 and 21, yellowish color and rotation of tooth 11 (Figure 1A). Radiographic examination showed the presence of a ST in the anterior region of the maxilla, compatible with the diagnosis of mesiodens (Figures 1A and 1B). As a therapeutic approach, tooth extraction was chosen. For legal reasons, the mother's consent was initially obtained and explanations of the procedure to be performed for the child and legal guardian. The entire oral surgical procedure was performed on an outpatient basis.

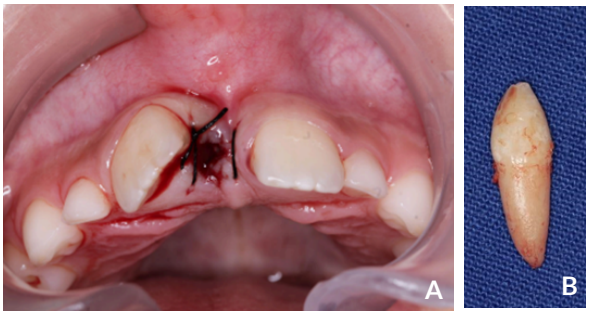
The preoperative period began with the patient rinsing with an antiseptic solution of 0.12% chlorhexidine digluconate (Perioplak, Reymer, Aparecida de Goiânia-GO, Brazil) for approximately one minute. Subsequently, a topical anesthetic based on 20% benzocaine (DFL, Rio de Janeiro-RJ, Brazil) was applied to the oral mucosa for two minutes. Then, infiltrative anesthesia was performed with 2%




***Figures 1A and 1B.*** *Preoperative clinical and radiographic appearance showing the presence of a supernumerary tooth in the anterior region of the maxilla.*

lidocaine anesthetic with phenylephrine vasoconstrictor (1:100.000) (S.S.WHITE, Rio de Janeiro, RJ, Brazil), in the incisor region on both sides and circular anesthesia in the palatal gingiva region adjacent to the supernumerary tooth. For extraction, initially a molt periodontal surgical elevator was used (Golgran, São Caetano do Sul, SP, Brazil), followed by pediatric dental forceps number 1 (Golgran, São Caetano do Sul, SP, Brazil). Subsequently, a Chompret maneuver and irrigation with 0.9% sodium chloride solution were performed. To control oral bleeding, tamponade was performed with sterile gauze and a simple external X suture with 4.0 silk thread (Silk-Brazil) (Figures 2A and 2B). During the entire procedure, the patient showed definitely positive behavior according to Frankl behavioral score. Finally, the child and the guardian received postoperative instructions on diet, toothbrushing with 5 ml of chlorhexidine digluconate 0.12% twice a day for seven days andprescription of paracetamol 500 mg, every 6 hours, for 2 days, in case of pain.

In the 7-day postoperative period, the suture was removed, with good healing observed in the surgical area, with no infection or pathology. On 12-month clinical follow-up, the presence of diastema in the anterior region of the maxilla with tooth 11 rotated, although a slight change in position was observed (Figure 3).




***Figures 2A and 2B.*** *Clinical appearance and supernumerary tooth after extraction.*


***Figures 3A and 3B.*** *Clinical appearance after 12 months of follow-up.*

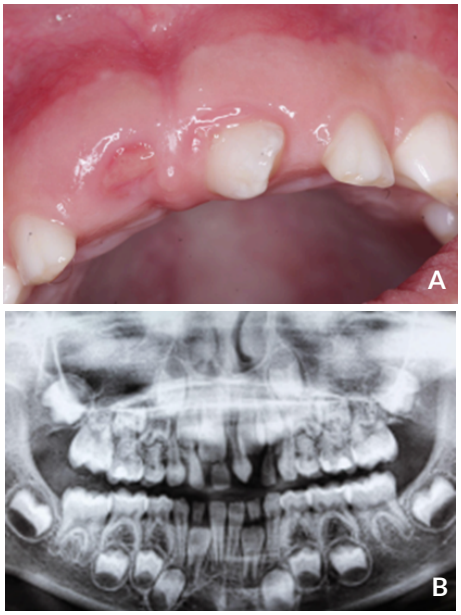
## Case 2

Male patient, six years and four months old, caucasian. The complaint was about “an extra tooth emerging” with an eruption observed approximately five months ago. The mother and child did not report any pain or discomfort when talking and/or chewing, although the legal guardian showed a certain degree of anxiety about the situation. During anamnesis, the mother reported that there was no family history of supernumerary teeth, nor any relevant medical or gestational history. Furthermore, she reported that the child had only been to the dentist twice.

