



FEATURES OF SURGICAL TREATMENT OF WISE TOOTH PERICORONITIS.

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Annotation. Pericoronaritis, or pericoronitis, is an inflammatory disease that spreads to the tissues around a teething tooth. The mechanism of inflammation development is that the tooth overcomes a lot of obstacles during eruption: bone tissue, periosteum, soft tissues. With difficult and prolonged eruption, a kind of hood is formed over the tooth, under which pathogenic bacteria and food residues fall. As a result, an inflammatory process develops.

Keywords. Pericoronitis, anatomical features, purulent, symptoms, subfebrile temperature, injury, chronic diseases.

Causes of pericoronitis

As the tooth erupts, it rests against the mucous membrane. He does not always immediately overcome this barrier. The tooth can stay under the gum for 4 weeks to 6 months or more, gradually lifting and injuring the gum. This leads to the fact that the gum ceases to protect the tissues from the ingress of pathogenic bacteria and small food particles, they easily penetrate under it and provoke an inflammatory reaction.

The inability to carry out hygiene under the hood is the main mechanism of pericoronitis. But other factors can also increase the risk of inflammation or aggravate the situation:

- anatomical features of the structure of bone tissue and gums — thickened periosteum or gum, lack of space in the jaw;
- violations of the rules of oral hygiene — in this case, it is easier for bacteria to start actively multiplying;
- injury — damage to periodontal tissues by solid food particles, excessive brushing with bristles during cleaning;
- chronic diseases of the oral cavity — erosions and ulcers, stomatitis, gingivitis, caries, pulpitis, periodontitis, including near a teething tooth;
- dystopian or retinated tooth, eruption at an angle, the impossibility of complete eruption.

More often, pericoronaritis is observed in the area of erupting eights or wisdom teeth. This is due to the fact that they appear already in adulthood, when the dentition is formed, and the jaw has stopped growing. At the end of the dentition, there is simply no room for a large tooth, and therefore the eight grows at an angle or is partially hidden by the gum. If the wisdom tooth begins to erupt before the age of 20, the process is usually easy. At an older age, the process is more often complicated by pericoronitis.

Symptoms of pericoronitis

Pericoronaritis of the tooth begins with soreness in the gum area, which increases with pressure. Usually it is possible to notice unpleasant sensations when chewing or brushing

teeth. the gum area becomes swollen and red, subsequently an unpleasant smell appears from the mouth.

In the absence of timely medical care, other manifestations also join:

- the spread of pain, giving in the ear, temple;
- difficulty swallowing, sore throat;
- speech difficulties;
- restriction of mouth opening due to edema of the near-pharyngeal area;
- enlargement of lymph nodes;
- subfebrile temperature;
- swelling of the cheek from inflammation.

A person has difficulty chewing food, may suffer from general deterioration of health, headache.

Symptoms may subside after a while — this means that the disease has passed into a chronic stage. Purulent complications may also occur, and if a passage opens in the gum to remove purulent contents, then the acute pain goes away. However, the inflammatory process persists.

Types and forms of the disease

Acute and chronic pericoronaritis are isolated. Acute, in turn, is classified into the following types:

- Catarrhal. The disease begins with swelling and redness of the gums, soreness, itching. This is the simplest form of the disease.
- Ulcerative. It is characterized by the formation of ulceration, covered with a white coating, on the mucous membrane of the gum, necrotization of tissues along the edges of the ulcer.
- Purulent. In the area of inflammation, serous, subsequently purulent contents are released. It is characterized by throbbing pain, general intoxication of the body, bad breath.

Chronic pericoronaritis is a consequence of an untreated acute period. With it, the symptoms become less pronounced, but serous or purulent contents continue to form. It can lead to the formation of a pathological course through which the contents are excreted into the oral cavity. Chronic pericoronaritis is characterized by periodic exacerbations, they can be provoked by tooth movement and other adverse factors, a general decrease in the body's defenses.

With a chronic form, lymphadenitis is often observed. The mucous membrane, even in the absence of unpleasant symptoms, is edematous, has a reddish tint. Despite the absence of serious difficulties with speech, chewing, opening the mouth, it is important to get the help of a dentist, since the risk of complications is quite high, and the disease may not go away on its own.

Diagnosis of pericoronitis

Manifestations of acute pericoronitis may resemble pulpitis and periodontitis. But even an unprepared person can distinguish these diseases from each other. So, with acute pulpitis, throbbing pain does not interfere with the opening of the mouth, and the gums often remain calm, without swelling and redness.

