Review Article

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Tooth Location Rather Than Tooth Number: Clinical Correlates of Quality of Life in Patients with Hypodontia

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Abstract

Introduction: Hypodontia is commonly classified according to the number of congenitally missing teeth, yet this numerical approach may not fully reflect patient-perceived burden. Emerging evidence suggests that the anatomical location of missing teeth may be more closely aligned with oral health-related quality of life (OHRQoL), particularly through distinct aesthetic, functional, emotional, and social pathways.

Aim of the Study: This review aimed to synthesize available evidence on the relationship between tooth location, tooth number, and OHRQoL in patients with hypodontia, and to evaluate whether location provides a more clinically meaningful framework than conventional count-based severity classification.

Methods & Materials: A PRISMA-based systematic literature review was conducted using PubMed/MEDLINE, Embase, Scopus, and Web of Science, with supplementary manual reference searching. Studies were included if they assessed hypodontia, tooth agenesis, or related conditions alongside OHRQoL, psychosocial outcomes, self-esteem, parental perception, treatment satisfaction, tooth number, tooth location, or domain-specific quality-of-life outcomes. Findings were synthesized narratively due to heterogeneity in populations, study designs, outcome instruments, and reporting formats.

Results: Eighteen records were retained for qualitative synthesis from 2006 to 2025, including 15 core hypodontia or tooth agenesis studies and 3 supplementary contextual sources. The evidence showed that the number of missing teeth had an inconsistent association with OHRQoL. In contrast, tooth location demonstrated a more reproducible domain-specific pattern. Anterior tooth absence was more often associated with psychological discomfort, appearance concerns, emotional wellbeing, and social wellbeing, whereas posterior absence was more closely related to functional limitation and eating difficulty. Treatment studies suggested improvement in OHRQoL after orthodontic or prosthodontic rehabilitation, particularly when visible or functionally important spaces were restored.

Conclusion: Tooth location appears to be a more clinically interpretable correlate of OHRQoL in hypodontia than tooth number alone. A location-stratified framework may improve assessment, treatment prioritisation, and patient-centred care, although further prospective studies are required to confirm this approach.

Keywords: Hypodontia, tooth agenesis, oral health-related quality of life, tooth location, missing teeth, OHRQoL

