

THIRD MOLAR UNCERTAINTY

To the Editor:—After reading “Proceedings From the Third Molar Multidisciplinary Conference” (summary of the October 19, 2010 Conference in Washington, DC) recently published in Supplement 1 of the September 2012 issue of the Journal, the uncertainty of the oral and maxillofacial surgical community toward the treatment of asymptomatic mandibular third molars is obvious. It is intriguing to read, “There is no answer (yet) because the data were insufficient to answer the question,”¹ and “missing were well-designed studies comparing the long- and short-term consequences of retention versus removal of third molars.”² At the same time, an international experience appears to give some tangible guidelines regarding asymptomatic third molar extraction as discussed by Ventä³ in the Proceedings, and, among others, is based on the Finnish experience. Ventä³ stated “...preventive removals at a young age are justified for 3 groups of teeth in the mandible: partially impacted teeth in the horizontal position, partially erupted teeth in the vertical position, and incomplete roots growing close to the mandibular canal.” The other important and known consideration is that age is associated with an increased risk of adverse outcomes of third molar surgery.⁴

In Table 1, I have attempted to suggest a guiding protocol for the extraction of third molars. This “decade” algorithm is primarily based on patient age, with a strong bearing on the

availability of the patient’s signs and symptoms, exposure of the third molar to the oral environment, and the benefits and risks of third molar surgery, mainly the risk of inferior alveolar nerve injury (Table 1).

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References

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Table 1. THIRD MOLAR EXTRACTION MODEL

Patient age (yr)	Treatment strategy (toward third molars)	Comment
0-15	Extraction of third molars not recommended	Earlier extraction not practical owing to lack of third molar root development in most cases
16-25	Extraction of symptomatic and asymptomatic third molars is recommended, if benefits outweigh risks	Close proximity to inferior alveolar nerve seen on panoramic radiograph or cone-beam computed tomography scan might point toward observation or alternative treatment
26-35	Extraction of only exposed (partial bony) symptomatic and asymptomatic third molars recommended, if benefits outweigh risks	This applies mainly to exposed (visually or with probing) third molars; close proximity to inferior alveolar nerve seen on panoramic radiograph or cone-beam computed tomography scan might point toward observation or alternative treatment
≥36	Extraction of only symptomatic partial bony (exposed) third molars; removal of asymptomatic third molars not recommended	Decision on selective extraction of third molars should be made according to signs and symptoms first and then proximity to inferior alveolar canal seen on panoramic radiographs or cone-beam computed tomography scans

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