

Wisdom teeth extractions

Wisdom teeth, or third molars, do not always erupt properly when they decide to make an appearance. It's wise to get an early opinion from your dentist on getting wisdom teeth pulled before they become impacted, causing pain, swelling, infection, cavities or gum disease.

Why don't wisdom teeth grow in right?

Although we have seen a reduction in the size of the human jaw during the course of human evolution, we still retain the same number of teeth. The change in jaw size of modern humans is related to the discovery and use of fire to prepare food, and the development of crude tools, such as blades, to process food. These advances not only enhanced the culinary skills and diet of early humans, they significantly lightened the workload of the jaw. The result? As the need for a powerful jaw vanished, the jaw became smaller, and the teeth became crowded, the space required for the proper growth of wisdom teeth, no longer available. (The modern, human mouth is too small to accommodate wisdom teeth, which make their appearance in young adults between the ages of 15-25.)

What does "impacted" mean?

When wisdom teeth don't have room to grow or they haven't reached their final

position by age 25, they are considered impacted—no place to go and no plans to grow. Third molar impaction is the most prevalent medical developmental disorder. A full set of healthy teeth sometimes doesn't leave much room for wisdom teeth to erupt.

What kind of problems can impacted third molars cause?

Partially erupted wisdom teeth are breeding grounds for bacteria and germs and may lead to infection. In addition to jaw pain and gum disease, which may also develop, impacted third molars are ripe sites for the growth of tumors and cysts. Not all wisdom teeth cause problems, however.

Can't I just use an antibiotic?

Antibiotics only soothe infected wisdom teeth for a short time. Since people frequently use a wide variety of antibiotics, the infection may be resistant to such medication and doesn't solve the real problem: The tooth can't fit in your mouth.

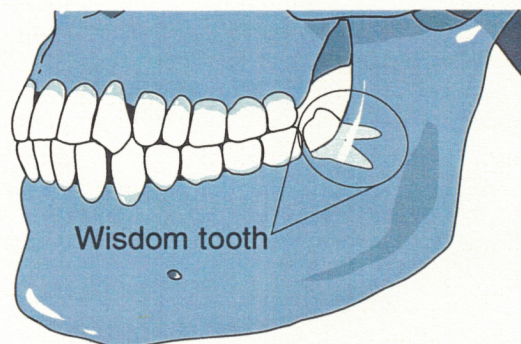
When is removal necessary?

It isn't wise to wait until wisdom teeth bother you. Early removal, as advised by your dentist, is generally recommended to avoid problems, such as an impacted tooth that destroys the second molar. People younger than 16 heal easier too. At an early age,

people should be evaluated by their dentist who can track third molar development with the help of X-rays. Second molars should be visible to lessen the chance of damaging them during surgery. This occurs at age 11 or 12, so wisdom teeth should be removed when the decision has been made that they cannot erupt into an acceptable position.

What if I don't have any symptoms?

People with symptoms of impaction, such as pain, swelling and infection should have their wisdom teeth removed immediately. However, those with no symptoms can avoid the chance of ever suffering from the pain of impacted wisdom teeth or achieve better orthodontic treatment results by having them removed. Asymptomatic impacted wisdom teeth also should be removed to reduce the chance of unexplained pain, accommodate prosthetic appliances, or avoid cavities, periodontal disease, bone shrinkage and tumor development.



How is the tooth removed?

Surgery for impacted wisdom teeth consists of removing of the gum tissue over the tooth, gently stripping connective tissue away from the tooth and bone, removing the tooth and sewing the gum back up.

Sources: William Howard, DMD, MAGD; "The management of third molar teeth," *Dentoalveolar Surgery*, February 1993; "Impacted lower wisdom tooth: To remove or to leave alone," *Dental Update*, July/August 1994; "Surgical removal of third molars," *British Medical Journal*, September 1994; "Impactions: Observe or Treat?" *West Virginia Dental Journal*, October 1994; "Diseases and lesions associated with third molars," *Oral Surgery Oral Medicine Oral Pathology*, February 1995; "Early removal of wisdom teeth can prevent an array of problems," *Georgia Dental Association Action*, March 1994; "Patient's anxieties with third molar surgery," *British Journal of Oral and Maxillofacial Surgery*, October 1994; "Symptoms from impacted wisdom teeth," *British Journal of Oral and Maxillofacial Surgery*, December 1994; "Infections in elderly patients associated with impacted third molars," *Oral Surgery Oral Medicine Oral Pathology*, February 1995.

What is gum disease?

Gum disease or periodontal disease, a chronic inflammation and infection of the gums and surrounding tissue, is the major cause of about 70 percent of adult tooth loss, affecting three out of four persons at some point in their life.

