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COMPLICATIONS ARISING FROM THIRD MOLAR EXTRACTION

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ABSTRACT

An oral surgery technique that is frequently performed is the surgical extraction of impacted third molars. Complications from this procedure can include bleeding, trismus, discomfort, swelling, infection, and damage to the sensory nerves. After reading through the numerous articles written by various authors, it is evident that third molars frequently cause a variety of complications during surgery because of their eruption as well as other unique characteristics like anatomy, shape, and eruption location.

INTRODUCTION

The surgical extraction of impacted third molars is a common oral surgical procedure.[1] Common complications following third molar surgery include sensory nerve damage, dry socket, pain, swelling, trismus, infection and hemorrhage.[1][2]. Other complications include oro-antral fistula, buccal fat herniations, and iatrogenic damage to the adjacent second molar and iatrogenic mandibular fracture. Pain, trismus and swelling are almost universal after this procedure, and the incidence of both inferior alveolar and lingual nerve damage is high and may be permanent.[3]

Age has generally been found to have an impact on the postoperative morbidity after third molar surgery. It is thought that as people age, their bones become more brittle and tougher, making osteotomy more challenging and time-consuming, which causes increased discomfort, trismus, and edema.[4,5] The following variables may also have an impact on post-operative complications following impacted third molar surgery: patient medical status, smoking status, amount of difficulty, kind and depth of impaction, experience of the surgeon, and use of oral contraceptive pills.[6,7,8] The latter has caused a

great deal of discussion, particularly in regard to the onset of alveolar osteitis. Contrary to what some writers have written, using oral contraceptive pills does not raise the risk of post-extraction alveolar osteitis [4,5]

1. Haemorrhaging and bleeding

The range of clinically significant bleeding following third molar extraction that has been documented has varied between 0.2% and 5.8%, with reasons that could be systemic or local. They can be categorised as intra- or postoperative. Researchers discovered an intraoperative frequency of 0.7% and a postoperative frequency of unexpected or prolonged haemorrhage of 0.1% in the American Association of Oral and Maxillofacial Surgeons Age-Related Third Molar Study [9].

2. Infections After third molar extraction, postoperative infections have been documented to range from 0.8% to 4.2% [1-3,6,11,12,14,16]. There

could be infections of the mandibular third molar sites are more frequently affected, either in the early or late postoperative phase [1, 3]. Age, the extent of impaction, the requirement for bone grafting or tooth sectioning, the exposure of the inferior alveolar neurovascular bundle, the existence of gingivitis or pericoronitis, the experience of the surgeon, the use of antibiotics, and the surgical site have all been implicated in this.

3. Dry socket alveolar osteitis (AO)

A clinical diagnosis of alveolar osteitis (AO) is defined by the onset of intense, stabbing pain over a number of days following dental extraction, and is frequently accompanied by halitosis. The extraction socket is noticeable for the partial or total loss of the blood clot and is frequently clogged with debris. Between 0.3% and 26% of cases are AO [1-4]. Although the precise cause is unknown, mandibular third molar extraction sockets are known to be associated with an increased incidence of AO [1,3]. Furthermore, nothing is known about the cause of AO. According to Birn [20], AO results from tissue factors being released, which activates plasminogen and causes the blood clot to fibrinolyze.

4. Maxillary tuberosity fracture

When a fractured tuberosity occurs during the evacuation of an erupted third molar, the surgeon has to reconsider why the tooth was intended to be taken out first. The tooth may be kept in place and the area stabilised with an arch bar if there are no symptoms. A high-speed hand piece can be used to separate the tuberosity from the tooth and segment the roots if the tooth is infected or symptomatic and extraction is necessary. The tooth can be extracted without causing stress, and the vitality of the tuberosity can be determined by

examining the periosteum and vascular supply that are attached. The meticulous repair of palatal and buccal mucosal tears requires careful attention. [12].

CONCLUSION

In conclusion, third molar surgery complications include nerve damage, alveolar osteitis, and delayed healing. A few variables influencing the result of third molar surgery include the patient's age, medical condition, cigarette smoking, and use of oral contraceptives at the time of the procedure. Based on the existence of

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