

**306. PREDICTION OF DIFFICULTY IN IMPACTED LOWER THIRD MOLARS EXTRACTION**

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**Introduction.** Mandibular third molar impaction remains a current topic of dentistry due to the frequent complications it causes and contradictions in treatment behavior.

**Aim of the study.** The aim of the paper is to establish the attitude and tactics of surgical treatment of lower molar inclusion. According to Rock and Elsey third mandibular molar impaction meets 73% of young people. Many theories of inclusion of mandibular M3 have been proposed: phylogenetic, mendelian, nodin, endocrine, but the most popular is the insufficient development of retromolar space. Some authors claim that M3 extraction should only be performed when complications may occur, others say that M3 should be extracted if there are no contraindications, but Martin Kunkel is the advocate of the prophylactic extraction of the third molar.

**Materials and methods.** In order to achieve the proposed goal, the frequency of inclusion of three mandibular molars and their relationship with neighboring anatomical formations was evaluated. There were statistically processed data of medical records and radiographic examination. This study was axed on 565 patients treated in the University Dental Clinic nr.2. Of these, 263 patients were selected: 108 patients with M3 impacted and 156 patients with M3 apparently erupted in the correct position. We noticed that M3 inclusion is most common among young people aged 18-25, predominantly female. The most common complication caused by M3 was pericoronaritis, followed by M2 caries.

**Results.** This study concluded that prophylactic extraction at a young age leads to the reduction of postoperative complications and faster regeneration of the tissues. Paraclinic examination is indispensable in determining the mandibular M3 ratio with neighboring anatomical elements, correct diagnosis and treatment tactics. The degree of difficulty in extracting mandibular M3 varies greatly: sometimes it is simple as a regular extraction; but sometimes, extraction is extremely difficult due to deep inclusion, bleeding, tooth shape, posterior posture and tooth decay.

**Conclusions.** We recommend practicing the extraction procedure of M3 only by specialists in domain that possess both practical and theoretical abilities.

**Key words:** third molar, impaction, extraction