With periodontitis, swelling and redness of the gums are common symptoms. But periodontitis develops under a fully erupted tooth and is most often a consequence of neglected caries. With pericoronitis, the tooth did not fully erupt.

A dentist can make an accurate diagnosis. Radiography is mandatory — a sighting image will help to accurately assess the condition of the tissues, the position of the teething tooth in the jaw, the extent of the spread of the inflammatory process, and also exclude diseases with similar symptoms.

What will happen if pericoronaritis is not treated

It is important to understand that pericoronaritis will not go away on its own. Even if the symptoms subside after 4-5 days, this does not mean that the inflammatory process is over. From time to time, the disease will go into an exacerbation stage and cause a lot of inconvenience. In addition, pericoronitis can cause serious complications.

- Periostitis, or flux, as well as osteomyelitis. The spread of the inflammatory process to the periosteum and bone tissue can be explained by a decrease in local and general protective forces and other factors. Such complications will require serious medical intervention.
- Mobility of adjacent teeth.
- Phlegmon, abscess, lymphadenitis.
- Formation of a fistula course, cysts. The appearance of ulcerative stomatitis.
- Damage to nearby tissues, otitis media, pharyngitis and other inflammatory complications in the area of ENT organs.
- Sepsis.



1 photo pericoronaritis of the lower 8th tooth

Therefore, the treatment of pericoronitis is mandatory, regardless of which area of the tooth the inflammation has spread. The lack of timely medical care can lead to inflammatory consequences and even the loss of healthy adjacent teeth.

Surgical methods of treatment

Treatment of pericoronitis is almost always surgical. And if we talk about molars and premolars, dentists choose the tactics of excision of the gingival hood. But treatment in the field of eights is almost always performed by removing wisdom teeth, and then we will explain why.

Excision of the gingival hood opens access to the growing tooth, this measure allows not only to remove excess inflamed tissues and thoroughly rinse the area, but also to help the tooth to erupt completely and take the right place in the dentition. There are several conditions or indications for this method:

- integrity of the crown and root system of the erupting tooth;
- the correct location of the tooth in the bone tissue of the jaw;
- availability of sufficient space for complete teething in a row.

That is, this approach is used in all cases when the only obstacle to normal teething is the gum. If the unit of the dentition is not too healthy, for example, caries is observed, the integrity of the crown is broken or there are diseases of the root system, then the decision is made individually. If it is advisable to preserve the tooth, the doctor will also perform an intervention, as well as take measures to eliminate the pathology.

Retinated and dystopian teeth, as well as situations in which complete teething will inevitably lead to malocclusion or displacement of adjacent teeth, are indications for surgical treatment of a different plan. The doctor may suggest tooth extraction, and in cases of the disease over the "eight", this is almost always the only solution to the problem.

The fact is that wisdom teeth do not carry a functional load, very often erupt at an angle, interfere with neighboring teeth and increase the risk of complications, including bite defects. Therefore, it is advisable to remove the "eight" and further measures to eliminate inflammation in soft tissues.

The only exceptions are cases when the "eight" can potentially be used as a support for a prosthesis or be important in the planned orthodontic treatment.

In general, the following cases and features are indications for the removal of both the hood and the tooth:

- excision of the hood has already been performed earlier, but the inflammation has not passed and/or intensified, there is no effect from the treatment;
- the tooth does not have enough space in the dentition;
- a retinated, dystopian tooth, the preservation of which endangers the health of neighboring teeth and the oral cavity;
- the gingival hood grows over the erupting tooth repeatedly (this rarely happens);
- the tooth is affected by caries /destroyed, its treatment and preservation are impractical.

Since it requires the removal of a tooth that has not yet fully erupted, the procedure is considered a complex removal. Most often, it requires preliminary dissection of the gum and extraction of the tooth from the tissues located deep. Therefore, in many cases, suturing of the gum will be required, which will accelerate the healing of tissues.

Surgical treatment of pericoronitis is performed under local anesthesia, so the procedure will not cause unpleasant sensations. A mandatory step is washing the mucosa with antiseptic solutions.

Removal of overhanging tissues over the tooth can be carried out with conventional instruments or a laser.

Laser treatment

Excision of the hood with a laser allows you to get better results. The main advantages include:

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