Atypical facial neuralgia after placing dental implants on posterior maxilla

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Background: After placing implant on posterior maxilla, some patients complained about atypical facial pain. The cause of this symptom is not yet understood and reliable consensus among the clinicians on the treatment protocol is yet to be established.

Objectives: The object of this study was to examine specific patient characteristics of the atypical facial neuralgia (AFN) patients and to assess the effectiveness of conservative and surgical treatment.

Methods: Patients who experienced AFN symptoms after implant placement on posterior maxilla were examined from 2008 to 2016 at Seoul National University Dental Hospital. Through chart-review and patient-interview with questionnaires, demographic and clinical data were retrieved. For the evaluation of the treatment effectiveness, visual analogue scale of the patients before and after the treatment course was compared.

Findings and Conclusions: Patient age ranged from 41 to 71 years (mean age, 56.2 years; 7 males and 9 females). Placement site of the concerned implants was mostly in the maxillary molar region (77.78%). In majority of cases symptom of AFN started within one week after implant fixture installation (62.5%). Eleven patients reported continuous dull pain and five patients reported continuous sharp pain. In surgically treated group, four patients reported complete alleviation of pain, four partial alleviation of pain, one slight alleviation of pain and two reported no change. In conservatively treated group, none reported complete alleviation of pain, four considerable alleviation of pain, and one reported no change. Considering the results of treatment, surgical intervention can be a trial solution.

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Analgesic effect of submucosal dexamethasone and methylprednisolone in third molar surgery

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Background: Beneficial effect of corticosteroids in reducing postoperative swelling and trismus is well established by previous studies. However, their effect on postoperative pain is still controversial.

Objectives: To compare the analgesic effect of submucosal injection of dexamethasone and methylprednisolone in controlling postoperative pain following mandibular third molar surgery.

Methods: 60 recruited patients were randomly assigned to three different groups, namely the saline control group, the (4 mg) dexamethasone group and the (40 mg) methylprednisolone group where the agents were administered as a preemptive submucosal injection. Postoperatively, patients were prescribed with standard analgesic and antibiotic. Pain was assessed on postoperative day one and two when compared to control group (analysis of variance, P 0.05).

Conclusion: The use of methylprednisolone reduced pain in the early postoperative period while the use of dexamethasone did not render any beneficial analgesic effect.

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Patient’s perception of lingual and inferior dental nerve paraesthesia following mandibular third molar extraction—a telephonic survey

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Background: The surgical removal of mandibular third molar is associated with risk of damage to inferior dental and lingual nerve sensory deficit. The damage to lingual and inferior dental nerve depends on the position of the tooth in proximity to the nerves, surgical techniques and it is operator dependent. Postoperatively these patients are only followed up when there are complications. Unless patients perceive the sensory deficiency and make an attempt to report to the surgeon these cases will not come in to light.

Objectives: To assess the incidence of inferior dental nerve and lingual nerve damage among patients who had removal of mandibular third molars with close proximity to the inferior dental canal. To discuss the need of considering coronectomy in selected patients.

Methods: Data was collected from theatre list including both general anaesthesia and local anaesthesia. A telephonic survey was done to assess patients perception of sensory deficit following mandibular third molar extraction at our unit. Radiographs, operator notes and patients feedback were analysed. The patients who were operated by surgeons with minimum of three years surgical experience were included to minimise the error from inexperienced surgeons.

Findings and Conclusion: The incidence of inferior dental nerve paraesthesia was significantly low compared in the literature. It was found that there is a need of discussing coronectomy only in selected cases.

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Compliance to national guidelines for wisdom teeth extractions

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Background: The removal of wisdom teeth is a common surgical procedure within dentoalveolar surgery. The reason for extraction can be associated with a number of pathological changes such as pericoronitis, caries or cysts. As with all procedures, there are potential risks and benefits associated with intervention.

Objectives: The aim of the retrospective study is to improve care for patients who are referred into the hospitals for wisdom tooth removal, by complying with best evidence based practice: