

A CASE OF IMPACTED AND DILACERATED MANDIBULAR THIRD MOLAR TOOTH

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INTRODUCTION

Impacted third molar teeth are becoming very common amongst the population specifically the author noticed this phenomon while a student at the College of Medicine, University of Lagos Nigeria.

Impacted teeth rarely cause symptoms especially when they fail to erupt, however symptoms such as pain, infection, damage to second molar (resorbing of the roots - shown on periapical radiographs). Cysts formation (dentigerous cyst) and eruption beneath an existing denture especially late in life.

A short history from the patient, a soldier, is that of history of pain at regular intervals from the posterior teeth of every years.

The soldier is 35 years old with no history of similar occurence in the family.

Examination of the oral cavity revealed inflammed gingiva distal to the lower left second molar, the lower third molar was not visible.

The upper third molar was understandable displaced and overerupted.

Investigation was via a periapical radiograph of the area.

RESULT

The periapical radiograph was of fair quality and showed an impacted third molar (mesio angular impaction) with pocketing posterior to the second molar teeth.

There was slight resorbtion on the roots of the left mandibular second molar.

The patient was placed on antibiotics (intramuscularly), seclopicillin 2cc for a period of 5 days.

Streptomycin (intramuscularly) 1mg for a duration of 5 days.

For the pain Novalgin (intramuscularly) 4cc stat dose was prescribed.

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Planned surgical removal of the impacted third molar was scheduled for a week later.

DISCUSSION

Ideally endotracheal anaesthesia would have been preferred due to amount of overlying bone.

Local anaesthesia and conscious sedation using diazepam was chosen as last resort.

A three sided flap beginning buccial to the second molar and ending distally to the Pterygoid plexus of vessels was raised. The flap was reflected using Howarth's periosteal elevator exposing the overlying bone.

Haemostasis achieved, removal of bone using the bur was initiated however the bur did not create a perfect window as the crown of the tooth was not totally visible.

A larger window was created using the chisel to remove bone taking necessary precaution to prevent nerve damage and avoid any other complication.

Bone removal complete.

Elevation using cryer's elevator and coupland chisel achieved elevation and rotation of the tooth.

Forceps extraction was tried, the extraction became more difficult than anticipated.

However, continued rotational movement led to the extraction of the tooth complete with the two roots fused and dilacerated at right angle.

The tooth showed discoloration of the pits and fissures. Two horizontal silk 2.0 sutures were placed across the incision and haemostasis achieved.

Post operative antibiotics were prescribed together with Novalgin injections vitamin C tablets and multivitamin warm saline monthwash was prescribed to be commenced two days post operatively Ice packs to reduce post operative swelling was prescribed. Jaw exercises (myogymnastics) were prescribed.

The patient was reviewed two days later. The post-op-swelling was assessed (very minimal) no associated frismus.

The sutures were removed after 5 days. The patient was observed for a week to enable the ream notice any post-extraction complications.

Radiograph of the contralateral side did not show any tooth impaction.

CONCLUSION

The experience should make any dentist aware of the intending unpre-dictability of impacted third molar surgery. The dilaceration did not shown on radiograph. Only an oblique lateral radiograph would have shown such anomaly.

This is not usually taken routinely unless a fracture of

the mandible, cysts, swelling from other causes is suspected.

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SUMMARY

This piece examined a case of impacted and dilacerated tooth. Incidence of impacted teeth for undiscovered reasons is becoming rampant amongst the populace. There is need to study this phenomenon into more detail.

Key-words : Impaction - Dilaceration

RESUME

Cet article étudie le cas d'une dent incluse présentant une "dysplasie dentaire traumatique" ou "dilacération". Le taux élevé de dents incluses parmi la population, pour des raisons encore inconnues, devient préoccupant.

Une étude plus poussée de ce phénomène s'avère indispensable.

Mots-clés :Dent de sagesse incluse - Dilacération.

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