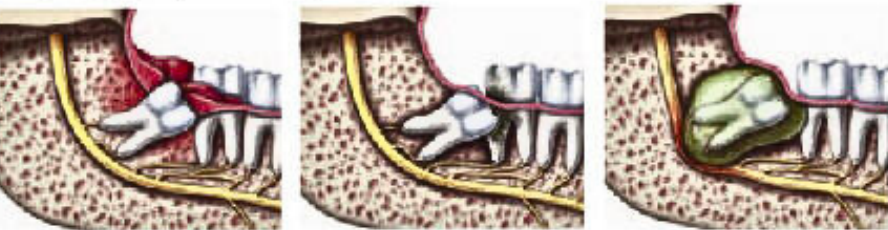


WORDS Of WISDOM

GET THE BASICS ON WISDOM TEETH FROM REYNOLDS ORAL & FACIAL SURGERY

Anthropologic studies found that the rough diet of early humans resulted in severe wear of their teeth. The worn teeth shifted making space for the wisdom teeth. The occurrence of impacted wisdom teeth was only around 25 percent back then. To-day, because our teeth don't wear as severely, 75 percent of our population has impacted wisdom teeth. Problems such as infection, damage to adjacent teeth, crowding, improper bite (malocclusion), cysts and tumor formation occur due to wisdom teeth that don't have enough room to attain a healthy position in the mouth.

Complications such as infection (fig. a), damage to adjacent teeth (fig. b) and the formation of cysts (fig. c) may arise from impacted teeth.



(a) Infection

(b) Crowding, damage

(c) Cyst

WHAT IS AN IMPACTED TOOTH?

A tooth becomes impacted when there is a lack of space in the dental arch and its growth and eruption are prevented by overlying gum, bone or another tooth.

HOW SERIOUS IS AN IMPACTED TOOTH?

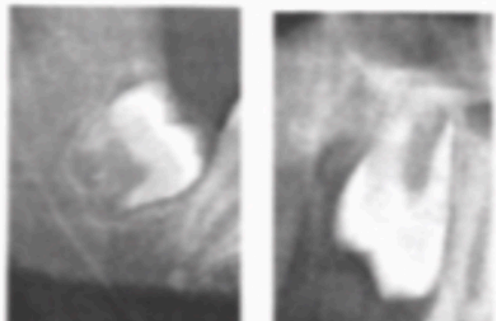
Impacted teeth can lead to infection and be painful. They may also crowd or damage adjacent teeth or roots. Serious problems may occur if the sac surrounding the impacted tooth becomes filled with fluid and enlarges to form a cyst. As the cyst grows it will destroy the jawbone and can permanently damage adjacent teeth. Rarely, a tumor may develop from its walls and a more serious surgical procedure may be required to remove it.

HOW SERIOUS IS AN IMPACTED TOOTH?

In addition to the considerable concern regarding impacted third molars, a recent study sponsored by the American Association of Oral and Maxillofacial Surgeons and the Oral and Maxillofacial Surgery Foundation finds that third molars which have broken through the tissue and erupted into the mouth in a normal, upright position may be as prone to disease as those third molars that remain impacted.

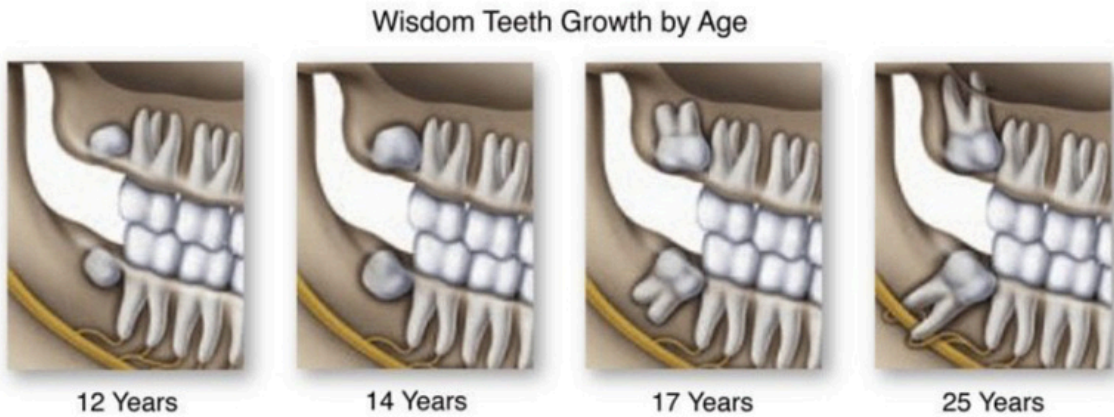
WHEN TO REMOVE WISDOM TEETH

The most common question I am asked is when wisdom teeth should be removed. Below, I provide some information on wisdom teeth. This information is aimed at helping you distinguish the proper timing for the removal of wisdom teeth. Timing for removal of wisdom teeth is based on 3 things: the age of the patient, root formation, and position of the tooth.



