Avoiding common problems in tooth extractions

By Dr Kamis Gaballah, UAE

The last two decades have seen significant advances in restorative techniques and materials for dental...
as the amount of bone removal re-
quired is minimal, thus minimis-
ing the postoperative morbidity. How-
erver, it cannot be performed in all cases in which the LM3 is close
to the IDC, and is certainly contra-
indicated when the LM3 is decayed or its roots are associated with a pathology and should be con-
Considered with caution in severely
inclined mesio-angular and hori-
zontal impaction cases. The author
does not recommend distal bone
removal or retraction of the lingual
flap with the intention of protect-
ing the lingual nerve, as these may
increase the risk of damaging the
lingual nerve. It should be empha-
sised that incision may not extend
beyond the distobuccal aspect of the
tooth.

The other important aspect of
dental extraction procedure is the
future replacement of the
tooth to be extracted. The current
trend of tooth replacement for both functional and aesthetic rea-
sons is the placement of dental implants. The success of this treat-
ment largely depends on the avail-
ability of healthy bone in sufficient
volume. Therefore, it is crucial for the
dental practitioner not to com-
promise the alveolar bone during
destruction of the teeth. Changes in
the alveolar bone ridge after an
extraction are inevitable. After all
dental extractions, bone height
and width always undergo dimen-
sional changes. Bone does not
regenerate above the level of the
alveolar crest, that is, its height
will not increase during healing.
The buccal plate tends to shrink,
shifting the crest of the alveolar
ridge lingually, and often forms
a concavity. Such changes are pro-
portional to the amount of trauma
or fracture of the cortical plates,
resulting in a pathology and should be con-
considered with caution in severely
inclined mesio-angular and hori-
zontal impaction cases. The author
does not recommend distal bone
removal or retraction of the lingual
flap with the intention of protect-
ing the lingual nerve, as these may
increase the risk of damaging the
lingual nerve. It should be empha-
sised that incision may not extend
beyond the distobuccal aspect of the
tooth.

The other important aspect of
dental extraction procedure is the
future replacement of the
tooth to be extracted. The current
 according to the amount of trauma
soft tissue during the
extraction.

An additional unfavourable
change that may take place is the
slow remodelling of the bone
formed to fill up the extraction
socket owing to lack of functional
stimulation. The presence of poorly
 remodelled alveolar bone may
compromise the stability and
function of the future implant.
Furthermore, studies show that
the stripping and elevation of
mucoperiosteal tissue produce a
higher number of osteoclasts with-
in the alveolar ridge and hence
recurrent bone resorption and
shrinkage are seen after the classical surgical
or traumatic extraction of teeth.

The preservation of alveolar
bone for future implant placement
may be achieved by avoiding
unnecessary bone removal and
stripping of the periosteum during
surgery, as well as performing a
surgical alveolar bone preserva-
tion procedure. Bone removal can
be largely avoided for this reason
through modification of the tra-
ditional extraction technique.
The first such modification is
the use of dental periotomes and
ligatures to gently strip the peri-
odental ligament fibres and widen
the socket without causing cracks
or fracture of the cortical plates,
as commonly encountered when
using dental forces or the bulky
elevators. The use of such gentle
instruments also eliminates the
need for elevation of mucoperi-
sternal tissue. However, it should be
noted that the safe use of these in-
struments requires adequate train-
ing and should be encouraged during
undergraduate clinics. Clot stabi-
 lisation through light packing of the
socket with collagen sponges may
help to minimise clot dislodgement,

The second strategy is the alveo-
lar bone preservation procedure.
This includes packing the extrac-
tion socket with different fillers,
such as osteoinductive or osteo-
conductive materials, like auto-
genous, natural or synthetic bone
grafting materials that support
bone regeneration above the level of
the future implant.

Important Dates

- Conference Dates: 10 - 13 November 2015
- Abstract Submission Deadline: 1 September 2015
- Abstract Notification of Acceptance: 30 September 2015

Call for Abstracts - Now Open!

- Abstracts may be submitted via internet using online submission module – www.wioc2015.com
- Abstracts should be prepared in English.
- Maximum 2 oral presentations and max. 2 poster presentations by the same presenting author will be accepted for presentation at the Conference
- Accepted abstracts will be published on the conference website
- For all enquiries regarding abstracts: please contact wioc2015@mci-group.com

Educated in the UK and Ireland,
Dr Kamis Gaballah
is currently
an associate professor
and senior specialist
in oral and max-
illofacial surgery
at the Ajman
University of Science and Technology in
the United Arab Emirates. He can be
contacted at kamisomfs@yahoo.co.uk.

WIOC
DUBAI | UAE
World Implant
Orthodontic Conference
10 – 13 November, 2015

Intercontinental Hotel Festival City | Dubai UAE

Access to the United Arab Emirates. He can be
contacted at kamisomfs@yahoo.co.uk.