Introduction

Hypodontia, defined as the developmental absence of one or more teeth excluding third molars, is the most common developmental anomaly of the permanent dentition, with prevalence ranging from 1.4% among Japanese populations to 11.3% in Ireland and a stable rate of 4% to 4.5% reported in the United Kingdom.[1,2] The condition occurs more frequently in females at an approximate ratio of 3:2 to males and is classified by tooth count into mild (fewer than four absent teeth), moderate (four to six), and severe forms termed oligodontia (six or more), with the mandibular second premolar and maxillary lateral incisor the most frequently absent teeth in European populations.[1,3] Beyond its structural dental consequences, hypodontia carries a documented psychosocial burden that begins in early childhood and intensifies through adolescence. Absent anterior teeth produce visible spacing and aesthetic deficits associated with negative peer attention at a developmental stage when facial appearance is directly linked to social identity and psychological wellbeing.[4] Patients typically undergo prolonged, multidisciplinary treatment spanning orthodontics, prosthodontics, and surgery, and the duration of this pathway has itself been associated with cumulative dissatisfaction and psychological distress, independent of the dental deficit.[5,6] Oral health-related quality of life (OHRQoL), the extent to which oral conditions affect daily functioning and perceived wellbeing, is the principal patient-reported outcome in hypodontia research.[7] A systematic review to 2014 identified only nine eligible studies and found no published evidence on psychological wellbeing or personality factors in this population.[8] Subsequent reviews confirmed that dental agenesis negatively impacts OHRQoL across age groups, and as recently as 2025 the evidence base for children under 11 years and for the effects of oral rehabilitation during mixed dentition remained limited.[9,10] In adults, Oral Health Impact Profile (OHIP) studies have consistently documented QoL impairment compared with non-hypodontia controls, with appearance-related items the most frequently endorsed source of impact.[11,12] In children and adolescents, studies using the Child Perceptions Questionnaire (CPQ) have reported significant impairment in functional limitation, emotional wellbeing, and social wellbeing relative to controls.[6,13,14] Within this evidence base, a pattern of clinical note has emerged that has not been systematically addressed. The number of missing teeth, the foundation of all current severity classifications, shows a weak and inconsistent association with OHRQoL across studies. Adults missing fewer than four and those missing more than four teeth did not differ significantly on OHIP-49 total scores, number-based groupings did not predict QoL after prosthetic rehabilitation, and equivalent null findings were observed in pediatric cohorts.[6,11,13,15] The anatomical location of absent teeth, by contrast, has shown consistent domain-specific associations with OHRQoL. Anterior tooth absence has been associated with psychological discomfort, emotional wellbeing, and social wellbeing domains, whereas posterior absence maps selectively to functional limitation.[6,14,16] The most direct evidence of this dissociation comes from a multivariate analysis of 87 adults showing that anterior missing teeth were independently associated with five of seven OHIP-14 domains, accounting for 6% to 12% of score variance, while posterior missing teeth were associated only with the functional limitation domain.[16] This location-specific pattern has been reproduced across adolescent cohorts and QoL instruments, yet no review has synthesised these findings within a location-versus-number comparative framework.[4,13] The present review synthesises the available evidence on the relationship between tooth location, tooth number, and OHRQoL in patients with hypodontia, with the aim of establishing whether the anatomical position of missing teeth is a more consistent and clinically meaningful predictor of patient outcomes than the conventional count-based severity classification.

Methods & Materials

Study Design and Reporting Framework

This systematic review followed the PRISMA 2020 guidelines and evaluated patient-reported oral health-related quality of life (OHRQoL) in individuals with hypodontia. It examined whether the anatomical location of missing teeth (anterior, posterior, or combined) was a more meaningful correlate of OHRQoL impairment than the number of missing teeth. Due to limited direct evidence, hypodontia-specific studies were supplemented with relevant contextual studies on tooth-loss location and prior systematic reviews.

Information Sources and Search Strategy

A structured search was conducted in PubMed/MEDLINE, Embase, Scopus, and Web of Science, supplemented by reference-list screening and hand-searching relevant journals. Search terms covered hypodontia, tooth agenesis, OHRQoL, psychosocial outcomes, tooth location, and tooth number. Human, English-language, full-text studies available through legally accessible sources were included, while abstracts and inaccessible full-text articles were excluded.

Eligibility Criteria

Studies were included if they involved hypodontia/tooth agenesis and assessed OHRQoL or psychosocial outcomes using validated or clearly described measures, with data related to tooth number, location, treatment, or QoL domains. Eligible designs included observational, longitudinal, before-and-after, mixed-methods studies, and systematic reviews. Case reports, editorials, non-human or non-English studies, studies lacking QoL outcomes or extractable data, and inaccessible full texts were excluded. General tooth-loss studies were used only as contextual evidence when relevant to tooth-location effects.

Study Selection

All retrieved records were imported into reference-management software, and duplicates were removed. Titles and abstracts were screened, followed by full-text assessment of potentially eligible studies. Full-text exclusions were documented based on predefined criteria, and the final selection process is presented in [Figure 1].

Data Extraction

A standardized extraction matrix was developed to record study characteristics, population, sample size, hypodontia severity, OHRQoL instruments, tooth number and location, treatment exposure, and key findings. Hypodontia-specific studies were synthesized separately from contextual studies. The primary outcome was OHRQoL in relation to tooth location, while secondary outcomes included effects of tooth number, QoL domains, treatment-related changes, and consistency across age groups and assessment tools.

