



Title	Does staged removal of lower third molars pose unnecessary re-operations to patients?
Author(s)	Leung, YY; Cheung, LK
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Re: Landi L, Manicone PF, Piccinelli S, Raia A, Raia R. Staged removal of horizontally impacted third molars to reduce risk of inferior alveolar nerve injury. J Oral Maxillofac Surg. 68: 442, 2010

To the Editor: We read a recent article published in the Journal (J Oral Maxillofac Surg. 2010 Feb;68(2):442-6) about a staged removal of horizontally impacted third molar to reduce inferior alveolar nerve (IAN) injury. The idea of allowing residual tooth to migrate away from the IAN followed by subsequent removal is a sensible way to prevent IAN injury risk. However, the authors acknowledged the main drawback of this technique is subjecting the patients to 2 or more surgeries and the surgical morbidities like pain, swelling and wound infection. It was also mentioned when the pulp of the third molar is exposed, pulpotomy has to be performed and sealed with a temporary filling.

Our centre has run a randomized controlled clinical trial comparing coronectomy and total excision of lower third molar (Ref) with close proximity to IAN and concluded that coronectomy has fewer complications in terms of IAN deficit, pain and dry socket, and with a similar infection rate when compared to total removal. We had a case of reoperation to remove the retained root 9 months after coronectomy due to persistent root exposure in the trial. The root was sent for histological assessment and showed the pulpal tissue was viable. In the remaining cases (154 coronectomies) the embedded root tends to stop migrating after one year and there were no signs or symptoms, and therefore no reoperation to remove the retained root was required. We therefore believed the staged technique Landi et al. proposed may put the patients to unnecessary reoperation(s) and endodontic and restorative procedures. The clinical outcomes of this technique is yet to be proved its use is superior to coronectomy which has already been shown to be safe on lower wisdom teeth in close proximity to IAN.

Yiu Yan Leung, BDS, MDS
Lim Kwong Cheung, BDS, PhD
Hong Kong

REFERENCE

1. Leung YY, Cheung LK. Safety of coronectomy versus excision of wisdom teeth: a randomized controlled trial. Oral Surg Oral Med Oral Pathol Oral Radiol Endod. 108:821, 2009