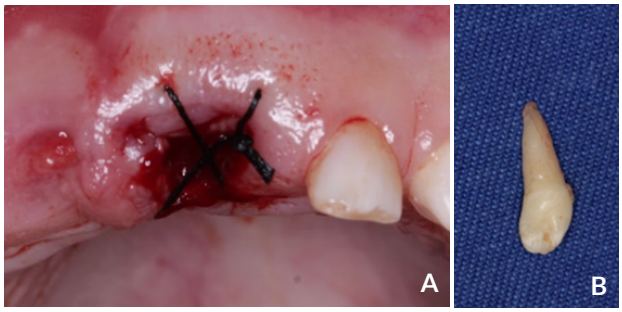
On intraoral examination, a mixed dentition was observed, tooth exfoliation from 51 and 61, a tooth with ⅔ of the crown erupted, located in the position of tooth 61 and a yellowish-white color (Figure 4A). Radiographic examination showed the presence of a supernumerary tooth in the anterior region of the maxilla, compatible with the diagnosis of mesiodens (Figure 4B). As a therapeutic approach, tooth extraction was chosen.

The preoperative, intraoperative and postoperative phases were performed as described in clinical case 1. However, the suture was performed in a criss-cross, compatible with the size of the surgical area (Figures 5A and 5B). During the entire procedure, the patient showed definitely positive behavior according to Frankl behavioral score.

In the 7-day postoperative period, the suture was removed, with good healing




***Figures 4A and 4B.*** *Preoperative clinical and radiographic appearance showing the presence of a supernumerary tooth in the anterior region of the maxilla.*




***Figures 5A and 5B.*** *Clinical appearance and supranumerary tooth after extraction.*

observed in the surgical area, with no infection or pathology. On 12-month clinical follow-up, the presence of diastema in the anterior region of the maxilla, permanent upper incisors eruption and Molar Incisor Hypomineralization was observed (Figure 6).

***Figura 6.*** *Aspecto clínico em proservação clínica de 12 meses.*

## Case 3

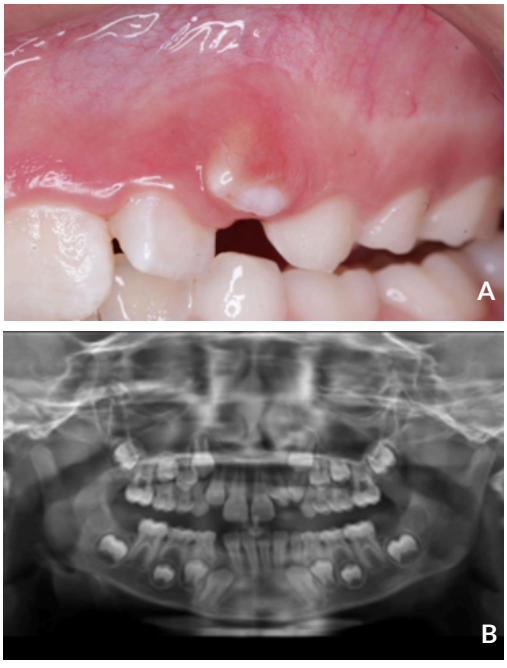
Female patient, 8 years and 2 months old, caucasian. Initially, the main complaint was orthodontic treatment and dental follow-up. The legal guardian had observed dental crowding in the region of tooth 22, but did not suspect the presence of ST. The child reported being dissatisfied with the clinical appearance of the tooth in question because “it was very ugly and they had commented on it at school”. During anamnesis, the mother reported that there was no family

history of ST, nor any relevant medical or gestational history. In addition, the child did not undergo preventive dental care.

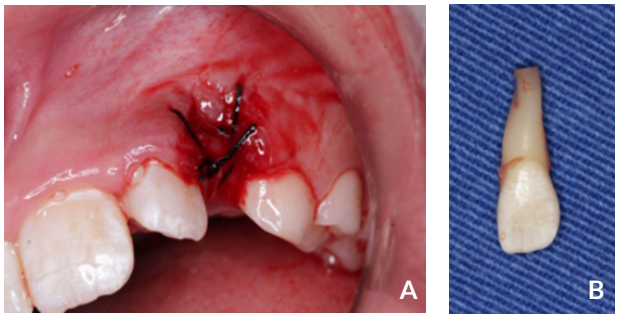
On intraoral examination, mixed dentition, dental crowding, visible dental biofilm and aesthetic impairment were observed due to the presence of a tooth with only the incisal third erupted, located between tooth 22 and 63, covered by gingival tissue and a whitish color (Figure 7A). Radiographic examination showed the presence of a ST in the anterior region of the maxilla, between teeth 22 and 63 (Figure 7B). After a multidisciplinary evaluation with the orthodontics team, it was decided to extract the upper lateral incisor located more distally to the midline.