1/3 root formation

2/3 root formation



MUST THE TOOTH COME OUT IF IT HASN'T CAUSED ANY PROBLEMS YET?

Not all problems related to third molars are painful or visible. Damage can occur without your being aware of it. As wisdom teeth grow, their roots become longer, the teeth become more difficult to remove and complications become more likely. In addition, impacted wisdom teeth are more likely to cause problems as patients age. No one can predict when third molar complications will occur, but when they do, the circumstances can be much more painful and the teeth more difficult to treat. It is estimated that about 85% of third molars will eventually need to be removed.

POSITION OF TOOTH

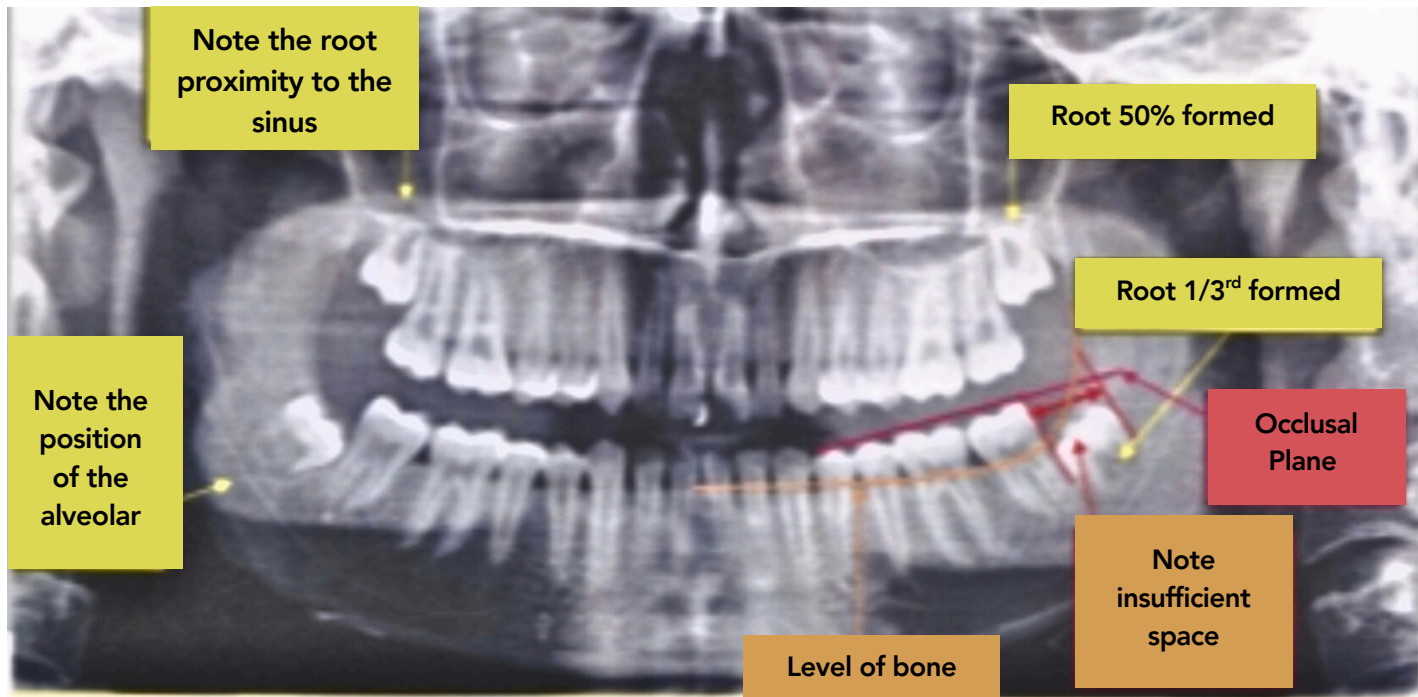
One of the considerations when looking at wisdom teeth is whether they will be able to erupt into a more easily removable position. The root formation brings the tooth up to the surface causing eruption of the tooth. However, in cases of wisdom teeth when there is insufficient space, the tooth may not be able to erupt regardless of how much root formation occurs. The root formation can make them more likely to have nerve injury or sinus involvement. If the position of the tooth is in close proximity to the nerve or sinus it may be better to act sooner to remove the tooth. If the wisdom tooth is already jammed against the adjacent tooth then it's probably time to get it out because it is only going to get worse.

