# Journal of Advanced Medical and Dental Sciences Research

@Society of Scientific Research and Studies NLM ID: 101716117

Journal home page: www.jamdsr.com doi: 10.21276/jamdsr Indian Citation Index (ICI) Index Copernicus value = 100

(e) ISSN Online: 2321-9599;

(p) ISSN Print: 2348-6805

# **Original Research**

# Comprehensive Evaluation of Post Operative Complications in Mesioangular Mandibular Third Molar Impaction Surgeries: An Original Research Study

Anoop Kumar<sup>1</sup>, Alok Bhatnagar<sup>2</sup>, Pallavi Srivastava<sup>3</sup>, Karan Sublok<sup>4</sup>, Ashish Kumar Kushwaha<sup>5</sup>, Tapan Kumar Sharma<sup>6</sup>

<sup>1</sup>Post Graduate Student, <sup>2</sup>Professor and Head, <sup>3,4,5</sup>Reader, <sup>6</sup>Senior Lecturer, Department of Oral and Maxillofacial Surgery, Shree Bankey Bihari Dental College, Masuri, Ghaziabad, Uttar Pradesh, India

#### ABSTRACT:

Background and Aim: Mandibular third molar mesio-angular impaction surgeries are commonly performed oral surgical procedure. Clinical expertise, surgical techniques and host factors primarily governs the overall success of this therapy. Therefore, complications in post operative phases are not an uncommon finding. Such complications can leads to serious consequences when left unattended. The ultimate aim of this study was to evaluate of post operative complications in mesioangular mandibular third molar impaction surgeries. Materials and Methods: Mandibular third molar with mesioangular impaction was studied for their post operative complications in 30 patients. All mandibular third molar mesioangular impaction surgeries were performed in the single operatory with single operatory team. Patients were recalled in their post operative phases and asked about the complication like Bleeding, Edema, Trismus, Pain, Infection, Dry Socket, Nerve Disturbance, TMJ Issues, and Lower Jaw Fracture. The recorded data was subjected to suitable statistical tests to obtain p values, mean and other statistical parameters. P values less than 0.05 was considered as significant. Statistical Analysis and Results: Statistical analysis was attempted by using SPSS statistical package for the Social Sciences version 22. 12 patients belonged to the age group of 25-34 years, 9 patients were of 35-44 years of age, P value was reported to be significant for all studied age groups. Maximum 7 patients were noted with Trismus and minimum 1 patient was noted with Lower Jaw Fracture. P value was found to be significant for all studied post operative complications. Level of significance evaluation using Pearson Chi-Square Test revealed that P value was highly significant for Edema (0.030), Trismus (0.030), Infection (0.001). Maximum mean was observed for TMJ Issues (1.83). Minimum mean was observed for Nerve Disturbance (1.17). Conclusion: Within the limitations of the study authors concluded that Trismus, Pain, Bleeding was common post operative complications while Nerve Disturbance, TMJ Issues and Lower Jaw Fracture was less commonly seen post operative complications. As clinicians, we must monitor any post-operative complications in mesioangular mandibular third molar impaction surgeries and treat them to maximize patient overall health and comfort. Keywords: Mesio-angular Impaction, Third Molar, Surgery, Complication, Pain, Infection, Mandible

Received: 21 July, 2024

Accepted: 24 August, 2024

**Corresponding author:** Anoop Kumar, Post Graduate Student, Department of Oral and Maxillofacial Surgery, Shree Bankey Bihari Dental College, Masuri, Ghaziabad, Uttar Pradesh, India

**This article may be cited as:** Kumar A, Bhatnagar A, Srivastava P, Sublok K, Kushwaha AK, Sharma TK. Comprehensive Evaluation of Post Operative Complications in Mesioangular Mandibular Third Molar Impaction Surgeries: An Original Research Study. J Adv Med Dent Scie Res 2024;12(9):36-40.

