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DIFFICULTY EXTRACTING OF IMPACTED AND DYSTOPIC TEETH ON THE UPPER JAW

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Introduction: In oral and maxillofacial surgery currently there is an urgent problem of extracting of impacted and dystopic teeth on the upper jaw without traumatizing adjacent anatomical and topographical structures. The reason of this is the lack information about the localization of the tooth, the wrong choice of the method of extracting the causative tooth.

Aim: To study of difficulties extracting of impacted and dystopic teeth on upper jaw.

Tasks: To avoid injury to neighboring anatomical and topographical structures and subsequent complications.

Material and methods: We observed 35 patients with retention and dystopic teeth of the upper jaw. All patients were treated for the period of January to March 2015 in the department of oral and maxillofacial surgery. The causative tooth of 20 (83%) patients was the 3d molar and 6 (17%) was impacted canine. During the study, there were such difficulties: intraoperations in two cases we found the possible perforation of the wall of the maxillary sinus of the 3d molars finding capsule of the cysts; In six case – possible perforation of the wall of the maxillary sinus of the 3d molars without growing cysts; In two cases when we extracting impacted canine we found possible perforation of the maxillary sinus; In one case when we extracting canine occurred traumatizing incisive plexus. The cause of the possible perforation of maxillary sinus was anatomical position the causatives teeth directly in maxillary sinus. In two cases we had surgery: “Sinusectomy with cystectomy and extracting the causative tooth”. In nine cases product of the operations: “Sinostomy with extracting the causative tooth”. In twenty four cases product of the operations: “Extracting of dystopic and impacted tooth”.

Results: Extracting of impacted and dystopic teeth on the upper jaw is difficult because of the presence of close relations with the neighboring teeth anatomical and topographical formation. In order to prevent complications that can occur when you extracting of impacted and dystopic teeth on the upper jaw, before the surgery there should be thorough and careful examination position tooth with neighboring structures. To do this, use additional methods of diagnosis.

Conclusion. We recommend to do surgery after radiologic investigations, 3D CT. It will help to assess examine and select the more appropriate method and access to the operation more accurately and efficiently. Conduct endodontic preparation close to the adjacent teeth if it is necessary, before resection. Before extensive extracting of the bone to preserve function and aesthetics, there is a restoration of the bone defect using a collagen membrane or osteoplastic material (synthetic or heterologous), recovery of plastic local tissues.

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