Quality Appraisal and Synthesis

Included studies were narratively assessed for methodological reliability based on study design, sample size, recruitment setting, outcome measures, controls, confounding, and separate analysis of tooth number and location. Due to substantial heterogeneity in populations, age groups, instruments, severity definitions, treatment status, and reporting, meta-analysis was not performed. Findings were synthesized narratively and organized into adult, pediatric/adolescent, and contextual evidence.

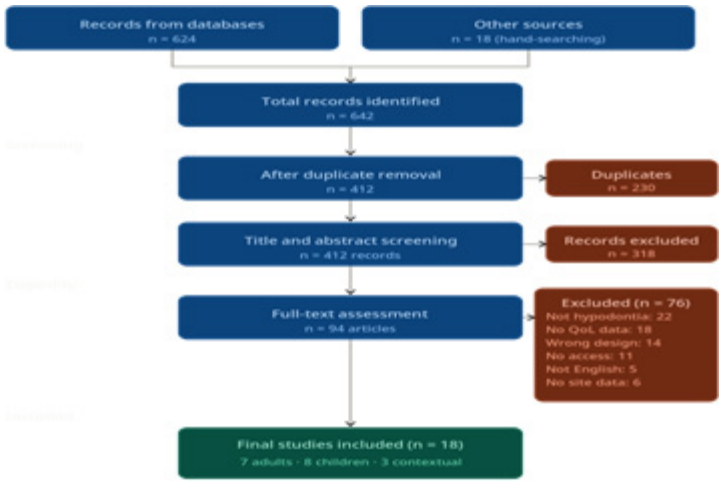


Figure 1. PRISMA 2020 flow diagram for study selection.

RESULTS

The search identified 642 records, including 624 from electronic databases and 18 from additional sources. After removing 230 duplicates, 412 records were screened, with 318 excluded. Of 94 full-text articles assessed, 76 were excluded for predefined reasons, leaving 18 studies for qualitative synthesis: 15 hypodontia/tooth agenesis studies (7 adult and 8 pediatric/adolescent) and 3 contextual studies. The selection process is presented in the PRISMA flow diagram.

General Characteristics of the Included Literature

The included studies, published between 2006 and 2025, were mainly observational or prospective before-and-after studies, with no randomized controlled trials. Adult studies predominantly used OHIP-49, whereas pediatric and adolescent studies commonly used CPQ 11–14 and parent-reported measures. Despite clinical heterogeneity, a consistent pattern emerged: the number of missing teeth showed inconsistent associations with OHRQoL, while anatomical location was more consistently related to specific QoL domains. Anterior tooth absence mainly affected psychological, aesthetic, and social outcomes, whereas posterior tooth absence was more associated with functional limitations [Table 1].

Adult Hypodontia Studies

Seven adult hypodontia studies were included. The study by Anweigi et al. provided the strongest direct evidence that tooth location may be more informative than tooth number for OHRQoL. In 82 young adults, the number of missing teeth was not significantly associated with OHIP-49 scores, whereas tooth location influenced psychological discomfort, with greater impact when both anterior and posterior teeth were absent. Other studies confirmed clinically relevant OHRQoL impairment but showed inconsistent associations with the number of missing teeth. Restorative treatment generally improved OHRQoL and satisfaction, although aesthetic concerns could persist after rehabilitation. Overall, adult evidence supports the importance of anatomical location, particularly anterior tooth absence, rather than numerical severity alone [Table 2].

Table 1: Literature review matrix of adult hypodontia studies included in the qualitative synthesis

