

Technical note

A method for extraction of impacted upper third molars

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Fig. 1. Panoramic radiograph showing impacted third molars that are likely to be advanced into the maxillary sinus during extraction.



Fig. 2. The round bur wedged in the crown of the tooth.

Surgical extraction of impacted teeth can be either uneventful and uncomplicated, or difficult, with considerable morbidity.^{1,2} There are two types of impacted upper third molars that can be advanced to the maxillary antrum or the infratemporal space during surgical extraction: fully developed teeth with roots adjacent to, or into the maxillary sinus wall; and teeth without developed roots, which also lie along the sinus wall and need to be extracted for orthodontic reasons (Fig. 1).^{3–5} We propose an easy and safe method of extraction that can be used in both categories.

After raising a gingival flap and exposing the crown of the tooth, a hole 5–7 mm deep is drilled into the enamel–ostein junction with a round bur. The bur is then removed from the handpiece and left in the crown (Fig. 2). A suitably shaped instrument such as the grip of a dental mirror with its aperture fully opened, or a solid needle holder, can then be attached to the free end of the bur and rotated to extract the tooth rapidly and safely (Fig. 3).

This technique can enable rapid and safe extraction of impacted upper third molars, particularly those with undeveloped roots that are situated close to the sinus wall, and it avoids unpleasant complications such as advancement of the tooth into the maxillary sinus or the infratemporal space. If this occurs the bur can be used to help locate and safely extract the tooth.

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Fig. 3. The bur is gripped firmly and twisted to extract the tooth.

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