

# Love Thy Neighbour!: Kissing Molars

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## Abstract

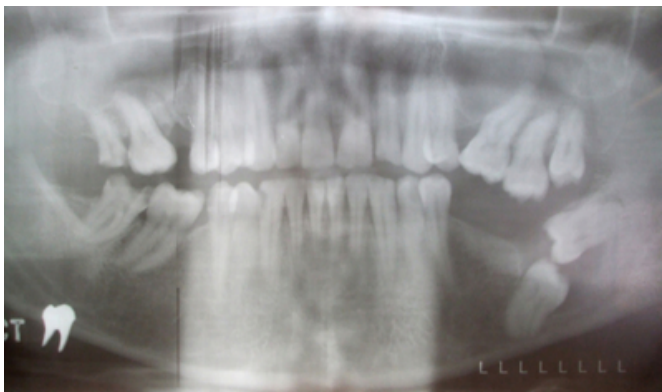
Impacted molars are often associated with pathologies. An unusual case of Kissing Molars caused by an enlarging cyst is reported.

## CASE REPORT

A 36 year old female reported to the Department of Oral and Maxillofacial Surgery with a complaint of a swelling over the left lower side of the face. Her past medical history was unremarkable and she had undergone extraction of multiple carious teeth. Examination revealed a non tender diffuse swelling over the left body of the mandible which had an egg shell crackling consistency to palpation. Intraorally, an expansion of the buccal cortical plate and a soft swelling was palpable over the residual alveolar ridge in the region of the lower left second molar. A panoramic radiograph showed an impacted mandibular second and third molar with a single follicular space. (Figure 1).

## Figure 1

Figure 1: Panoramic Radiograph showing “Kissing Molars” in Left Body of mandible.



Apposition of the occlusal surfaces of these molars was seen. Aspiration yielded a yellowish Straw Coloured fluid. Both

these molars, together with the associated follicular tissue, were removed under local anaesthesia. A diagnosis of Dentigerous Cyst was made after histopathological examination of the follicular tissue. Post operative healing was uneventful with a gradual decrease in swelling in the follow up period.

## DISCUSSION

The term “Kissing Molars”, first described in 1973, refers to contacting occlusal surfaces of the impacted mandibular second and third molars. However, this term has also been used to describe a similar appearance with other impacted molars.<sup>2</sup> In this case, it is likely that the resorption of the bone by the expanding follicle, resulted in a significant bone loss along the mesial root of the impacted third molar. This resulted in the third molar occlusal surface coming in contact with that of the second molar. Multiple ‘rosetting’ of the molars has been associated with mucopolysacchroidoses 4 and the presence of such an anomaly must prompt the dental surgeon to perform further investigation. The possibility of a similar condition was easily ruled out by the obvious clinical and radiological findings of a cystic lesion.

## References

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