

**OPEN ACCESS**

SUBMITTED 25 October 2024
ACCEPTED 27 December 2024
PUBLISHED 17 January 2025
VOLUME Vol.05 Issue01 2025

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Wisdom tooth extraction: features of the procedure

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Abstract: The third molar (molar) is more often called the wisdom tooth or the "figure of eight" (the third molar is the 8th from the middle of the dentition). It is not preceded by a baby tooth, and the laying does not occur in the prenatal period, but at the age of 3-5 years. The "eight" erupts later than others, when the jaw bones have completely or partially stopped growing between the ages of 14 and 30, sometimes even later. Growth and eruption are completely dependent on the hereditary characteristics of the organism.

Keywords: Jaw bones, prenatal period.

Introduction: Wisdom teeth and their eruption features

The third molar (molar) is more often called the wisdom tooth or the "figure of eight" (the third molar is the 8th from the middle of the dentition). It is not preceded by a baby tooth, and the laying does not occur in the prenatal period, but at the age of 3-5 years. The "eight" erupts later than others, when the jaw bones have completely or partially stopped growing between the ages of 14 and 30, sometimes even later. Growth and eruption are completely dependent on the hereditary characteristics of the organism.

The crown of the third molar looks no different from the adjacent crowns. The main features are in the structure of the roots and root canals. As a rule, there are several channels. They are meandering, narrow, and not always located in a separate root. 2-3 roots are considered the norm, but sometimes there are more, fewer, or just one root, and several channels can be seen in it. This makes it very difficult to treat caries.

By the time the third molar erupts, the bones of the jaw have in most cases already finished their growth, so it often does not have enough space in the dentition, which means that the eruption is wrong. This condition is called dystopia. Normally, the "eight" should erupt vertically and correspond in height to the rest of the

crowns, but the dystopic tooth, trying to erupt, changes its position and can be positioned:

- vertically, but significantly lower (sometimes higher) than the rest of the teeth in the row.;
- horizontally – if the growth goes towards the neighboring tooth, its root suffers; when growing forward or backward, soft tissues are injured;
- diagonally (slanted, at an angle) – both the root and the crown of the adjacent tooth may be affected.;
- turning around its axis - a tortoposition;
- Transposition is performed in place of the other tooth.

Sometimes the "eight" does not erupt at all. If at the same time a person has no complaints and the X-ray does not show its rudiments, then this is a variant of the norm. But when the "eight" does not completely erupt or does not erupt at all, which is accompanied by swelling and pain, this is no longer the norm. A retained tooth is:

- completely uncut, covered on top with bone tissue of the jaw or gum;
- partially cut through, but covered with a hood, through which you can see part of the crown.
- The third molars are often both dystopian and retinated.

When to remove wisdom teeth

The third molar, which has erupted normally and performs all its functions, does not need to be removed. Even caries of the figure eight can be cured quite successfully. In the future, it can become a support for a non-removable prosthesis. If a wisdom tooth hurts, it is removed only according to indications and after an examination. Indications for removal are, first of all, pain and discomfort that occur in the patient during eruption. With these symptoms, he goes to the dentist, and he already decides what exactly needs to be done after the examination and X-ray. The "Eight" is removed if available:

1. deep caries, which cannot be treated for some reason, mainly due to the inaccessibility or obstruction of root canals (they are often narrow, tortuous);
2. pericoronitis (pericoronitis)- inflammation of the gum (hood) covering the erupting molar on top;
3. retention – the "eight" cannot break through the bone tissue, which leads to the development of infectious and inflammatory processes in the soft tissues and bone tissue of the jaw;
4. dystopia – growth is directed not vertically, but to the side, which leads to injury to the surrounding tissues, malocclusion and growth of the remaining

teeth in the dentition due to the lack of space necessary for this (the second molar may be particularly affected);

5. the need to install braces in case of improper growth or crowding of teeth in the dentition – the third molars can disrupt this process.;
6. pinching of the trigeminal nerve branches, accompanied by bouts of severe pain or discomfort (paresthesia).

Sometimes the abnormal growth of the third molar is detected even before the patient complains. In such cases, the dentist also recommends its removal.

Infectious and inflammatory processes during teething

The growth and eruption of the third molar is often accompanied by infectious and inflammatory processes of the surrounding soft tissues. This is due to the fact that the "eight" often begins to erupt under the hood, which covers its gums. Infection penetrates under the hood and an inflammatory process develops. The course can be acute or chronic, and the inflammation can be catarrhal, purulent, or ulcerative. Symptoms of pericoronitis:

- unpleasant sensations in the teething area – discomfort, itching, pain;
- putrid breath;
- swelling of tissues, pain when chewing, sometimes convulsive jaw spasm (trismus);
- increased body temperature (not always);
- enlargement and soreness of the submandibular and cervical lymph nodes.