The preoperative, intraoperative and postoperative phases were performed as described in clinical case 1, requiring a vertical relaxing incision, flap reflection and sutures performed in a cross-cross and simple shape, compatible with the size of the surgical area (Figures 8A and 8B). During the entire procedure, the patient showed definitely positive behavior according to Frankl behavioral score.

In the 7-day postoperative period, the suture was removed, with good healing observed in the surgical area, with no infection or pathology. On 8-month clinical follow-up, the presence of diastema in the surgical area with tooth 22 rotated, although a slight change in position was observed (Figure 9).




***Figures 7A and 7B.*** *Preoperarive clinical and radiographic appearance showing the presence of a supernumerary tooth in the anterior region of the maxilla between teeth 22 and 63.*




***Figures 8A and 8B.*** *Clinical appearance and supranumerary tooth after extraction.*

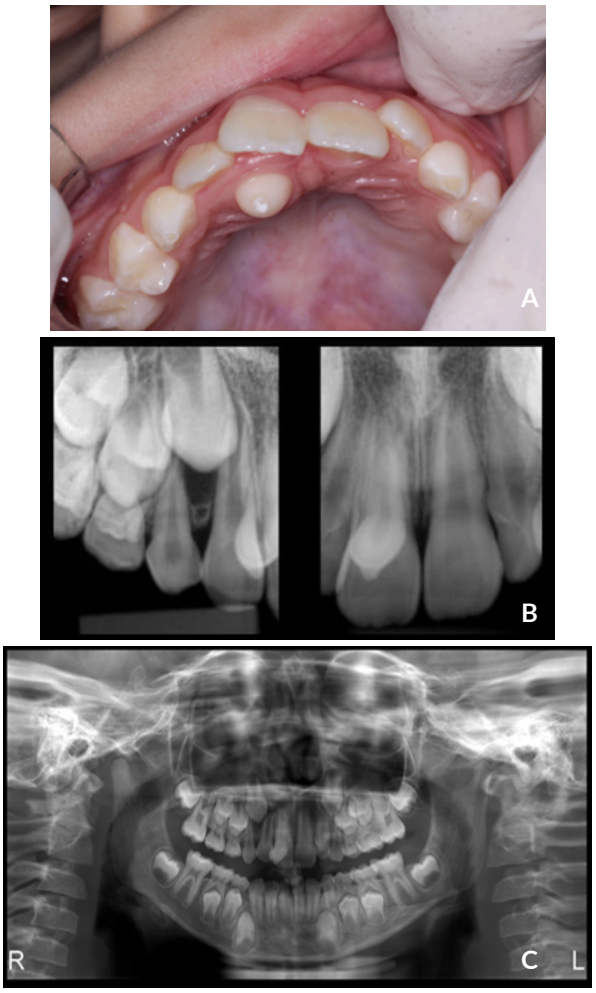
***Figure 9.*** *Clinical appearance after 8 months of follow-up.*

## Case 4

Male patient, seven years and 10 months old, caucasian. The complaint was about a “tooth on the palate” that had appeared

approximately 5 months ago. The mother and child did not report pain, although the child reported discomfort when talking and chewing due to contact with the tongue. Furthermore, the child reported discomfort with the appearance of smiling and episodes of bullying in the school environment. During the anamnesis, the mother reported that there was no family history of ST and reported that her son is under investigation for diagnosis of Autism Spectrum Disorder due to repetitive behaviors for his age. In addition, the child did not undergo preventive dental care.