ROOT FORMATION

- Regarding root formation; the ideal time to remove wisdom teeth is when there is 1/3 to 2/3 root formation.
- You can find this out by having a panoramic x-ray, which can be taken at our office, or other dental offices. When there is more than 2/3's root formation, there is an increase of risk for removing wisdom teeth. These risks include nerve injury to the
- Inferior Alveolar Nerve on the lower jaw, and Maxillary Sinus involvement in the upper jaw.

AGE OF PATIENT

- The younger the better (to a point).
- My recommendation is to have patients get a panoramic x-ray at the age of 15 years old, and be prepared to have them out around 16. This is the most common time for removal of wisdom teeth.
- It isn't wise to wait until your wisdom teeth start to bother you. Wisdom teeth are easier to remove when the patient is younger, since their roots are not completely formed, the surrounding bone is softer, and there is less chance of damaging nearby nerves or other structures.
- Removal of wisdom teeth at a later age becomes more complicated as the roots have fully developed (involving the nerve) and the jawbone denser. Younger patients do better for surgical procedures, which minimizes overall complications. Older patients (25-40 years old) are in the intermediate risk category for complications following wisdom teeth removal.
- Patients 40+ years old are in the high risk category.



Above is a panoramic x-ray that explains root formation, sinus proximity and nerve location. As well as insufficient space, which means the jaw doesn't have room for healthy eruption of wisdom teeth. This can also cause problems such as decay to adjacent teeth, cysts, periodontitis pericoronitis which is inflamed tissue around the crown of the tooth that can also become infected. Pericoronitis can lead to Ludwig's Angina which is a serious infection that is life threatening.



