



A clinical Assessment of the modified technique for extraction of abuccally carious erupted lower wisdom teeth

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Abstract

Benefit of A modified technique of extraction for buccally carious lower wisdom teeth was Assessed in (25) cases In 16 (64%) of cases it was successful and failed In 9 (36%) of the cases the technique gave a good help in avoided the need for a surgical extraction of those teeth, although it require an experience dental handed. Technique need to be studied on a wider group of cases.

Introduction

The extraction of wisdom teeth should be performed by dental professionals with proper training and experience to performing such extraction.

In case of a carious tooth the oral surgeon's advice in extraction of a tooth to use deep grasp below the cervical margin to avoided crown fracture.

Wisdom teeth are the last upper and lower teeth to erupt in the mouth^[1]. The third molars usually appear between the ages of 16 and 25 years^[1]. In Arabic it is name ders - al - aqel^[2].

For erupted mandibular third molars the forceps No. 222 or No. 73 is used to extract this tooth. The lingual plate of bone is definitely thinner than the bucco – cortrical plate, so most of the extraction forces should be delivered to the lingual aspect; the third molar is delivered in the lingulo - occlusal direction.

The erupted mandibular third molar that is in function can be deceptively difficult tooth extract^[3].

The extraction of lower wisdom tooth made a challenge for any dentist and a source of or patient's fear sensation if any of wisdom teeth are not causing problems, then extraction is usually not advisable as the operation to remove the tooth brings its over risk^[1].

The extraction of wisdom teeth should be performed by dental professionals with proper training and experience performing such extraction^[2]. A common mistake is to grasp the crown in the forceps blades in stead of the root or root mass. This is often causes the crown to fracture especially if it is either carious or heavily restored. In case of a carious tooth the oral surgeons advise in extraction of a tooth to use deep grasp below the cervical margin to avoided crown fracture^[3].

In case of a buccally carious tooth the dentist should make his movement in the lingual direction to prevent slapped of forceps blade. If either the buccal or lingual surface of the tooth is

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destroyed by cervical caries the appropriate blade should be applied to the carious side first and the first movements made toward the caries ^[5].

The measures are designed to ensure that forceps grasp the sound tissue of root thus reducing that risk of fracture of the tooth ^[5].

Failure in this condition the dentist need to use open (surgical) extraction the steps in this trans – alveolar surgery include flap incision and stitch. The time, experience, cost and complication risks factors play a great role in choosing this method of extraction.

AL-Hashimi (2004) described a special grasp for extraction of lower wisdom carious teeth, he used the forceps for lower premolar teeth in extraction and the points of application are the lingual distal side and the buccal mesial side, movement will start as a combination of a mesio-deistal, bucco-lingual and a rotary movements. The tooth can be retrieved the most favorable and weak direction ^[4].

Material and methods

This study includes (25) cases in which the lower third molar was completely erupted with destructive caries include the buccal wall. The cases include the both sexes at different ages, above 20 years old. Study on the cases done in dental teaching Hospital, college of dentistry, Tikrit.

After filling patients case sheet Fig (1) and anesthesia administration. The classic method for extraction by forceps are applied, in the failure of grasping the tooth, the technique of the AL- Hashimi's method was applied ^[4], the instrument used is the forceps which is used for lower premolar teeth and the points of application are the lingual distal side and the buccal

mesial side (Fig 2) movement will start as a combination of a mesio-deistal, bucco-lingual and a rotary movement ^[4] (Fig 3).

The site of extraction toileted, post-extraction steps extraction done and patient's instruction given. In none respond cases teeth extracted by open surgical extraction (incision of surgical flap).

Results

from the 25 cases..

- 1- 16 / 25 cases the extraction done successfully by this grasp alone. 5 / 16 cases the extraction done by the help of pre – application of elevator to made tooth movement.
- 2- In 5 / 25 cases the procedure failed in the assessment.
- 3- 4 / 25 cases crown fracture and need trans alveolar surgical extraction.

In about (64%) of the cases the clinical Assessment be successful and failed in about (36%) of cases.

In about (44%) of the cases the technique alone be help full in extraction and need elevator help in about (20%) of the cases (Table No. 1).

Discussion and Conclusion

In our study the modified technique gave a great help in 11 case (44%) alone from 25 cases in the study and need an association of straight elevator to finish extraction in 5 (90%) cases. The application failed to remove the teeth in 5 cases (20%) and lead to crown's fracture in 4 cases (6%). In this 9 cases extraction done by incision flap and surgical extraction of wisdom teeth.

The application of this technique allows the dental surgeon to avoid the need for surgical extraction in the private clinic, where there is no present

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surgical facilities present and with the absence of dental assistant.

The technique need a good practice and dentist with sensual experience in tooth movement, for a dentist right handed the technique is more succeed in the left side (lower molar) teeth than in lower right molar teeth.