If you suspect improper eruption and inflammation of the gums, it is better to consult a dentist immediately, without waiting for serious complications. Depending on the existing pathology, the dentist may prescribe therapeutic treatment, remove the hood or tooth.

When you need to see a doctor urgently

Some patients hope to the last that "this will happen" and do not turn to a specialist in a timely manner. The consequences of this tactic can be serious: the infection will spread like a fire to the surrounding tissues. As an emergency, you should consult a doctor if the following symptoms appear:

- increased pain and pus discharge;
- the appearance of fever;
- significant swelling of the mucous membrane in the oral cavity, spreading to the surrounding tissues – the cheek swells, which is noticeable from the outside;
- destruction of the "eight" by caries – painful reactions to cold, hot, sour, sweet food;
- painful enlargement of the submandibular lymph

nodes.

The appearance of such symptoms indicates that a complication is beginning and specialist intervention is required.

Wisdom tooth extraction procedure

The third molar is removed strictly according to the indications. An experienced doctor will perform the operation absolutely painlessly. If it's a simple removal, it will only take a few minutes. If the operation is complicated, it will take longer (depending on the problem), but it will also be painless. Professionalism is required from the doctor in this situation, and a positive attitude and calmness are required from the patient.

Preliminary examination

Before removing the third molar, the doctor carefully examines the patient, prescribes an additional examination (X-ray of the jaw) and only then decides on further treatment tactics. At the same time, the issue of anesthesia is being resolved.

Preparation for surgery

Before removing the "eight", the doctor must treat acute purulent-inflammatory processes. After that, he sets the date of the operation and explains to the patient what is necessary immediately before the operation.:

- eating – dentists do not recommend surgery on an empty stomach;
- brush your teeth using a toothbrush and floss; rinse your mouth with antiseptic;

to calm down, if necessary, take a sedative of natural origin: a tablet of valerian extract, Novo Passit, motherwort infusion or something else;

- tell your doctor if you are allergic to any medications, as well as what you suffer from and what medications you take all the time (you cannot perform surgery after taking some medications).

Must not:

- use alcohol, drugs, and pills with psychoactive effects (tranquilizers, antipsychotics);
- Smoking leads to vasoconstriction and slower healing after surgery.;
- steaming in a steam bath or sauna – vasodilation is fraught with postoperative bleeding;
- engage in sports or hard physical work.

To perform the operation, you will need:

- a syringe for anesthesia;
- scalpel – for cutting gums (not always required);
- elevator – a tool that pricks the dental root and

removes it from the cell;

- forceps – grab the dental crown and remove it along with the root in a simple operation;
- A drill is necessary for complex removal of a molar; it is cut and removed piece by piece.

Simple Wisdom Tooth Extraction

This operation is possible if:

- the presence of one or more smooth roots in the third molar;
- the crown is not destroyed;
- absence of dystopia and retention.

The doctor performs local anesthesia (infiltration or conduction). After 5 minutes, when the patient feels numbness of the tissues, the gum is pushed back in the neck of the third molar, the root is lifted with an elevator, and if necessary, forceps are used to capture and extract the dislocated tooth. Sometimes only forceps are used for removal. After removing the wisdom tooth, the hole is treated with an antiseptic and the bleeding is stopped. If necessary, if the hole is large, 1-2 stitches are applied.

Features of wisdom tooth extraction on the upper and lower jaws

The upper jaw has relatively thin and porous bone tissue, while the lower jaw has much more dense bone tissue. Therefore, to remove the upper "eights", it is enough to inject an anesthetic into the gum near the affected tooth (infiltration anesthesia). When removing a lower wisdom tooth, conduction anesthesia is usually used – an injection is made at the exit point of the nerve innervating this area.

It is easier to remove the third molars from above than from below, but if the root breaks off, it is more difficult to remove it in the upper jaw due to limited access to the surgical site.

Recommendations for oral care after wisdom tooth extraction

The dentist-surgeon always tells the patient what to do after wisdom tooth extraction. Following the doctor's recommendations after wisdom tooth extraction will promote rapid wound healing and maximize the risk of complications. Wound healing depends on the degree of tissue injury and the patient's general health.

What painkillers can I take?

