

Complications during tooth extraction

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1. **Access:** Problems can be due to small mouths, crowded or malpositioned teeth. A trans alveolar approach may be needed
1. **Pain:** Can be due to anesthetic not working, if this is the case then a regional block, infiltration or intraligamentary injection should be used. If pain persists and other signs of adequate anesthetic is present then acute infection is the most likely cause
1. **Inability to move the tooth:** can be due to the bulbous or diverging roots, very long roots, ankylosis or sclerotic bone. Most solid teeth have an easily identifiable cause e.g diverging roots and raising a flap and using a trans-alveolar procedure will quickly remedy this
1. **Breaking the tooth:** Quite common during extraction and may even assist extraction for example if the roots of a molar are separated. More often however, the crown fractures leaving a portion of the root(s) in situ. It is acceptable to leave small (<3mm) pieces of deeply buried apex but provide antibiotics, tell the patients and review. Larger pieces of root must be removed as they have high incidence of infection.
1. **Fracture of alveolar and/or basal bone:** Breaking the alveolar bone is relatively common. If the fracture only involved the alveolus containing the extracted tooth, remove any piece of bone not attached to periosteum and close the wound. If alveolus carrying other teeth is involved, remove the tooth by trans-alveolar procedure and split remaining teeth. Basal bone fracture is quite rare
1. **Loss of the tooth in the oral cavity:** chest xray is mandatory if not found! Damage to other teeth/tissue and extraction of wrong tooth: Prevent by confirming with patient the teeth to be removed and making careful notes.

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