## **INTRODUCTION**

Literature has well evidenced about the post operative complications in mesioangular mandibular third molar impaction surgeries. These complications are disturbing the patient's health and social wellbeing.<sup>1-4</sup> The most distressing post operative issue is Bleeding, Trismus, Pain. They severely affect the overall functioning of oral tissues. Many researchers have

shown that these complications can be life threatening also when left untreated or ignored. As a clinician we must recall such patients in their post operative phases.<sup>5-9</sup> These follow ups are highly critical since it enables the clinician to monitor and treat the complications. Many studies have demonstrated the transfer of infection from the surgical/operative site to the underlying alveolar bone. This systemic transfer of infection can affect any organ or system. It is therefore highly imperative to monitor patients of mandibular third molar impaction surgeries.<sup>10-13</sup> Timely identification of complications with precise diagnosis and treatment may reduce the subjective dilemma with improved satisfaction and acceptances.<sup>14-16</sup> The definitive aim of this study was to evaluate of post operative complications in mesioangular mandibular third molar impaction surgeries.

#### MATERIALS AND METHODS

This study was conducted on 30 patients with age 25-50+ years those who reported to institute's outpatient department. Out of 30 patients, 17 patients were male and 13 were female. Inclusion criteria were impacted mandibular third molar with mesioangular impaction. Exclusion criteria were patients on any other heavy ongoing medications, patients those have follow-up issues, patients those suffering from serious chronic diseases. Mandibular third molar with mesioangular impaction is most common type. The study was planned and performed in the department of oral surgery of the institute. The relative benefits of the study were explained in detail to all participating patient. Systematic random sampling procedure was employed to select the precise samples. Written and informed signed consent was obtained from all selected patients. All mandibular third molar mesioangular impaction surgeries were performed in the single operatory with similar armamentarium over a period on one year. Single operatory team performed all the surgeries to maintain the consistency and minimize the intra-operator variations. Patients were recalled in their post operative phases and asked about the complication they feel. Some of the common compaction of surgeries of impacted mandibular third molar with mesioangular impaction was noted. These were Bleeding, Edema, Trismus, Pain, Infection, Dry Socket, Nerve Disturbance, TMJ Issues, and Lower Jaw Fracture. The privacy and other interrelated rights of the patients along with their freedom of expression were kept absolutely confidential. The recorded data was subjected to suitable statistical tests to obtain p values, mean and other statistical parameters. P values less than 0.05 was considered as significant.

#### STATISTICAL ANALYSIS AND RESULTS

All the recorded data were arranged in reasonable manner and subjected to appropriate statistical analysis using SPSS statistical package for the Social Sciences version 22 for Windows. Out of the total sample size of 30 patients who participated in the study, 12 patients belonged to the age group of 25-34 years, 9 patients were of 35-44 years of age, 6 patients were 45-50 years of age and 3 patients were in >50years of age. P value was reported to be significant for all studied age groups (0.001). Maximum 12 patients were reported in the age group of 25-34 Yrs. Overall it had 17 male and 13 female subjects (Table 1-2, Graph 1). Table 3 and Graph 2 denote about the patients distribution according to post operative complications in mesioangular mandibular third molar impaction surgeries. Maximum 7 patients were noted with Trismus and minimum 1 patient was noted with Lower Jaw Fracture. P value was reported to be significant for all studied post operative complications (0.002). Edema, Infection and Dry Socket was observed in 4 patients each. Mean and standard deviation was also calculated for each observed complications of mesioangular mandibular third molar impaction surgeries. Table 4 demonstrated about the fundamental statistical description with level of significance evaluation using Pearson Chi-Square Test for complications in mesioangular mandibular third molar impaction surgeries. P value was highly significant for Edema (0.030), Trismus (0.030), Infection (0.001). Maximum mean was observed for TMJ Issues (1.83). Minimum mean was observed for Nerve Disturbance (1.17). Maximum standard deviation was noted for TMJ Issues (2.565) and Minimum standard deviation was noted for Lower Jaw Fracture (1.120).