Study	Country/design	Population/sample	QoL or outcome tool	Main findings relevant to OHRQoL	Use for present review
Dueled et al., 2009[15]	Denmark; cross-sectional rehabilitation cohort	187 total; 129 tooth agenesis patients and 58 controls	OHIP-49; professional and patient-based rehabilitation assessment	Number-based groups did not differ significantly in OHIP after rehabilitation. Aesthetic concerns persisted in some patients after treatment.	Supports weak number effect after rehabilitation; supports persistence of aesthetic burden after treatment.
Goshima et al., 2010[17]	Denmark; before-and-after prospective quality-control study	18 patients with tooth agenesis; adults, 21 to 58 years	OHIP-49; masticatory and functional assessment	Implant-supported single crowns produced marked post-treatment improvement in OHIP-49. The small sample limited subgroup analysis by anatomical site.	Supports treatment-related QoL improvement; limited direct evidence for location versus number.
Anweigi et al., 2013[18]	Ireland; cross-sectional cohort	82 young adults with non-syndromic hypodontia, 16 to 34 years	OHIP-49	No significant OHIP difference was found between patients with fewer than four and more than four missing teeth. Location predicted the psychological discomfort subscale, with greater impact when anterior and posterior teeth were both absent.	Core study for the review title; provides direct evidence that location had a clearer domain-specific association than number.
Anweigi et al., 2013[11]	Ireland; before-and-after prospective clinical study	82 hypodontia patients; 40 received resin-bonded bridges and 42 were comparison patients	OHIP-49	Resin-bonded bridge restoration significantly improved OHRQoL after treatment. The comparison group deteriorated during interim orthodontic space management.	Supports the clinical significance of restoring visible spaces, particularly where appearance and social confidence are affected.
Hashem et al., 2013[12]	Ireland; cross-sectional controlled study	41 adult hypodontia patients and 41 controls; 18 to 45 years	OHIP-49; Rosenberg Self-Esteem Scale	Hypodontia patients had worse OHRQoL than controls in most OHIP domains. Self-esteem did not differ significantly, suggesting a domain-specific oral-health impact rather than generalized psychological disturbance.	Supports OHRQoL burden in moderate and severe hypodontia; location inference is appearance-driven but not formally stratified.
Anweigi et al., 2020[19]	Ireland/Qatar-linked team; retrospective clinical follow-up	26 patients; 51 resin-bonded bridges	Clinical survival and patient satisfaction	Bridge survival and patient satisfaction were high over 7 years. The study focused on restorative durability rather than QoL scale scores.	Supports feasibility of long-term restoration for congenitally missing teeth; indirect relevance to anterior aesthetic rehabilitation.
Anweigi et al., 2025[5]	Qatar/Ireland; mixed-methods cross-sectional study	10 adults or young adults with hypodontia	Semi-structured interviews; natural language understanding; OHRQoL correlation	Negative sentiment was prominent and related to treatment experience, waiting time, aesthetics, and oral-health impact. The sample size was small.	Adds contemporary qualitative and digital-methods evidence on cumulative psychosocial burden.

Table 2: Literature review matrix of pediatric and adolescent hypodontia studies included in the qualitative synthesis

