

Topic: Impacted Wisdom tooth

Whenever we hear people talking about wisdom teeth, we immediately get the impression of pain and swelling! In this article, we will explore some of the common questions and misconceptions about wisdom teeth

What are impacted wisdom teeth?

The wisdom tooth is the third and last molar to develop in our jaws. It is situated in all four corners of the mouth and is usually located behind the last molar. In an ideal situation, there will be space for the tooth to erupt. In most cases however, there isn't. When there isn't enough space, the tooth may either be impacted against the bone behind or against the tooth in front. (figure 1)

Is it necessary to remove my impacted wisdom teeth?

When the tooth is impacted, it becomes prone to infections and decay. This is especially so if the tooth is partially erupted into the mouth.

In cases where the tooth is pointing backwards, (figure 2) infection may manifest as pain to the gums around the last molar tooth. (figure 3) It may also lead to more severe symptoms as the infection spreads into the muscles behind and cause 'trismus' or the inability to open the mouth wide.

Decay usually sets in when the wisdom tooth is directed forwards and is partially erupted. This gives rise to a small space between the wisdom tooth and the molar tooth in front of it. When this happens, food is lodged into the space and is practically impossible to remove. The food is broken down and form acids, which, in turn causes decay of both teeth. (figure 4) Patients usually do not feel any symptoms until the tooth decay becomes very severe.

Other less common complications of impacted wisdom teeth include cysts and tumour formation. When this happens, the cyst or tumour will expand into the surrounding bone and destroy the bone in the process. If the cyst or tumour is small, it cannot be detected unless a radiograph or Xray is done. (figure 5) It will only become symptomatic when the cyst or tumour becomes very large. (figure 6)

When should I remove my impacted wisdom tooth?

It is usual that removal is done as soon as there are signs and symptoms. The most common problems are swelling of the surrounding gums (pericoronitis) and decay of the tooth in front of the impacted wisdom tooth. These signs and symptoms can occur anytime after 16 years of age. This is the age when the wisdom tooth begins its eruption into the mouth. Some patients do not experience any problems until late into their adult life!

Are there complications related to impacted wisdom teeth removal?

The usual complications associated with extractions apply. This includes bleeding and infections. The other complication unique to impacted wisdom tooth removal is numbness (paraesthesia) to the lower lip on the respective side. This can be temporary or permanent. The risk is increased if the nerve below the wisdom tooth is closely related to the wisdom tooth. (figure 7) The general occurrence rate is between 2-5% for such cases.

How are impacted wisdom teeth removed?

The impacted wisdom tooth usually requires surgery to remove. This involves cutting the gums and removal of bone around the tooth. The tooth is usually divided and removed in smaller pieces. The wound is stitched up and left to heal. The stitches are removed one to two weeks later.

The procedure sounds scary! Are there other options?

The surgery is generally carried under local anaesthesia, where an injection is given to numb the jaw before the surgery begins. If you are very frightened of dental procedures, there are other options like sedation,

either with laughing gas or intravenous medications, or in complicated wisdom teeth cases, general anaesthesia.

What can I expect after the surgery?

The general rule is swelling which begins the day after the surgery, and maximizes on the second day after the surgery. Cold compression to the face on the first two days helps with decreasing the size of the swelling. Some blood may 'ooze' out from the socket on the day of surgery. This is normal. It is different from bleeding where the entire mouth fills up with blood. If this happens, direct pressure over the wound for one hour usually stops the bleeding. In persistent bleeding, you should call the doctor's emergency line for assistance.

Profile

Dr Lim Kheng Ann
BDS (Singapore)
FDSRCS (Edinburgh)
FAMS Singapore (Oral & Maxillofacial Surgery)