What causes gum disease?

Bacterial plaque — a sticky, colorless film that constantly forms on the teeth — is recognized as the primary cause of gum disease. Specific periodontal diseases may be associated with specific bacterial types. If plaque isn't removed each day by brushing and flossing, it hardens into a rough, porous substance called calculus (also known as tartar). Toxins (poisons) produced and released by bacteria in plaque irritate the gums. These toxins cause the breakdown of the fibers that hold the gums tightly to the teeth, creating periodontal pockets which fill with even more toxins and bacteria. As the disease progresses, pockets extend deeper and the bacteria moves down until the bone that holds the tooth in place is destroyed. The tooth eventually will fall out or require extraction.

Are there other factors?

Yes. Genetics is also a factor, as are lifestyle choices. A diet low in nutrients can diminish the body's ability to fight infection. Smokers and spit tobacco users have more irritation to gum tissues than non-tobacco users, while stress can also affect the ability to ward off disease.

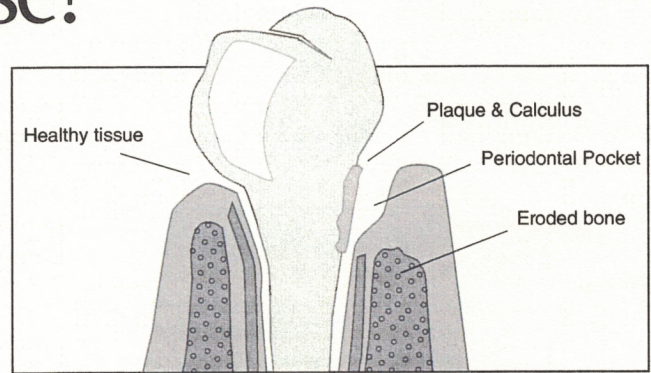
Diseases that interfere with the body's immune system, such as leukemia and AIDS, may worsen the condition of the gums. In patients with uncontrolled diabetes, where the body is more prone to infection, gum disease is more severe or harder to control.

What are the warning signs of gum disease?

Signs include red, swollen or tender gums, bleeding while brushing or flossing, gums that pull away from teeth, loose or separating teeth, puss between the gum and tooth, persistent bad breath, change in the way teeth fit together when the patient bites, and a change in the fit of partial dentures. While patients are advised to check for the warning signs, there might not be any discomfort until the disease has spread to a point where the tooth is unsalvageable. That's why patients are advised to get frequent dental exams.

What does periodontal treatment involve?

In the early stages, most treatment involves scaling and root planing—removing plaque and calculus around the tooth and smoothing the root surfaces. Antibiotics or antimicrobials may be used to supplement the effects of scaling and root planing. In most cases of early gum disease, called gingivitis, scaling and root planing and proper daily cleaning achieve a satisfactory result. More advanced cases may require surgical treatment, which involves cutting the gums, and removing the



hardened plaque build-up and recontouring the damaged bone. The procedure is also designed to smooth root surfaces and reposition the gum tissue so it will be easier to keep clean.

How do you prevent gum disease?

Removing plaque through daily brushing, flossing and professional cleaning is the best way to minimize your risk. Your dentist can design a personalized program of home oral care to meet your needs. If a dentist doesn't do a periodontal exam during a regular visit, the patient should request it. Children also should be examined.

What is the role of the general dentist?

The general dentist usually detects gum disease and treats it in the early stages. Some general dentists have acquired additional expertise to treat more advanced conditions of the disease. If the general dentist believes that the gum disease requires treatment by a specialist, the patient will be referred to a periodontist. The dentist and periodontist will work together to formulate a treatment plan for the patient.

Is maintenance important?

Sticking to a regular oral hygiene regimen is crucial for patients who want to sustain the results of therapy. Patients should visit the dentist every 3-4 months (or more, depending on the patient) for spot scaling and root planing and an overall exam. In between visits, they should brush at least twice a day, floss daily, and brush their tongue. Manual soft nylon bristle brushes are the most dependable and least expensive. Electric brushes are also a good option, but don't reach any further into the pocket than manual brushes. Proxy brushes (small, narrow brushes) are the best way to clean in between the recesses in the teeth, and should be used once a day. Wooden tooth picks and rubber tips should only be used if recommended by your dentist.

Sources: *The American Academy of Periodontology*; Atrix Laboratories, Inc.; "Non-surgical Periodontal Therapy: Essential and Adjunctive Methods," by P.R. Greene, BDS, FDSRCPS, *the British Dental Journal*, 1995; "Four Steps to Soft Tissue Management," by S.N., Bhaskar, DDS, *Dentistry Today*, October, 1995;