Study	Country/design	Population/sample	QoL or outcome tool	Main findings relevant to OHRQoL	Use for present review
Wong et al., 2006[20]	Hong Kong; cross-sectional cohort	25 children or adolescents with severe hypodontia, 11 to 15 years	CPQ 11-14	Severe hypodontia had considerable OHRQoL impact. Number of missing permanent teeth was moderately correlated with CPQ, but accounting for retained primary teeth strengthened the functional explanation.	Shows that tooth count alone incompletely captures functional reality.
Locker et al., 2010[14]	Canada; cross-sectional cohort	36 children with oligodontia, 11 to 14 years	CPQ 11-14	Children experienced functional and psychosocial impacts. Missing anterior teeth were associated with emotional wellbeing, while functional limitation was commonly affected.	Supports location-specific emotional and functional domains.
Laing et al., 2010[6]	United Kingdom; cross-sectional controlled study	123 children; 62 hypodontia and 61 orthodontic controls, 11 to 16 years	CPQ 11-14; visual analogue scales	Number of missing teeth was not significantly associated with overall CPQ. Posterior absence was associated with functional limitation and eating difficulty.	Strong pediatric evidence that posterior location maps to function.
Kotecha et al., 2013[13]	United Kingdom; cross-sectional controlled study	116 children; 86 hypodontia and 30 controls, 11 to 14 years	CPQ 11-14 short form; P-CPQ	Children with tooth agenesis had worse OHRQoL than controls across multiple domains. No significant correlation was detected between number of missing teeth and QoL score, and site of agenesis did not influence CPQ score.	Supports OHRQoL burden and weak number effect; does not support a site-specific effect in this cohort.
Fatima et al., 2019[21]	Pakistan; cross-sectional comparative study	80 children; 40 hypodontia and 40 healthy controls, 11 to 14 years	Urdu proformas assessing emotional wellbeing and QoL	Hypodontia patients reported high levels of shyness, worry about appearance, irritation, and emotional disturbance.	Adds South Asian evidence; useful for emotional and social burden, but measurement detail is less robust than CPQ studies.
Crossan and O'Connell, 2021[22]	Ireland; cross-sectional controlled study	172 children; 86 severe hypodontia and 86 matched controls; mean age 12.4 years	P-CPQ; Family Impact Scale	Parents of children with ectodermal dysplasia and isolated hypodontia perceived significantly greater child and family QoL impact than controls. The full dental phenotype, rather than number alone, was emphasized.	Supports family-level impact and phenotype-based assessment.
Johal et al., 2022[4]	United Kingdom; prospective cross-sectional hospital study	97 young people with hypodontia, 11 to 18 years	CPQ; BCSQ; CHQ; OASIS; self-esteem measures	Hypodontia adversely affected social and emotional wellbeing, esthetics, and self-esteem-related scales; more severe cases had greater impact.	Modern, condition-specific evidence for adolescent psychosocial impact.
Johal et al., 2023[23]	United Kingdom; longitudinal before-and-after study	82 followed from a cohort of 97 young people with hypodontia	CPQ; BCSQ; CHQ; OASIS	Orthodontic treatment improved psychological and aesthetic scales. Space closure showed greater improvements than space opening with delayed prosthetic replacement.	Supports the clinical importance of resolving visible or aesthetic spaces during treatment.

Pediatric and Adolescent Hypodontia Studies

Eight pediatric/adolescent studies were included. Overall, hypodontia was associated with poorer OHRQoL, particularly in functional, emotional, social, and appearance-related domains. Posterior tooth absence was more consistently linked to functional limitations and eating difficulties, whereas anterior absence was associated with emotional, social, and aesthetic concerns. Several studies found no significant relationship between the total number of missing teeth and overall OHRQoL, suggesting that tooth number alone may not adequately reflect patient-perceived impact. Recent longitudinal evidence also showed improved OHRQoL following orthodontic treatment, particularly when visible anterior spaces were effectively resolved [Table 3].

Contextual Evidence: Tooth Position and Broader Dental Agenesis Literature

Three supplementary contextual sources were included to support interpretation of the location hypothesis. Studies of general adult tooth loss consistently showed that anterior tooth loss had broader psychological, social, and overall OHRQoL effects, whereas posterior loss was mainly associated with functional limitations. A systematic review also highlighted the limited and heterogeneous evidence on dental agenesis and OHRQoL. Therefore, these contextual findings support a location-focused interpretation but were not combined with the core hypodontia evidence for quantitative analysis [Table 4].

Overall Synthesis

Overall, the evidence suggests that tooth location is a more clinically meaningful correlate of OHRQoL than tooth number alone. While the number of missing teeth reflects overall severity, its association with OHRQoL was inconsistent. In contrast, anterior tooth absence was more consistently associated with aesthetic, psychological, emotional, and social impacts, whereas posterior absence was mainly linked to functional limitations and eating difficulties. However, limited direct comparisons and methodological heterogeneity prevent definitive conclusions. A location-stratified framework distinguishing anterior, posterior, and combined tooth absence may therefore better reflect patient burden and guide treatment prioritization.

