



## About 3rd Molars (Wisdom Teeth)

### WHAT IS AN IMPACTED TOOTH?

The term impacted tooth describes a tooth which has not completely erupted in the mouth within a normal delay. The 3rd inferior and superior molars, commonly known as wisdom teeth, are the last one to erupt in the mouth. As a result, they are the teeth which are more frequently impacted. Statistics indicate that 95% of 3rd molars will have erupted by the time one reaches 24 years of age. Because of their position in the mouth, they are often of no use in the chewing process. In fact, because of their partial growth or their total impaction due to the lack of space, they cannot be functional.

While there are clear indications for extracting the tooth in a symptomatic situation, it is not the same in a non-symptomatic case. The clinical judgement of the dentist is required to determine if the preventive extraction of the 3rd impacted molars may be beneficial to the patient. In order to ascertain this, one must take into account the preoperative evaluation of the patient, as well as the indications and contraindications regarding the extraction and the prospective risks and complications.

The degree of difficulty of the operation increases with age because of the risk of complications and after-effects as a result of this difficult surgery, therefore one must not wait until the impacted tooth causes problems to undertake an extraction.

### INDICATIONS AND CONTRAINDICATIONS FOR EXTRACTING THE 3RD MOLARS

While the following is not a complete list of indications, it is clearly indicated to proceed with the extraction of these teeth to prevent or to treat pericoronitis (irritation of soft tissues surrounding the erupting tooth), when there is a dental pathology (carie of the 2nd or 3rd molar), or a periodontal pathology, meaning all supportive tissues of the tooth (the gum or the bone) or when it is apparent that some damage has been done to the adjacent tooth (resorption). In counterpart, the extraction of the non-symptomatic impacted 3rd molars is contraindicated in older patients as the risk of complications and after-effects increases with age and there is a risk of damage to the adjacent structures.

### PREPARATORY PLANING

To avoid endangering the patient's health during surgery, the dentist must proceed with a complete evaluation of the patient's medical condition. Clinical evaluations and x-rays also have a particular importance. In fact, the relation between an impacted tooth and the adjacent tooth, its position in the jaw and the presence of adjacent structures such as the maxillary sinus and the vascular inferior nerve bundle (inferior dental nerve, lingual nerve) are all contributing elements in the planning of the extraction of an impacted 3rd molar. One understands the necessity of taking suitable high quality x-rays. These x-rays serve to evaluate the position of the tooth, either from the long axis of the tooth, or from its relation with the anterior side of the ramus of the mandible or its depth.

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### WHAT ARE THE RISKS AND COMPLICATIONS ASSOCIATED WITH THE EXTRACTION OF IMPACTED 3rd MOLARS?

- a) Damage to the adjacent nerve structure  
Trauma to a sensitive nerve, either the inferior dental nerve or the lingual nerve, can lead to paresthesia, defined as the loss of sensation at the level of the chin, the lips or the tongue for a certain period of time. Usually the numbness is temporary, but in rare instances, it can be permanent.
- b) Damage to the superior maxillary sinus  
The maxillary sinus is a pneumatic cavity situated in the superior maxillary. If the sinus is hyperpneumatic, it could spread to the apex of the root and become enlarged. A bone fracture as well as a connection between the sinus and the mouth cavity can occur.
- c) Damage to surrounding teeth  
This could be a crack or a fracture of the crown.
- d) Risk of radicular (root) fracture  
If the shape of the root is unfavourable for the procedure, the risk is high, especially in the presence of an atrophied mandible (thin bone content).
- e) Risk of mandibular fracture  
A fracture of the inferior maxillary bone may occur.
- f) Risk of infection  
This can occur following the extraction. In certain cases, it can be caused by food build up in the alveolar socket.
- g) Risk of alveolitis  
This is the most frequent postoperative complication which is described as the premature loss of the blood clot of the tooth socket causing a superficial osteonecrosis of the alveolar bone. This can happen within 3 to 5 days following the extraction and manifests as a sharp pain which can radiate up to the ear or by the presence of bad breath.
- h) Other inconveniences
  - Pain and discomfort
  - Bleeding (hemorrhage)
  - Edema (swelling)
  - Trismus (lockjaw)
  - Myofascial pain
  - Difficulty with the temporo-mandibular joint

Source : File no. 5, Wisdom Teeth (impacted 3rd molars), Fonds d'assurance-responsabilité professionnelle de l'Ordre des dentistes du Québec.