In the first hours and days after wisdom tooth extraction, the patient will be disturbed by gradually subsiding pain and discomfort. The degree of their severity depends on how traumatic the removal was. During this period of pain relief, medications from the group of nonsteroidal anti-inflammatory drugs

(NSAIDs) that relieve inflammation, swelling and pain are prescribed - Diclofenac, Naiz, Ketorol, Ketonal, etc. You should not use Aspirin instead – this drug has significant blood-thinning properties and can increase bleeding. An overdose of NSAIDs can also cause bleeding.

The pain can be maintained by swelling of the tissues. To reduce it, you can apply cold to your cheek and take an antihistamine (Claritin, Zodak, etc.).

How to brush your teeth

On the first day after the removal of the third molar, it is better not to brush your teeth, it is enough to make baths with an antiseptic solution three times a day (for example, with 0.05% Chlorhexidine solution). On 2-3 days, if there is no bleeding, you can brush your teeth with a soft brush without paste, without touching the wound. If the gum is not inflamed after wisdom tooth extraction, there is no bleeding and pain, you can brush your teeth as usual for 4-5 days.

Suture and hole care after wisdom tooth extraction

On the first day, it's just baths with Chlorhexidine. You can not rinse your mouth, so as not to remove the blood clot in the wound. You just need to keep the solution in your mouth for 2-3 minutes. No special care is required for the sutures, but in case of complex removal, the doctor may prescribe a course of antibacterial therapy for 5-7 days.

Is it possible to eat and drink

You can drink immediately after wisdom tooth extraction, but you need to do it carefully so as not to remove the blood clot covering the wound. You can eat no earlier than after 2 hours, preferably soft or semi-liquid food. Do not chew it on the injured side. This rule must be followed until the hole heals completely.

Possible complications after wisdom tooth extraction

With the right approach to treatment and the patient following the doctor's recommendations, the risk of complications after tooth extraction is minimal. Most often, complications after wisdom tooth extraction are associated with abnormalities in the development of the third molars and impaired oral hygiene. Much less often, complications are associated with medical errors.

Bleeding from the hole

Normally– minor bleeding may persist for 2-3 hours from the beginning of the postoperative period. This complication is more often associated with decreased coagulability of the patient's blood. Sometimes the cause may be injury to a sufficiently large vessel. Suturing the wound prevents bleeding even after simple removal. If bleeding is detected, apply a sterile

bandage swab to the hole and immediately consult a dentist. It is not difficult to eliminate such a complication.

Dry hole syndrome

Normally, after wisdom tooth extraction, a blood clot forms in the hole, blocking the bleeding and infection entering the wound. It is very important not to accidentally remove this clot by sticking your tongue out or rinsing your mouth. Sometimes a clot does not form against the background of significant bleeding.

If a blood clot in the hole is removed or does not form after wisdom tooth extraction for some reason, the wound gapes and bone can be seen at its bottom. Food enters the wound cavity, which is a nutrient medium for bacteria living in the oral cavity. In this case, they talk about dry hole syndrome and a high risk of developing alveolitis, an inflammation of the soft tissues of the hole. To avoid the infectious and inflammatory process in the well, baths with antiseptic solutions, gels with anti-inflammatory and antibacterial properties (Metrogil Denta, etc.) are used.

Inflammation, swelling and pain

The infectious and inflammatory process in the well (alveolitis) often develops after the removal of the third molar. This is due to the peculiarities of the structure, growth of the third molar, and its location in the dentition. This process begins on 2-3 days after wisdom tooth extraction, manifested by swelling and pain. If the cheek is swollen, the gum swells, the patient cannot fully open his mouth, chew and swallow food, and speaks with difficulty. A convulsive contraction of the jaws (trismus) is characteristic. Sometimes alveolitis is accompanied by a slight increase in body temperature and general weakness.

The infection can spread like wildfire to the surrounding soft tissues, cheek, tongue, causing purulent-inflammatory processes (abscesses, phlegmons) and jaw bones (osteomyelitis). A sign of such a complication is a sharp rise in temperature to high numbers, chills, headache, throbbing, bursting pain in the jaw. The patient cannot cope with such a complication on his own, he will need the help of a doctor, and sometimes even hospitalization.

Pain after wisdom tooth extraction

After wisdom tooth extraction, the jaw almost always hurts. These are post-traumatic pains, they last for several days and are accompanied by a decrease in the intensity of pain. Read more about the pain after tooth extraction and how to relieve it. The duration of pain after wisdom tooth extraction depends on how traumatic the operation was. If there is no swelling and the pain decreases, then there is nothing to worry

about.

But the pain after wisdom teeth extraction can become increasing and accompanied by edema, which indicates the onset of inflammation. It can also become burning in the form of electric shocks – one of the signs of the inclusion of branches of the trigeminal nerve in the process. In all these cases, you should immediately consult a doctor.

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