Table 1: Patients distribution according to gender: Statistical Evaluation using Student's t-test

Sex	Number [n]	Mean	SD	P value
Male	17	2.65	1.230	0.980
Female	13	2.87	1.630	0.960
Total	30		-	

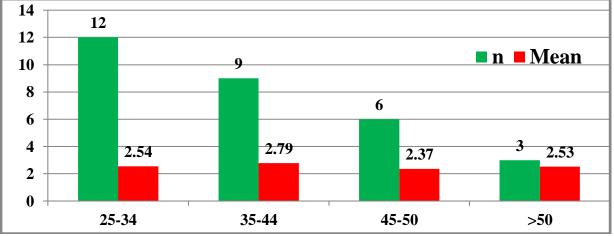
 Table 2: Patients distribution according to age groups: Evaluation of level of significance using ANOVA test

	Patients distribution according to age groups								
Group	Age Range	n	Mean	SD	P value				
Ι	25-34 Yrs	12	2.54	1.460		*Sig			
II	35-44 Yrs	9	2.79	1.240	0.001*	[*p<0.05]			
III	45-50 Yrs	6	1.37	2.144	0.001*	_			
IV	>50 Yrs	3	1.53	2.465					

Patients distribution according to post operative complications								
Sr No.	Туре		Mean	SD	P value			
1	Bleeding/Hemorrhage	5	1.54	1.450				
2	Edema/Swelling	4	1.23	1.540				
3	Trismus/Less Mouth Opening	7	1.67	2.324		*0		
4	Pain/Tenderness	6	1.23	2.435		*Sig		
5	Infection/Inflammation/Redness	4	1.24	1.420	0.002*	[*p<0.05]		
6	Dry Socket/Alveolar Infection	4	1.53	1.140				
7	Nerve Disturbance/Numbness		1.17	2.474				
8	TMJ Issues/TMJ Sounds/Crackings	2	1.83	2.565				
9	Lower Jaw Fracture	1	1.74	1.120				

Table 3: Patients distribution according to post operative complications in mesioangular mandibular third molar impaction surgeries

# **Graph 1: Frequency of Patients according to age groups**



Graph 2: Frequency of post operative complications in mesioangular mandibular third molar impaction surgeries

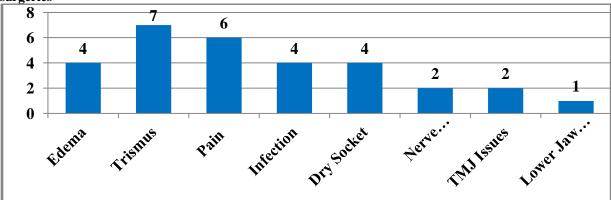


 Table 4: Fundamental statistical description with level of significance evaluation using Pearson Chi-Square Test for complications in mesioangular mandibular third molar impaction surgeries

Complications	Mean	Std. Deviation	Std. Error	95% CI	Pearson Chi- Square Value	df	Level of Significance (p value)
Bleeding	1.54	1.450	0.160	1.96	2.433	1.0	0.086
Edema	1.23	1.540	0.000	1.96	2.242	2.0	0.030*
Trismus	1.67	2.324	0.078	1.96	2.498	1.0	0.030*
Pain	1.23	2.435	0.035	1.96	1.556	1.0	0.080
Infection	1.24	1.420	0.025	1.96	2.550	3.0	0.001*
Dry Socket	1.53	1.140	0.029	1.96	2.463	1.0	0.435
Nerve Disturbance	1.17	2.474	0.016	1.96	1.231	1.0	0.341

TMJ Issues	1.83	2.565	0.033	2.33	1.219	1.0	0.324	
Lower Jaw Fracture	1.74	1.120	0.025	1.26	1.526	1.0	0.090	
*p<0.05 significant								

