ASSIGNMENT FOR VIVA

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Q1: Which tooth is most commonly involved in impaction?

The wisdom teeth (third molars) are frequently impacted because they are the last teeth to erupt in the oral cavity. Mandibular third molars are more commonly impacted than their maxillary counterparts.

Impacted tooth is a tooth which is completely or partially unerupted and is positioned against another tooth, bone or soft tissue so that its further eruption is unlikely, described according to its anatomic position. The third molar impaction is occurring in about 73% of the young adults in Europe, these teeth generally erupt between the ages of 17 and 21 years. It has also been reported that the third molar eruption varies with races, such as in Nigeria mandibular third molars may erupt as early as 14 years and in Europe it may erupt up to the age of 26 years. Factors such as the nature of the diet that may lead to attrition, reduced mesiodistal crown diameter, degree of

use of the masticatory apparatus and genetic inheritance also affect the timing of third molar eruption. Most of the researchers suggest that the females have a higher incidence of mandibular third molar impaction when compared to males.

Q2: Name the local anesthetic agent and vasoconstrictor used in local anesthesia.

Local anesthetic agent :

Following are the local anesthetic agent which are given below:

Ester type:

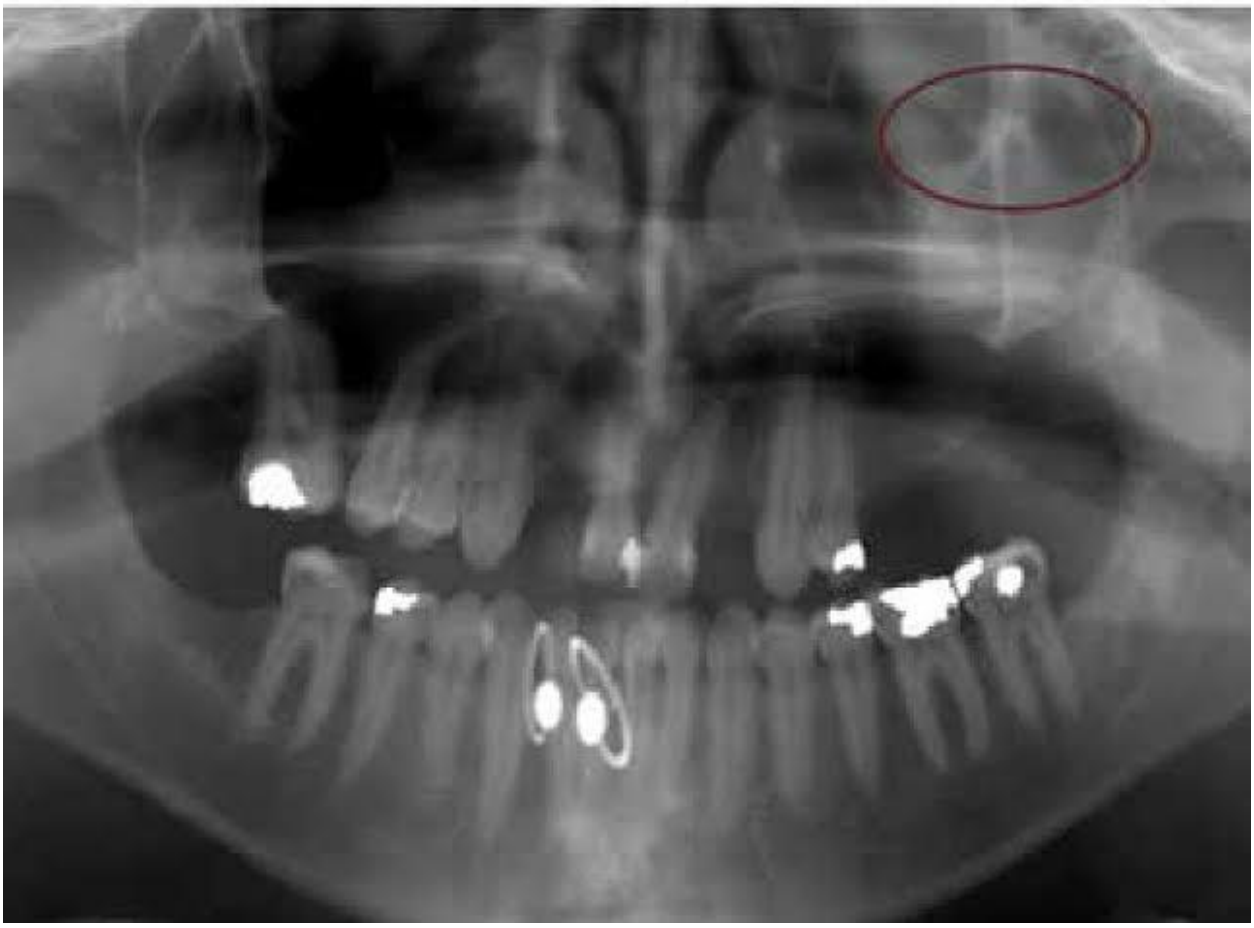
- Procaine Short
- Chloroprocaine Short
- Benzocaine Short
- Tetracaine Long

Amide type:

- Lidocaine Intermediate
- Prilocaine Intermediate
- Mepivacaine Intermediate
- Bupivacaine Long
- Etidocaine Long
- Ropivacaine. Long

Vasoconstrictors (epinephrine and levonordefrin) are added to local anesthetics to counteract their vasodilatory action by constricting blood vessels, thus decreasing blood flow to the injection area. The absorption of the local anesthetic into the cardiovascular system is slowed resulting in lower anesthetic levels, minimizing the risk of local anesthesia toxicity and increasing the duration of anesthesia by allowing the local anesthesia to remain around the nerve for a longer period of time.

Q3: What is the management of root displacement



The tooth root can be displaced into the maxillary sinus. If this occurs, the surgeon must make several assessments to prescribe the appropriate treatment. First, the surgeon must identify the size of the ‘root lost into the sinus. It may be a root tip of several millimeters, an entire tooth root, or the entire tooth. The surgeon must next assess if there has been any infection of the tooth or periapical tissues. If the tooth is not infected, management is easier tharr if the tooth has been acutely infected. Finally, the surgeon must assess the preoperative condition of the maxillary sinus. For the patient who .has a healthy maxillary sinus, it is easier to manage a displaced root than if the sinus has been chronically infected. If the displaced tooth fragment is a small (2 or 3 mm) root tip and the tooth and sinus have no.preexisting infection, the surgeon should make a minimal attempt at removing the root. First, a radio graph of the fractured tooth root should be taken to document its position and. Size. Once that has been accomplished, the surgeon should irrigate through the small opening in the socket’ apex and then suction the irrigating solution from the sinus via the socket. This occasionally flushes the root apex from the sinus through the socket. The surgeon should check the suction solution and confirm radio graphically That the root has been removed