Clinical decision about asymptomatic mandibular third molars. Comparative study: Portugal vs. Spain



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Introduction

It is estimated that about 1 and 5 million third molar extractions are performed each year in the UK and USA, respectively. Despite the existence of defined indications and contraindications for the extraction of these teeth, there is some controversia about the treatment when the third molar is asymptomatic, even in literature.

The National Institute of Clinical Excellence (NICE) discourages the prophylactic extraction of the third molar. However the American Association of Oral and Maxillofacial Surgeons (AAOMS) includes the prophylactic extraction among the indications.

Scientific evidence is scarce and frequently misinterpreted. Besides, there are few studies documenting which factors should be considered when facing an mandibular third molar (3M) extraction.

Hypothesis

Analyse the indications regarding the extraction of asymptomatic mandibular 3M in a group of experienced Portuguese and Spanish dentists.

Subjects and Methods

Epidemiological oservational cross-sectional study

Clinical cases randomly selected through email to all Portuguese and Spanish dentists and maxillofacial surgeons.

Online questionnaire http://surveygizmo.com:

First part: practician's personal and clinical information

Second part: presentation of 29 mandibular 3M, with panoramic radiography and clinical information.

For each 3M presented and considering an ideal treatment plan performed in a healthy and cooperative patient, the practician should indicate:

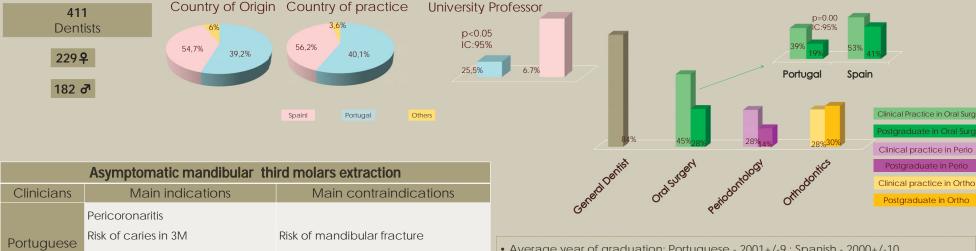
- ✓ His recommendation wether to extract or not extract
- ✓ Justification of his decision among a list of options
- Identification the degree of difficulty of the extraction according to Lickert scale.

The clinical cases selection obeyed to a similar distribution regarding the teeth position,

inclination and degree of inclusion, as well as patient's gender and age.

The results were statistically analysed using the IBM SPSS 20 (IBM Corp., New York, EEUU).

Results



- Risk of caries in 2M Patient's age Resorption of the 2M Risk of 2M damage during the surgery Periodontal disease of the 2M Capacity of 3M eruption Mandibular incisor crowding No function Pericoronaritis Risk of inferior alveolar nerve damage Spanish Risk of caries on the 2M Agressive surgery No funtion No indication for extration
- Average year of graduation: Portuguese 2001+/-9; Spanish 2000+/-10
- Higher degree of difficulty of the extractions with deeper inclusions and less MD space available
- In 93% of the cases, Spanish give the extractions a higher score in terms of difficulty
- Degree of difficulty is lower among those with more clinical experience (p<0.05; CI 95%)
- 59.3% of the practicians choose not to proceed with the extraction when facing an
- Portuguese dentists are those who tend to extract these teeth more often

Conclusions

- 🗸 The decision to remove mandibular third molar is based more upon Individual clinician factors rather than on category of practitioner or country of origin or practice.
- Postgraduation and daily oral surgery clinical practice increases knowledge and surgical ability leading to a wiser decision when facing an asymptomatic 3M.
- ✓ experience rises confidence and surgical ability, leading to a lower difficulty degree evaluation of the extraction.
- Clinical decision when facing asymptomatic mandibular third molar is related to dentists academic education and surgical experience.
- ✓ There is a need for further studies to define indications of asymptomatic third molar extractions.

Clinical outcomes

The definition of updated guide lines would allow diagnosis criteria standardisation and appropriate decisions among asymptomatic third molars.

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