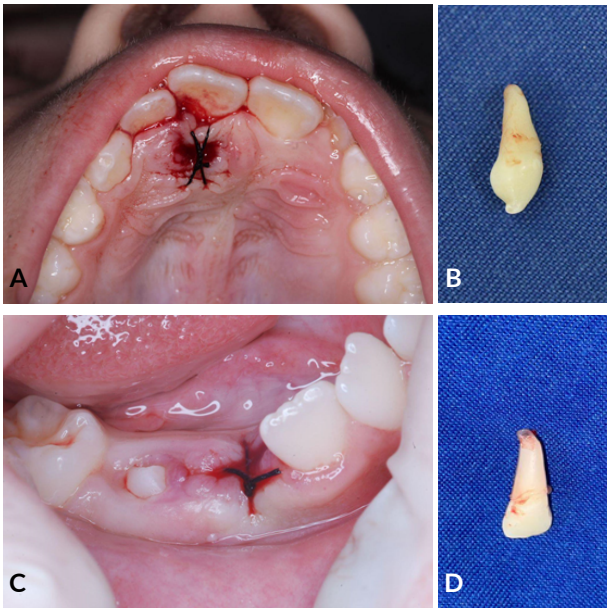
During the intraoral examination, mixed dentition and the presence of a conical tooth with ⅔ of the crown erupted, located in the hard palate region palatally to tooth 11, yellow coloration and structural defect in the incisal third were observed (Figure 10A). Furthermore, the presence of another supernumerary tooth located in the anterior region of the mandible, dental crowding and rotated lower incisors was identified (Figure 10B). Radiographic examination showed the presence of two supernumerary teeth, one located in the anterior region of the maxilla, compatible with the diagnosis of mesiodens and the other located in the region of the lower lateral incisor (Figure 10C). After multidisciplinary planning, it was decided to extract the tooth of the mesiodens and the right lateral incisor adjacent to the lower right first molar. The preoperative, intraoperative and postoperative phases were performed as described in clinical case 1. However, the suture was performed in a simple and criss-cross, respectively, compatible with the size of the surgical area (Figures 11A, 11B, 11C and 11D). During the entire procedure in both consultations, the patient showed definitely positive




***Figures 10A, 10B and 10C.*** *Preoperative clinical and radiographic appearance showing the presence of a supernumerary tooth in the anterior region of the maxilla.*

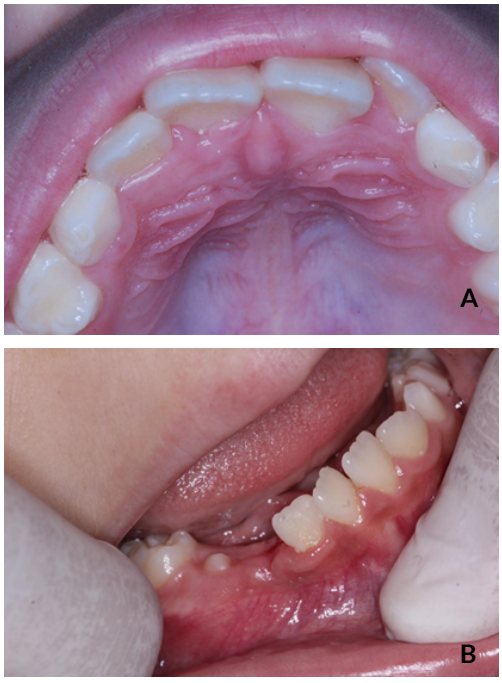
behavior according to Frankl behavioral score. Furthermore, repetitive behaviors were observed and the child repeated the same question several times after explanations from the team.

In the 7-day postoperative period, sutures were removed from both teeth and good healing was observed in the surgical area, with no infection or pathology. In a 4-month clinical follow-up of the mesiodens, complete healing of the surgery area was




***Figures 11A, 11B, 11C and 11D.*** *Clinical appearance and supernumerary teeth after extractions.*

observed without complications (Figure 12). Regarding the lower lateral incisor, the patient was referred to the orthodontics department for orthodontic treatment in order to maintain the space resulting from the extraction.




***Figures 12A and 12B.*** *Clinical appearance after 4 months of follow-up.*

## Discussion

The present study reported and developed by the Baby-Clinic team in the various pediatric dental care services at UEL provides clinical and radiographic information based on the literature relevant for decision-making and multidisciplinary treatment planning when faced with situations of ST in children. Early diagnosis, treatment based on scientific evidence and longitudinal follow-up of ST are relevant factors to recover potentially affected aesthetics, function and occlusion, as well as preventing dysfunctions of the stomatognathic system.

Regarding the location of ST, different regions of the dental arch can be affected. The literature suggests that approximately 90% of ST are located in the region of the upper central incisors[9,7] and mesiodens can occur as a single or multiple teeth, unilaterally or bilaterally[6,12]. Furthermore, the presence of ST is more prevalent in male patients compared to females[7,11,12] and there is a predominance of caucasian individuals[4,11]. The present study highlighted characteristics that corroborate the information reported in the literature and are described in table 1.