Discussion

The present review synthesised available evidence on the relationship between tooth number, tooth location, and oral health-related quality of life (OHRQoL) in patients with hypodontia. The principal finding was that the anatomical location of missing teeth appears to provide a more clinically meaningful explanation of patient-reported burden than tooth number alone. Although the number of missing teeth remains useful for describing dental severity, its relationship with OHRQoL was inconsistent across adult, pediatric, and adolescent cohorts. By contrast, tooth location showed a more reproducible domain-specific pattern: anterior tooth absence was more often associated with psychological discomfort, emotional wellbeing, social wellbeing, appearance concerns, and self-consciousness, while posterior tooth absence was more closely related to functional limitation, eating difficulty, and masticatory impairment. This finding challenges the traditional reliance on count-based classification systems, where hypodontia is commonly categorized as mild, moderate, or severe according to the number of developmentally absent teeth. Such classification is simple and clinically convenient, but it may fail to capture the lived experience of patients. A patient missing two maxillary lateral incisors may experience greater aesthetic and psychosocial burden than another patient missing several posterior teeth, despite having fewer missing teeth. This discrepancy is central to the argument

Table 3: Supplementary contextual evidence matrix: tooth position, dental agenesis, and OHRQoL

Study	Country/design	Population/sample	QoL or outcome tool	Main findings relevant to OHRQoL	Use for present review
Batista et al., 2014[24]	Brazil; cross-sectional population study	248 adults, 20 to 64 years; general tooth-loss population	OHIP-14	Tooth loss affected OHRQoL, with position of missing teeth contributing substantially. Anterior loss was particularly relevant to OHRQoL impact.	Contextual evidence, not hypodontia-specific; supports plausibility of location-based interpretation.
Silva Rodrigues et al., 2018[9]	Brazil; systematic review	Children, adolescents, and young adults with dental agenesis across included studies	Various OHRQoL tools	Concluded that available evidence was limited and heterogeneous, but identified negative OHRQoL impact and the need for better stratification.	Contextual review evidence; supports need for focused location-versus-number synthesis.
Imam, 2021[16]	Saudi Arabia; cross-sectional epidemiological study	87 adults with tooth loss, community dental centers	Arabic OHIP-14	Anterior tooth loss was independently associated with total OHIP-14 and multiple physical, psychological, and social domains; posterior loss was more restricted to functional limitation.	Contextual evidence, not hypodontia-specific; provides explicit multivariate support for anterior versus posterior domain separation.

Table 4: Evidence synthesis matrix: clinical correlates of OHRQoL in hypodontia

Clinical correlate	Strength and consistency of evidence	Main OHRQoL domains affected	Interpretation for this review
Number of missing teeth	Weak to moderate; inconsistent across studies	Sometimes associated with overall severity, but often non-significant within hypodontia cohorts	Least consistent as a standalone predictor; does not capture whether absent teeth are visible, functional, retained as primary teeth, or already restored.
Anterior tooth absence	Moderate and generally consistent, although not supported by all studies	Psychological discomfort, emotional wellbeing, social wellbeing, appearance, self-consciousness	Most relevant to the review title; anterior absence often maps to psychosocial and aesthetic domains.
Posterior tooth absence	Moderate and domain-specific	Functional limitation, eating difficulty, masticatory function	Important for function, but less consistently linked to appearance and social domains.
Combined anterior and posterior absence	Moderate but based on fewer subgroup analyses	Psychological discomfort plus functional limitations	Likely higher-burden phenotype because aesthetic and functional mechanisms coexist.
Treatment status	Moderate evidence from before-and-after studies	Reduced OHIP, CPQ, or condition-specific burden after definitive treatment	Treatment response supports the clinical relevance of restoring visible or functionally important spaces.

