

Editorial on Surgical Removal of the Impacted Mandibular Third Molar Using a Noval Method

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EDITORIAL

Impaction is defined as the inability of a specific tooth to maintain its right position in the jaw due to malposition, lack of space, or other impediments. Despite major advances in the practice of dentistry, extraction of impacted third molars still carries risks of intra- and postsurgical complications. The complication rate of 4.6-30.9% following the extraction of third molars is reported, which may occur intraoperative or develop during the postoperative period. An understanding of anatomical features of the surrounding structures and causes of extraction complications of the impacted tooth is important for the performance of proper extraction with minimal risk of complications. Extraction techniques using proper surgical protocols and correct technical approach permit efficient extraction procedures and decrease intraoperative complications which may include bleeding, damage to adjacent teeth, injury to surrounding tissues, displacement of teeth into adjacent spaces, fracture of the root, maxillary tuberosity, or the mandible. Postoperative complications may include swelling, pain, trismus, prolonged bleeding, dry socket, infection, and sensory alteration of the inferior alveolar nerve or lingual nerve. The extractions of impacted mandibular third molars are one of the most common complaints that require surgical intervention. The aim of this preliminary study is to present a simplified version compared to the traditional techniques a traumatic as possible in minimal amount of time, which could lead to a significant impact on intra- and postsurgical complications. The goal of this article is to present and evaluate the clinical effectiveness of a new surgical approach using a triangular flap with slight modification and a 3-0 black braided silk surgical suture as flap retractor which is later used after the surgical procedure as a normal suture, aiming to decrease procedure time, soft tissue retraction, and tools for removal of impacted mandibular third molar. Patients requiring removal of fully impacted or semi-impacted lower third

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molars are treated with a new approach using minimal steps and tools, a simple triangular flap, slight muco periosteum elevation, as the flap sides are secured and reflected with a silk suture by an assistant holding both sides of the suture from behind the patient. The surgical area at the procedure was efficiently exposed, and the separation of the crown from the roots was easily done using a surgical hand piece, separation and removal of the crown, removal of the roots with a straight elevator, without the need of flap retractor or overexposure of the surgical side with a conventional triangular flap or others. After the treatment, the two sides of suture are tied together with double overhand knots, and the surgical site was fully repositioned and closed without any complications. 5- and 7-day follow-up was done on the patients, and no complications were reported. This preliminary study presents a new surgical approach which can be used during extraction of impacted and semi-impacted lower third molars, the results showed that the operation time was noticeably reduced, the size of exposed mucoperiosteum tissue was minimized compared to the conventional method, the use of the mucoperiosteum elevator was eliminated, and number of suture knots and suture used to close the surgical site reduced to a single stitch.