Clinical decision about asymptomatic mandibular third molars. Comparativestudy: Portugal vs. Spain

Alves-Pereira D*; Pereira-Silva D; Amaral J; Valmaseda-Castellón E
Dentistry School, Coimbra University, Portugal
Dentistry School, Barcelona University, Spain

Introduction

It is estimated that about 1 and 5 million third molar extractions are performed each year in the UK and USA, respectively. Despite the existence of defined indications and contraindications for the extraction of these teeth, there is some controversy about the treatment when the third molar is asymptomatic, even in literature.

The National Institute of Clinical Excellence (NICE) discourages the prophylactic extraction of the third molar. However the American Association of Oral and Maxillofacial Surgeons (AAOMS) includes the prophylactic extraction among the indications.

Scientific evidence is scarce and frequently misinterpreted. Besides, there are few studies documenting which factors should be considered when facing an asymptomatic third molar (3M) extraction.

Hypothesis

Analyze the indications regarding the extraction of asymptomatic mandibular 3M in a group of experienced Portuguese and Spanish dentists.

Methods

Epidemiological observational cross-sectional study

Clinical cases randomly selected through email to all Portuguese and Spanish dentists and maxillofacial surgeons.

Online questionnaire http://surveygizmo.com:

First part: practicioners personal and clinical information
Second part: presentation of 29 mandibular 3M, with panoramic radiography and clinical information.

For each 3M presented and considering an ideal treatment plan performed in a healthy and cooperative patient, the practitioner should indicate:
- His recommendation whether to extract or not extract
- Justification of his decision among a list of options
- Identification of the degree of difficulty of the extraction according to Lickert scale.
- The clinical cases selection obeyed to a similar distribution regarding the teeth position, inclination and degree of inclusion, as well as patient’s gender and age.
- The results were statistically analysed using the IBM SPSS 20 (IBM Corp, New York, EEUU).

Results

An exploratory descriptive study was performed, with the following results:

• Average year of graduation: Portuguese - 2001-9; Spanish - 2000-10
• Higher degree of difficulty of the extractions with deeper inclusions and less MD space available
• In 93% of the cases, Spanish give the extractions a higher score in terms of difficulty
• Degree of difficulty is lower among those with more clinical experience (p<0.05; CI 95%)
• 59.3% of the practitioners choose not to proceed with the extraction when facing an asymptomatic 3M
• Portuguese dentists are those who tend to extract these teeth more often

Conclusions

✓ The decision to remove mandibular third molar is based more upon Individual clinician factors rather than on category of practitioner or country of origin or practice.
✓ Postgraduation and daily oral surgery clinical practice increases knowledge and surgical ability leading to a wiser decision when facing an asymptomatic 3M.
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✓ Postgraduate and daily oral surgery clinical practice increases knowledge and surgical ability leading to a wiser decision when facing an asymptomatic 3M.
✓ Clinical decision when facing asymptomatic mandibular third molar is related to dentists academic education and surgical experience.
✓ There is a need for further studies to define indications of asymptomatic third molar extractions.

Clinical outcomes

The definition of updated guide lines would allow diagnosis criteria standardisation and appropriate decisions among asymptomatic third molars.

References