of the present review. The strongest direct support for the location-versus-number framework came from the adult study by Anweigi et al., which found no significant OHRQoL difference between patients with fewer than four and more than four missing teeth, while tooth location was associated with the psychological discomfort domain of OHIP-49.[18] This suggests that the patient-perceived burden of hypodontia is not simply a function of numerical severity. Similar findings were observed in pediatric studies, where the number of missing teeth did not consistently predict overall CPQ scores, whereas posterior absence was related to functional limitation and anterior absence was linked to emotional or social domains in selected cohorts.[6,14,20] The psychosocial impact of anterior hypodontia is biologically and socially plausible. Anterior teeth are highly visible during speech, smiling, and social interaction. Missing anterior teeth, spacing, retained primary teeth, or peg-shaped lateral incisors may therefore influence facial appearance and self-perception, particularly during adolescence, when peer comparison and body image become increasingly important. Johal et al. demonstrated that hypodontia negatively affected quality of life, aesthetics, and self-esteem-related measures in young people, while Johal et al. found that orthodontic treatment improved psychological and aesthetic outcomes, with greater improvements following space closure than space opening with delayed prosthetic replacement.[4,23] These findings suggest that timely resolution of visible aesthetic deficits may have important psychosocial benefits. Posterior hypodontia appears to operate through a different mechanism. Missing posterior teeth may reduce occlusal contacts, affect chewing efficiency, and contribute to dietary or functional limitations. Laing et al. found that posterior absence was associated with functional limitation and eating difficulty, supporting the interpretation that posterior teeth primarily influence OHRQoL through function rather than appearance.[6] This distinction between anterior aesthetic-zone absence and posterior functional-zone absence is clinically useful, because it allows treatment planning to be aligned with the domain of greatest patient burden. Treatment-related studies further support the clinical relevance of OHRQoL assessment in hypodontia. Resin-bonded bridgework, implant-supported single crowns, and orthodontic treatment were associated with improvements in patient-reported outcomes, although most intervention studies were not powered to compare anterior and posterior sites separately.[17,18,23] Long-term follow-up of resin-bonded bridges also demonstrated favorable clinical performance and patient satisfaction, supporting their role as a conservative restorative option in carefully selected hypodontia patients.[19] These findings reinforce the need to consider not only the presence of missing teeth, but also their location, visibility, and timing of definitive restoration. The pediatric and adolescent evidence deserves particular attention. Children and young people with hypodontia may experience functional, emotional, and social effects before definitive treatment is possible. Crossan and O'Connell showed that parents of children with ectodermal dysplasia and isolated hypodontia perceived greater child and family-level OHRQoL impact than controls.[22] Fatima et al. similarly reported emotional and appearance-related concerns among children with hypodontia in a South Asian setting.[21] Although measurement tools differed across studies, the direction of evidence suggests that hypodontia affects not only oral function but also social confidence and family perception. The contextual studies included in this review strengthen the plausibility of the location-based hypothesis, although they should not be interpreted as hypodontia-specific evidence. Batista et al. and Imam showed that the position of missing teeth influenced OHRQoL in general adult tooth-loss populations, with anterior loss producing broader psychosocial effects and posterior loss being more functionally oriented.[16,24] These findings are consistent with the pattern observed in hypodontia and suggest that the importance of tooth position may reflect a broader principle in oral-health perception.

Limitations of the Study

Evidence was limited by small observational studies, heterogeneous OHRQoL measures, and few direct comparisons of tooth number and location, precluding meta-analysis. Although location was not consistently significant, findings support a patient-centred, location-stratified approach, with anterior absence more associated with aesthetic and psychosocial burden and posterior absence with functional limitations. Future multicentre longitudinal studies should confirm these findings using standardized OHRQoL measures.

Conclusion

This review indicates that the anatomical location of missing teeth may be a more clinically meaningful correlate of OHRQoL than tooth number alone. While tooth count remains useful for describing disease severity, it may not fully capture functional, aesthetic, emotional, and social burden. Anterior tooth absence was more consistently associated with psychosocial and aesthetic impairment, whereas posterior absence was mainly linked to functional and eating difficulties. These findings support a location-stratified, patient-centred approach to hypodontia assessment, with further prospective research needed to validate this framework.

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