Introduction to Moderate Third Molar Surgery Impactions

(Young People with Roots Not Completely Formed)

Dr. Karl R. Koerner

Third Molar Impactions -- Emphasis on Young Patients

Age 17

Coronectomy with wisdom teeth.
1. All had at least a 6mm perio pocket.
2. Some had pericoronitis.
3. Antibiotic prophylaxis.
4. Top of root drilled 3-4mm below bone level.
5. Surgery 30-90 minutes.
6. 43 surgeries: 1 dry socket, 1 root migration
7. Sterile saline irrigation
8. Primary closure.
9. Roots generally remain vital with bone overgrowth.

None failed. No paresthesias.

Clinical Implications. Coronectomy appears to be a valid surgical alternative in patients 40 years and older who are at a higher risk of experiencing neurological deficits than are younger patients.

Key Words. Coronectomy; mandibular third molar.

Practical Clinical Courses (PCC)
801-226-6569

Now, you only need to create a pathway to remove parts that are not “locked in”.

Practical Veterinary Courses (PVC)
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When are 3rd molars first indicated for removal?

When roots about 1/3 formed.

When are 3rd molars first indicated for removal?

When roots about 1/3 formed.

Age 46

Leave alone if a complete bony and

• Late 20s or older
• No symptoms
• No pathology
• No communication with oral fluids

Age 27

Weigh the pros and cons.

Surgery or not?
Steroid contraindications and precautions:
Pregnancy, infections (systemic fungal, viral, or bacterial); Cushing’s syndrome (increased endogenous corticosteroid production); Addison’s disease, GI ulcerations; hypertension, diabetes; glaucoma predisposition, emotional instability or psychotic tendencies; concurrent vaccinations…

Steroid Options
- IV, IM (masseter), IM (mucobuccal fold), 2cc (8 mg) Decadron (dexamethasone)
  - Followed by oral 1.5 mg qid for 10 doses (starting the next day).

OR
- Oral Medrol dose-pack

Ideal Case for the General Dentist
Age 17.
Not enough room.
Roots not completely formed.
Time for surgery: 20-30 minutes.

Depending on the depth of the tooth, select the appropriate flap.
From previously viewed JADA article on coronectomy.


Facial Artery

As shown on a different patient: Careful reflection of lingual tissue.
Straight or surgical highspeed – it doesn’t matter.

Trough on the buccal.

Withdraw the distal – then the mesial.
Now with the tooth gone, what comes next?

Suture material??
- Usually 3.0 or 4.0
- Material of choice

Needle is most important.
- FS-2 or C-6
  - 3/8 circle
  - reverse cutting
  - about 19 mm long

Influence of Primary and Secondary Closure of Surgical Wound After Impacted Mandibular Third Molar Removal on Postoperative Pain and Swelling—A Comparative and Split Mouth Study

Conclusion: Our results have shown that the patients in the secondary closure group had a significantly lower amount of pain and swelling postoperatively than the primary closure group.

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What if the patient gets a dry socket?

1) Iodoform gauze and Sultan Dry Socket Paste
2) Gelfoam and Sultan paste
3) Gelfoam and eugenol
4) Alvogel
5) Hemostatic gauze and Sultan paste
6) Other methods...

Case Report

• 19 y.o. girl
• Two lower impactions
• Six days later, incisions healed tight
• Unilateral swelling, pain

If not treated properly, your patient can land in the hospital ER. What is it?
Subperiosteal Abscess

- Antibiotics only
- x-ray, anesthetize, re-incise on distal, allow infection to drain, clean out pathology with spoon curette, irrigate with saline or hydrogen peroxide/saline (50/50), remove distal wedge or place a drain sutured to the opening (iodoform gauze strip), give different antibiotic, follow-up for drain removal & evaluation of healing
If not too experienced or if the tooth is very high, use a triangular flap.

... along the crest of ridge from hamular notch.
My main instruments for upper impactions:
- straight elevator
- Cogswell B
- mini 190-191 (in picture)

If thin buccal bone is preventing you from applying an elevator, remove it.
Not into hamular notch.

“Finger pressure” with 301, 34S, Cogswell B, Millers, or 190/191...
OK, what can go wrong?

Where is it?

Infratemporal space

How do you prevent these misadventures?

- Stay in your comfort zone.
- Releasing incision
- Good access
- Bone removal
- Right elevator

Put it all together: 22 year old man.
Use of the Cogswell B
After flap reflection, all six maxillary 3rds removed with only a Cogswell B. Followed with follicle removal and suturing.
Torrey, Utah.