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Research Article

REMOVING IMPACTED TEETH

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ABSTRACT

Impacted units are those that cannot independently erupt and occupy the space allocated for them. Removing an impacted tooth is a complex operation for which doctors always prepare in advance; it is not performed on an emergency basis. You can learn about why impacted teeth appear, how they are removed, and the specifics of this operation from this article.

KEYWORDS

Impacted teeth, orthodontic treatment, surgery, dental arch.

INTRODUCTION

Impacted teeth are the cause of various dentoalveolar deformities and jaw diseases. The upper incisors are often impacted jaws, canines, second premolars. Before removing impacted teeth, their position in the jaw should be analyzed by studying an intraoral close-focus radiograph of the alveolar process or an orthopantomogram of the jaws. The best results are achieved with incomplete formation of the root apex of the impacted tooth. It is clarified whether there is a place in the dentition for an impacted tooth, whether it can be created as a result of moving adjacent teeth and changing the shape of the dental arch, or whether

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the removal of a tooth is indicated. After analyzing the characteristics of bite formation, an individual treatment plan and the sequence of treatment measures should be outlined.

When referring a patient to a dental surgeon, it is important to indicate what exactly needs to be done to facilitate subsequent orthodontic treatment:

1. remove the retained temporary tooth;

2. remove one or more supernumerary teeth, odontomas, cysts that prevent the eruption of an impacted tooth;

3. move the attachment site of the frenulum of the upper lip, excise the base of the frenulum in the area of the median interalveolar septum;

4. correctly made springs for dentoalveolar lengthening in the area of the anterior and lateral teeth;

5. expose the vestibular surface of the crown of the impacted tooth, if possible, to 1/3-1/2 of its height;

6. remove any permanent tooth for orthodontic reasons.

Before starting orthodontic treatment, the appliance should be prepared before surgery. If there are indications for the use of the edgewise technique and the production of stamped individual rings on the supporting molars, it is necessary to install separation ligatures near these teeth for a period of 7-10 days. After 5 days, they should be tightened to speed up the separation of adjacent teeth and allow the rings to be tried on. After taking an impression with these rings on the teeth and casting the model, the jaw and rings are soldered or welded with supporting vestibular tubes for the arch and then the rings are strengthened on the teeth using fixing cement.

On the 2nd day after surgery, braces should be glued to all teeth, including the exposed crown of the impacted tooth, so that the mucous membrane does not cover it. Typically, on such a tooth, the bracket is strengthened closer to the gingival margin.

It is advisable to apply a dental arch 2-3 hours after gluing the braces or the next day. If the opening of a place in the dental arch is indicated by moving apart adjacent teeth with the help of a spring, then it is put on the arch and installed with emphasis on the braces of the teeth limiting the defect. After this, the arch is strengthened with ligatures.

Vertical movement 3 | 3 teeth. 1.2 - improper use of a single-jaw rubber traction leads to the development of an open bite; 3, 4 - the correct use of intermaxillary traction and loops curved on the arch of the upper dentition facilitates the movement of the canines downward and distally with the help of a rubber traction. Used in cases where there is a medial inclination or displacement of the teeth limiting the

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defect, and spaces between the teeth on their distal side. If distal movement of one tooth is indicated, then a rubber rod is used. The rubber ring is attached to the bracket of the tooth being moved (central or lateral incisor) and the hook on the canine bracket.

In order to ensure the stability of the canine, premolars and molars, an 8-shaped ligature bandage is applied to the braces of the listed teeth on the same side of the jaw.

To move the incisor distally, you can make a hook on its ligature bandage by twisting its middle part in the form of a ring.

An error in treatment lies in the attempt to provide dentoalveolar traction in the area of the impacted tooth without first creating a place for it in the dental arch. If the use of a spring is indicated to move apart the teeth limiting the defect, then the spring must be put on the arch before strengthening it with the help of ligatures covering the wings of the bracket of each tooth.

In order to pull out an impacted tooth, it is better to use a small force, namely a rubber ring with a diameter of 8-10 mm and a thickness of less than 1 mm. This can be done by cutting off the sealed base from the rubber part of the pipette, and then placing the scissors diagonally and cutting off a ring of the required diameter. The patient should be warned about the need to daily monitor the stability of the tooth being moved. If tooth mobility occurs, remove the rubber ring and consult an orthodontist. It is necessary to monitor the slow movement of the tooth, replace the rubber ring once every 2 days. If a bracket, button or hook was glued to the cutting edge of an exposed impacted tooth, then after partially stretching it and increasing the visible vestibular surface of its crown, it is advisable to remove the device and fix the bracket on the tooth crown in the correct position. After the lower surface of the bracket support pad approaches the dental arch, it is important to install a nitinol arch into the horizontal groove of the bracket for further correction of the tooth position. If there are indications for moving the incisor root in the oral direction, and its crown in the vestibular direction, the nitinol arch is replaced with a tetrahedral one.

If it is necessary to have a vestibular deviation of the crown of an exposed tooth, you can glue a button or hook on its oral surface and, using a rubber rod, ensure vertical movement of the tooth with the simultaneous vestibular deviation of its crown using a rubber rod to the dental arch.

After the tooth is established in the dental arch and correct interocclusal contacts are achieved, a removable or non-removable retention device is used. If the displaced tooth is mobile, then it is better to glue the retainer without removing the dental arch and braces. After strengthening the retainer, when removing the bracket from a moving tooth, you should

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hold it with your fingers so as not to cause discomfort to the patient. Features of the removal of an impacted canine depend on the location of its crown and root in the vestibulo-oral direction (torque), the inclination of the longitudinal axis in the mesiodistal direction (angulation) and the degree of rotation along the axis. More often, impacted canines are tilted or displaced mesially and orally. After partially exposing the crown and strengthening the button, hook or bracket, use a rubber rod to bring the tooth closer to its corresponding place in the dental arch. When the tooth being moved is reversely overlapped by the teeth of the opposite jaw and there is contact between them, it is advisable to evenly increase the bite using a plate, which facilitates the movement of the canine using the edgewise technique and its installation in the dentition.

It is necessary to strive to achieve the correct axial inclination of the canine, i.e. torque and angulation, as well as its relationship with the teeth of the opposite jaw. For this purpose, the nitinol arc is replaced with a tetrahedral one and a Kisling spring is used.

Before removing impacted second premolars, it is important to determine the relative position of the axes of the premolars and the first permanent molars. In the upper jaw, it is necessary to evaluate the relationship of their roots with the maxillary sinus.

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