Presence of ST represents situations that may develop clinical and radiographic complications, such as: delayed or non-eruption of the adjacent tooth, malposition or rotation of adjacent teeth, presence

***Table 1.*** *Características clínicas dos casos apresentados.*

| Clinical case | Age | Gender | Ethnicity | Location | Quantity |
|---|---|---|---|---|---|
| Case 1 | 6y11m | Male | Caucasian | Anterior region of the maxillary - mesiodens | Single |
| Case 2 | 6y4m | Male | Caucasian | Anterior region of the maxillary - mesiodens | Single |
| Case 3 | 8y2m | Female | Caucasian | Anterior region of the maxillary - Upper lateral incisor | Single |
| Case 4 | 7y10m | Male | Caucasian | Anterior region of the maxillary - mesiodens and anterior region of the mandible - Lower lateral incisor | Multiple |

of diastema de diastema and formation of dentigerous cyst[7,9]. Table 2 illustrates possible complications found in the reported clinical cases.

Another factor extensively reported in the literature, the presence of ST may be strongly associated with several syndromes, including: Down´s syndrome[13], Ellis-Van Creveld syndrome[14], Gardner 's syndrome, ectodermal dysplasia[15], among others. In the present study, no child presented the diagnosis or characteristics related to the aforementioned syndromes. Therefore, the etiology of ST still remains uncertain and the association of genetic and environmental factors, hyperactivity of the dental lamina and dichotomy of a tooth germ represent hypotheses for the development of ST[4,6,9].

As these were clinical cases arising from care in a public health service, limitations linked to imagine exams were present. It is known that Cone-Beam Computed Tomography is a complementary diagnostic exam that is superior to conventional radiography, as it minimizes the risk of accidents and surgical complications, as it provides greater anatomical precision, less distortion and image artifacts, making it a fundamental exam in cases of supernumerary elements[16,17]. On the other hand, panoramic X-rays represent simpler exams with diagnostic value, affordable cost and quick performance. In this sense and given the clinical and radiographic conditions found in all cases, panoramic and periapical radiography represented sufficient complementary exams for planning, clinical safety and carrying out

***Table 2.*** *Complications inherent to the presence of ST in the reported cases.*

| Caso clínico | Erupção atrasada ou ausencia de erupção dos dentes adjacentes | Diastema mediano | Má posição ou giroversão | Formação de cisto dentígero | Dano estético ou bullying |
|---|---|---|---|---|---|
| Caso 1 | - | + | + | - | + |
| Caso 2 | - | - | + | - | + |
| Caso 3 | - | - | + | - | + |
| Caso 4 | - | - | + | - | + |

the extraction. In this series of reports, the legal guardians of patients 1 and 2 attended the panoramic X-ray carried out in private clinics, while in cases 3 and 4, assistance from the institution's radiology team was required.

Another factor observed in all clinical cases concerns aesthetic perturbations and bullying suffered by children at school as a result of ST. Bullying is violent and intentional practices carried out during childhood with the aim of diminishing or subjugating another individual. In the school environment, it can cause several problems, including learning difficulties[18]. Oral and facial characteristics, such as ST, can cause great psychological and emotional suffering to the patient. Correcting these changes favors the recovery of self-esteem, greater quality of life and avoids complications that may arise in adolescence or adulthood[19,20]. In addition to clinical characteristics and surgical procedures, ST treatment involves factors related to well-being, aesthetics, mental health, socialization, interaction and acceptance, which are fundamental for the harmonious development of children.

Ultimately, we highlight the cooperative behavior displayed by children during treatment. Surgical procedures in an outpatient setting, such as ST extraction, represent challenges for the pediatric dentist as they involve sensitive steps that require clinical skills, management and assertive dialogue to reassure and guide children and legal guardians. In all reported cases, the children showed definitely positive behavior according to Frankl behavioral score. In this way, we emphasize that potentially unpleasant situations must be carried out with explanations compatible with the recipient, patience and effectiveness and extractions of supernumerary teeth are procedures in which the pediatric dentist is a qualified and recommended professional to carry out.

## Conclusion

Based on the series of clinical cases reported, it can be concluded that care for children with ST represents potential situations encountered in pediatric dentistry and that requires early diagnosis, treatment plan, effective treatment and longitudinal follow-up.

Furthermore, the presence of ST may be associated with self-esteem, well-being and quality of life, as they are closely related to aesthetic factors, bullying and family concerns. Thus, the pediatric dentist represents a qualified professional to welcome the family, meet the demands imposed and in surgical cases, has the aptitude to manage children's behavior and the clinical ability to carry out the most appropriate treatment.

## Conflict of interest

The authors declare that there are no conflicts of interest regarding the publication of this paper.

## Ethics statement

The authors declare that the parents gave consent for images and clinical

information of the case to be reported in scientific publications. Parents understand that the child's name and initials will not be published and efforts will be made to conceal the child's identity. This article complies with the protocols of the Research Ethics Committee of the State of University of Londrina.

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Recibido 23/01/24
Aceptado 28/04/24
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