Impacted lower third molars: another evidence against prophylactic removal

Prophylactic surgical removal of non-symptomatic impacted lower third molars (ILTM) has generated a lot of controversies in oral surgical practice in the last two decades. Previously, prophylactic surgery has been justified on the basis that third molars have no role in the mouth, notwithstanding that few people would contemplate the prophylactic removal of their appendix, which, unlike many unerupted third molars, communicates with the alimentary tract throughout life. Other justifications for prophylactic removal are increased risk of cysts and tumors development, increased risk of mandibular angle fracture and increased difficulty of surgery with age.

There exists overwhelming evidence in the literature supporting the fact that patients with ILTM are more likely to have an angle fracture than those patients without ILTM. Presently in many centres in Europe and America, one symptomatic lower third molar is a definitive indication for the removal of other third molars. For those of us who believed that lower third molars, impacted or not impacted, have no role in the mouth except to cause pathoses, is this the time to have a rethink in view of the current evidence? One can only agree with ZHU et al. that it might not be appropriate to strengthen the mandibular angle region and to make the mandible more vulnerable to condylar fractures by means of removing an unsymptomatic ILTM, because the treatment of condylar fractures is more challenging and may be associated with more complications than that of angle fractures.

In conclusion, surgeons should be more cautious in taking a decision regarding prophylactic removal of ILTM in the light of new accumulating evidence regarding proness of condylar region to fracture in the absence of incompletely erupted or unerupted mandibular third molars.

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