# DISCUSSION

Barone and associates studied about the Ultrasound Bone Surgery against conventional Rotary Instruments in Lower Third Molar Extraction. It was a Randomized Clinical assessment wherein they noticed few critical complications and their deleterious effect on the overall quality of life.17 López-Cedrún and other researchers have experimented about the effectiveness of Amoxicillin Treatment in Preventing Postoperative Complications in Patients Undergoing Third Molar Surgery. It was a Prospective, Randomized, and Double-Blind Controlled Study. They also believed that post operative complications in mesioangular mandibular third molar impaction surgeries can only be minimized by maximizing the accuracy of the procedures.18 Monaco and other researchers have explored the effects and usage of Antibiotic action in impacted third molar surgery.<sup>19</sup> Poeschl studied the Postoperative prophylactic antibiotic treatment in third molar surgery. Their inferences were highly comparable and predictive as our results.<sup>20</sup> Marciani and other colleagues have explored in detail about the Complications of third molar surgery and their management. They also agreed on the critical role of post operative complication.<sup>21</sup> Synan and other coworkers have studied in detail about the Management of Impacted Third Molars as related to the post operative complication in their recall visits.<sup>22</sup> Candotto and other pioneer workers have highlighted the role of complication in third molar extractions. They stressed on the immediate and precise management of post operative complications and associated quality of life.<sup>23</sup> Azab and other researchers have studied in detail about the effectiveness of secondary against. primary closure methods for the avoidance of postoperative complications after impacted mandibular third molar extractions. Their inferences were highly comparable with our results and recommondatoins.<sup>24</sup> Barone and other colleagues have demonstrated the management of Mandibular Second Molar Impaction especially in terms of their post operative complications.<sup>25</sup> Murad and colleagues and Peixoto and coworkers have also agreed on the imperative role of post operative complications on the overall patient health and quality of life.<sup>26,27</sup>

## CONCLUSION

Within the limitations of the study, authors concluded that post operative complications in mesioangular mandibular third molar impaction surgeries are apparently unavoidable. In our study, Trismus, Pain, Bleeding are the common post operative complications while Nerve Disturbance, TMJ Issues and Lower Jaw Fracture was less commonly seen post operative complications. However, post operative complications are dependent on other imperative factors like clinical expertise, surgical techniques and host related factors. As clinicians, we must observe any post-operative complications in mesioangular mandibular third molar impaction surgeries and treat them to maximize patient overall health and comfort. Our study's findings must always be correlated with clinical findings and observations. Authors also expect some similar long term studies to establish authentic guidelines in these perspectives.

## REFERENCES

- Blasi A, Cuozzo A, Marcacci R, Isola G, Iorio-Siciliano V, Ramaglia L. Post-Operative Complications and Risk Predictors Related to the Avulsion of Lower Impacted Third Molars. Medicina (Kaunas). 2023 Mar 9;59(3):534.
- Ramiro-Verdugo J., De Vicente-Corominas E., Montiel-Company J.M., Gandía-Franco J.L., Bellot-Arcís C. Association between third molar agenesis and craniofacial structure development. Am. J. Orthod. Dentofac. Orthop. 2015;148:799–804.
- Brickley M., Kay E., Shepherd J.P., Armstrong R.A. Decision Analysis for lower-third-molar Surgery. Med. Decis. Mak. 1995;15:143–151.
- Costa M.G., Pazzini C.A., Pantuzo M.C. Is there justification for prophylactic extraction of third molars? A systemic review. Braz. Oral Res. 2013;27:183–188.
- Guerrouani A., Zeinoun T., Vervaet C., Legrand W. A Four-Year Monocentric Study of the Complications of Third Molars Extractions under General Anesthesia: About 2112 Patients. Int. J. Dent. 2013;2013:763837.
- Juodzbalys G., Daugela P. Mandibular Third Molar Impaction: Review of Literature and a Proposal of a Classification. J. Oral Maxillofac. Res. 2013;4:e1.
- Susarla S., Dodson T.B. Estimating third molar extraction difficulty: A comparison of subjective and objective factors. J. Oral Maxillofac. Surg. 2005;63:427–434.
- Bui C.H., Seldin E.B., Dodson T.B. Types, frequencies, and risk factors for complications after third molar extraction. J. Oral Maxillofac. Surg. 2003;61:1379–1389.
- 9. Blondeau F., Daniel N.G. Extraction of impacted mandibular third molars: Postoperative complications and their risk factors. J. Can. Dent. Assoc. 2007;73:325–327.
- Xu G.-Z., Yang C., Fan X.-D., Yu C.-Q., Cai X.-Y., Wang Y., He D. Anatomic relationship between impacted third mandibular molar and the mandibular canal as the risk factor of inferior alveolar nerve injury. Br. J. Oral Maxillofac. Surg. 2013;51:e215–e219.
- Garcia A.G., Sampedro F.G., Rey J.G. Pell Gregory classification is unreliable as a predictor of difficulty in extracting impacted lower third molars. Br. J. Oral Maxillofac. Surg. 2000;38:585–587.
- 12. Diniz-Freitas M., Lago-Méndez L., Gude-Sampedro F., Martín J.M.S., Gándara-Rey J.M., Garcia-Garcia A. Pederson scale fails to predict how difficult it will be to

extract lower third molars. Br. J. Oral Maxillofac. Surg. 2007;45:23–26.