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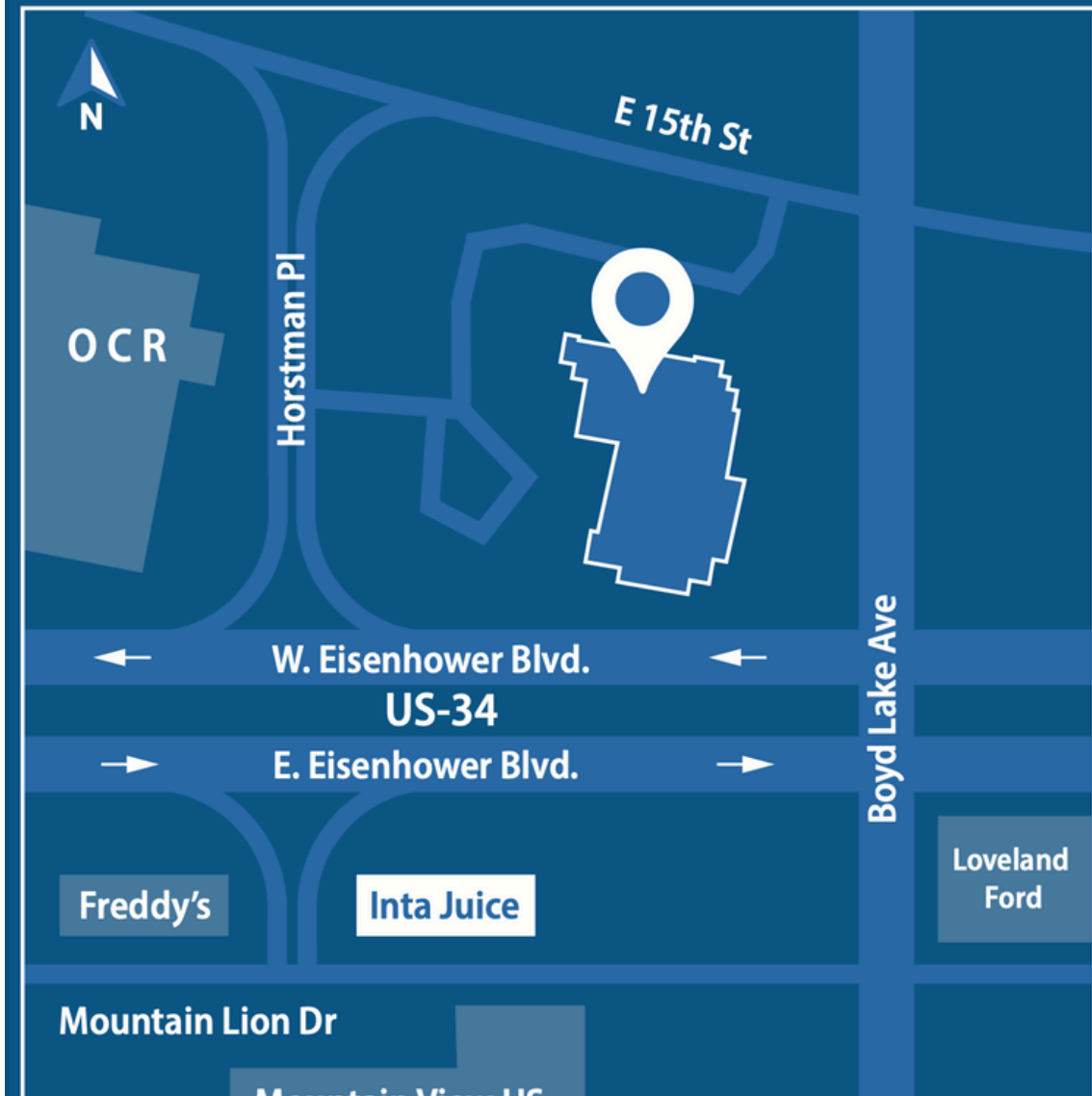
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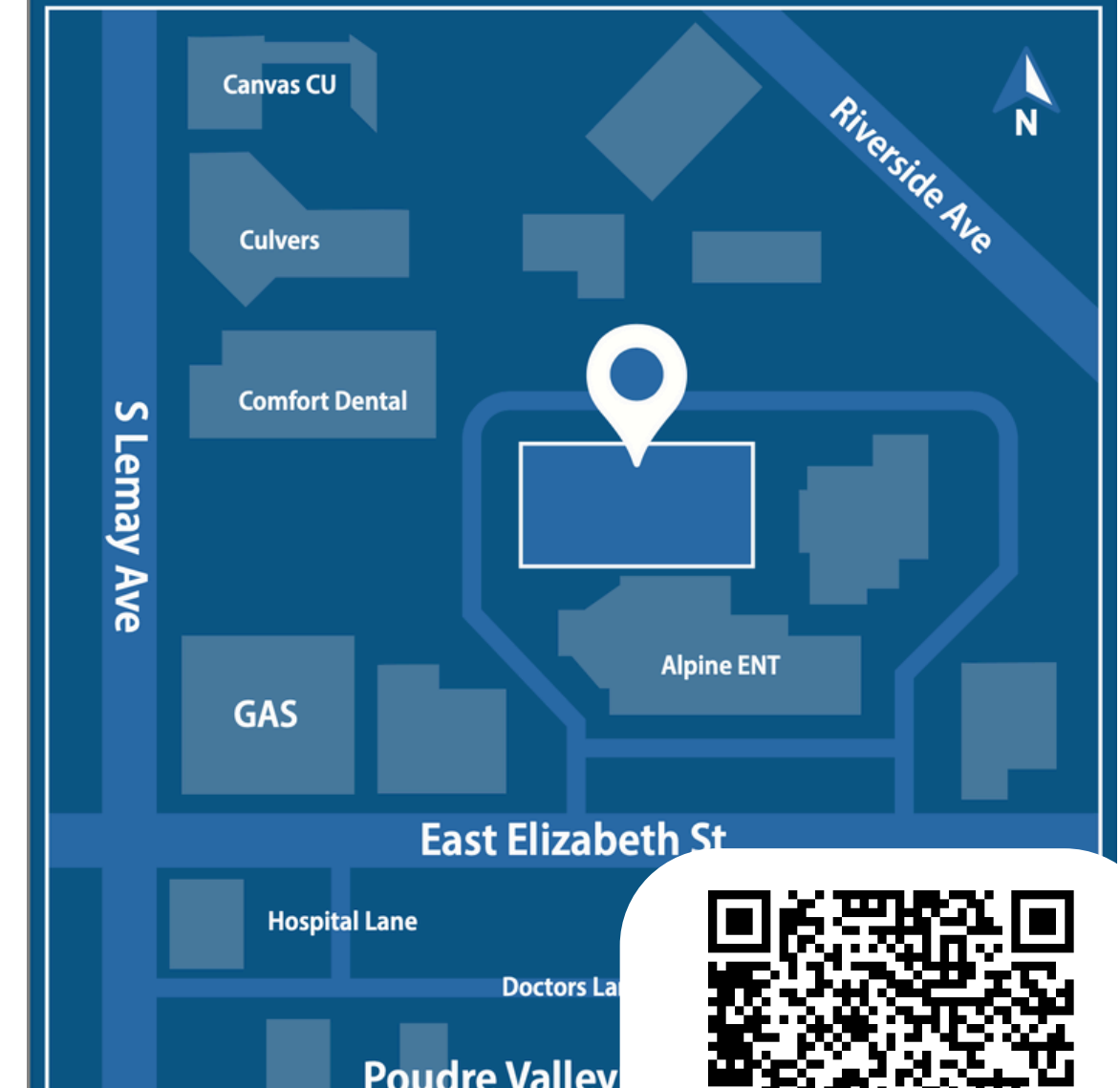
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