The technique gave a great help in the cases where the teeth position have a close contact with neighboring teeth making the application of elevators to aid in extaction difficult.

The same help given also in cases where the wisdom teeth be far in the lower dental arch where application of elevators for pre – extraction movement be under uncontrolled forces. The technique needs an other assessment by left handed dentist. In this study the technique for right

handed dentist is more comfortable and helpful in the extraction of the left lower wisdom teeth than the extraction of right lower wisdom teeth.

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Study case sheet

No. of case:

Patient's information:

- 1 Name:.....
- 2 Age:.....
- 3 Sex:.....
- 4 Occupation:.....
- 5 Address:
- 6 Date:.....
- 7 Past Dental History:
- 8 Past Medical History:
- 9 Systemic Diseases :.....
- 10 Drug Allergy :

Tooth

- 1 Site
Lower wisdom right
Lower wisdom left
- 2 Wall involved by dental caries :
Mesial Distal Buccal Lingual
- 3 Extraction done by:
 - a- Using forceps alone
 - b- Using forceps and straight elevator
 - c- Using elevator alone
 - d- Using the modified technique
 - e- Using the common method
 - f- Using the open surgical extraction

Fig. (1): Show the Study Case Sheet

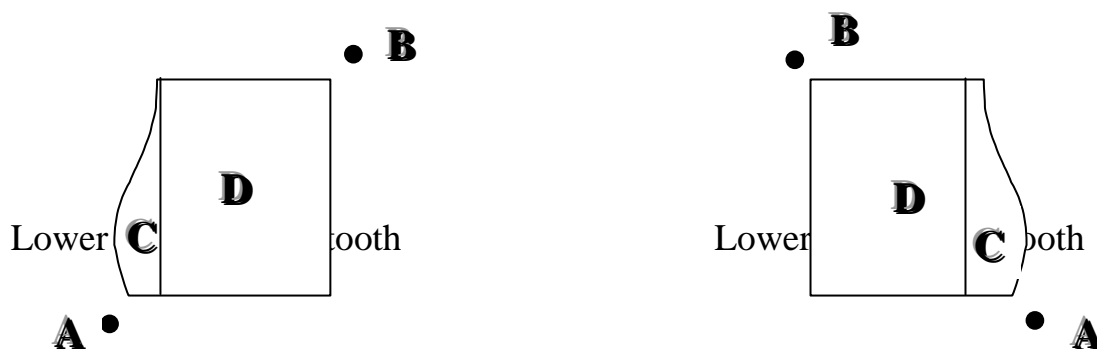


Fig. (2): Shows points of forceps blade application.

A) Mesio – buccal point. B) Disto – lingual point. C) Cariou wall. S) Sound tooth.

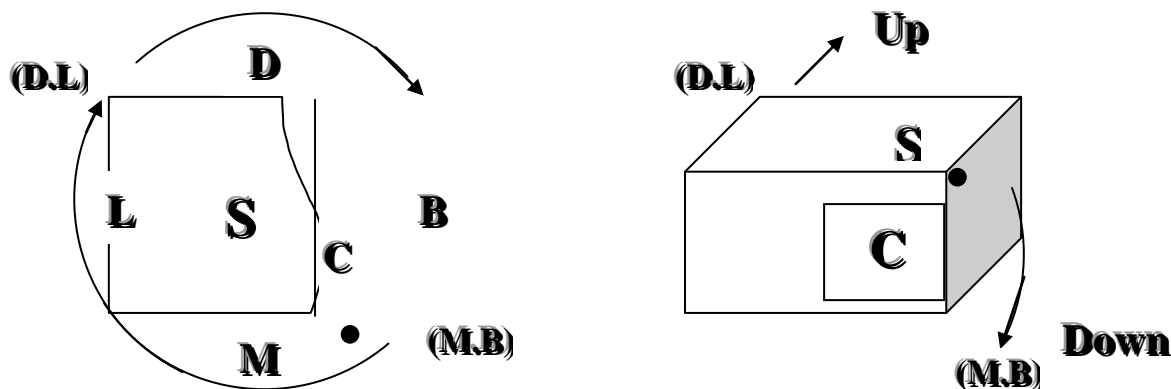


Fig. (3): Shows forces movements during extraction.

S) Sound tooth. C) Cariou wall. B) buccal. L) Lingual. D) Distal. M) Mesial.
D.L) Disto – lingual point. M.B) Mesio – buccal point.

Table (1): The table shows the result of the study.

No. of cases	No. of Successful cases		No. of failure cases	
	16 (64%)		9 (36%)	
Technique	By alone	With elevator help	failure	Failure + fracture
25	11 (44%)	5 (20%)	5 (20%)	4 (16%)