- Liu Z.-L., Jiang E.-S., Cui L.-Y., Li J.-X. Cone-Beam Computed Tomography Analysis on the Relationship between the Mandibular Third Molar and the Position of the Mandibular Canal in Koreans from the Yanbian Area and the Han People. Int. J. Clin. Pract. 2023;2023:9563476.
- Sifuentes-Cervantes J.S., Carrillo-Morales F., Castro-Núñez J., Cunningham L.L., Van Sickels J.E. Third molar surgery: Past, present, and the future. Oral Surg. Oral Med. Oral Pathol. Oral Radiol. 2021;132:523– 531.
- Mantovani E., Arduino P.G., Schierano G., Ferrero L., Gallesio G., Mozzati M., Russo A., Scully C., Carossa S. A Split-Mouth Randomized Clinical Trial to Evaluate the Performance of Piezosurgery Compared with Traditional Technique in Lower Wisdom Tooth Removal. J. Oral Maxillofac. Surg. 2014;72:1890– 1897.
- Alkadi S., Stassen L. Effect of One-Suture and Sutureless Techniques on Postoperative Healing After Third Molar Surgery. J. Oral Maxillofac. Surg. 2019;77:703–716.
- Barone A., Marconcini S., Giacomelli L., Rispoli L., Calvo J.L., Covani U. A Randomized Clinical Evaluation of Ultrasound Bone Surgery Versus Traditional Rotary Instruments in Lower Third Molar Extraction. J. Oral Maxillofac. Surg. 2010;68:330–336.
- López-Cedrún J.L., Pijoan J.I., Fernández S., Santamaria J., Hernández G. Efficacy of Amoxicillin Treatment in Preventing Postoperative Complications in Patients Undergoing Third Molar Surgery: A Prospective, Randomized, Double-Blind Controlled Study. J. Oral Maxillofac. Surg. 2011;69:e5–e14.
- Monaco G., Staffolani C., Gatto M.R., Checchi L. Antibiotic therapy in impacted third molar surgery. Eur. J. Oral Sci. 1999;107:437–441.
- Poeschl P.W., Eckel D., Poeschl E. Postoperative prophylactic antibiotic treatment in third molar surgery—A necessity? J. Oral Maxillofac. Surg. 2004;62:3–8.
- 21. Marciani RD. Complications of third molar surgery and their management. Atlas Oral Maxillofac Surg Clin North Am. 2012 Sep;20(2):233-51.
- Synan W, Stein K. Management of Impacted Third Molars. Oral Maxillofac Surg Clin North Am. 2020 Nov;32(4):519-559.
- Candotto V, Oberti L, Gabrione F, Scarano A, Rossi D, Romano M. Complication in third molar extractions. J Biol Regul Homeost Agents. 2019 May-Jun;33(3 Suppl. 1):169-172.
- 24. Azab M, Ibrahim S, Li A, Khosravirad A, Carrasco-Labra A, Zeng L, Brignardello-Petersen R. Efficacy of secondary vs primary closure techniques for the prevention of postoperative complications after impacted mandibular third molar extractions: A systematic review update and meta-analysis. J Am Dent Assoc. 2022 Oct;153(10):943-956.e48.
- Barone S, Antonelli A, Bocchino T, Cevidanes L, Michelotti A, Giudice A. Managing Mandibular Second Molar Impaction: A Systematic Review and Meta-Analysis. J Oral Maxillofac Surg. 2023 Nov;81(11):1403-1421.
- 26. Murad M, Al-Maslamani L, Yates J. Removal of mandibular third molars: An overview of risks, a

proposal for international community and guidance. Dent Med Probl. 2024 Jul-Aug;61(4):481-488.

27. Peixoto AO, Bachesk AB, Leal MOCD, Jodas CRP, Machado RA, Teixeira RG. Benefits of Coronectomy in Lower Third Molar Surgery: A Systematic Review and Meta-analysis. J Oral Maxillofac Surg. 2024 Jan;82(1):73-92.