

Elimination of complications after tooth extraction

Abduxoshim Abdullaevich Mansurov
Andijan State Medical Institute

Abstract: On the basis of the analysis of primary medical records of 106 (63 men and 43 women) patients aged from 18 up to 76 years, the methods of managing the complications after wisdom teeth extraction, which are applied in dental facilities of different forms of ownership were studied. It has been noticed that in some cases doctors make tactical mistakes in choosing a method of treating complications, in particular, dry socket syndrome or perforation of a maxillary sinus. In public municipal and organization-owned facilities dentists do not properly use the available wide range of medicines manufactured for managing infectious and inflammatory complications arising after tooth extraction.

Keywords: wisdom teeth, alveolitis, alveolar bleeding, perforation of a maxillary sinus, treatment and prevention facilities of different forms of ownership

Patients with diseases of the wisdom teeth of the upper and lower jaws, including the pathology of their eruption - retention and (or) dystopia, which require their removal. After the removal of wisdom teeth, complications are more common than with the removal of other teeth. This is due to the peculiarities of the anatomical structure of their roots, retention and (or) dystopia of the wisdom tooth itself, which complicates the surgical intervention to remove them, making it more traumatic in relation to the soft tissue and bone structures of the jaws. Among the complications of wisdom tooth extraction surgery, alveolar bleeding, alveolitis are more common, less often - perforation of the maxillary sinus and dry socket syndrome. It should be noted that the pathology of wisdom teeth eruption is relevant for the medical service of the armed forces of the country, since the pathology of wisdom teeth, especially eruption, is more common in young people, in particular military personnel undergoing military service by conscription or contract. For example, in the Scandinavian countries, pericoronitis is the main reason why young military personnel seek emergency care from a dentist. In our country, pericoronitis, which occurs during the eruption of wisdom teeth, accounts for about 10% of visits to military personnel on an emergency call to a dentist. It is known that in the vast majority of cases, wisdom teeth, which led to the occurrence of pericoronitis, are removed. In the short term after the removal of impacted and (or) dystopic lower wisdom teeth, complications arise in the form of alveolitis, less often - acute limited osteomyelitis of the lower jaw causing the disability of young people both among the civilian population and among military personnel. Moreover, such complications occur in more than half of clinical cases, despite the use

of modern instruments for tooth extraction, as well as instruments and anesthetics for local anesthesia. Therefore, it is of applied interest to study the methods of treating complications that occur after the removal of wisdom teeth.

After the removal of the wisdom teeth of the upper jaw in departmental medical facilities, the following were detected in the upper jaw: alveolar bleeding - in 6 people, alveolitis - in 7 people, perforation of the maxillary sinus - 2 people; on the lower jaw - hole bleeding - in 6 people, alveolitis - in 7 people. In the treatment of complications in the upper jaw, namely, alveolar bleeding, in 1 case, the filling of the hole with a hemostatic sponge was used, in 5 (83.83%) cases, sutures were placed on the mucous membrane above the hole of the extracted tooth. In the treatment of alveolitis, curettage was performed in 71.43% of cases, and in 28.57% (2 people), a paste with antibiotics and other components was introduced into the well after its mechanical and drug treatment, which also could not be established by PMD. In the event of perforation of the maxillary sinus during the removal of the wisdom tooth, its separation from the oral cavity in 1 case was performed directly on an outpatient basis, and the other patient was sent to the hospital. An analysis of the patient's medical history showed that his existing communication between the oral cavity and the maxillary sinus was closed by local plastic surgery on the day of his admission to the hospital. On the lower jaw, in departmental health facilities, for the treatment of alveolar bleeding in 2 people. A hemostatic sponge was used, in 3 people. - hemostatic sponge simultaneously with suturing the mucous membrane above the hole of the extracted tooth, in 1 person. hole was plugged. Alveolitis in the lower jaw was treated in departmental hospitals using curettage (28.57%, 2 people), as well as using the drug "Alveozhil" (28.57%, 2 people) or pastes (48.86%, 3 people.), prepared directly in the LPU by mixing in-ingredients, which could not be determined by PMD.

An analysis of the methods for treating complications after the removal of wisdom teeth showed that in some cases, doctors make tactical mistakes when choosing a method for treating a complication that has arisen, in particular, with the "dry socket" syndrome or the occurrence of perforation of the maxillary sinus. We emphasize that if perforation of the maxillary sinus occurs during tooth extraction, in order to prevent dehiscence of the edges of the wound and recurrence of the oroantral message, plastic surgery to eliminate the oroantral message should be performed after an X-ray examination of the maxillary sinus in the absence of evidence for the presence of chronic inflammation of the maxillary sinus, in particular "latent sinusitis". In addition, it should be noted that dentists, especially at state municipal and departmental health facilities, do not use a wide range of medicines produced by the domestic and foreign medical industry that can be used to treat infectious and inflammatory complications that occur after tooth extraction, especially alveolitis.

References

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