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Abstract

Prophylactic removal of impacted third molars in the absence of specific medical and surgical conditions has generated a lot of controversy among oral and maxillofacial surgeons. The first attempt to create simple but effective guidelines to aid decision-making about removal of impacted third molars was made at a National Institute of Health Conference in the USA in 1979. In 1997, the Faculty of Dental Surgery of the Royal College of Surgeons of England published guidelines for the management of patients with impacted wisdom teeth and these guidelines were endorsed by the National Institute for Clinical Excellence (NICE) of England in March 2000. The purpose of this study was to assess whether these approved guidelines were being followed in considering impacted lower third molars for surgical extraction at the Oral and Maxillofacial Clinic of the Lagos University Teaching Hospital. A retrospective study of the 156 patients who had 160 impacted lower third molars surgically extracted between November 2000 and November 2002 was done. Patients' records were reviewed for age, sex, and site, type and angulation of impaction, as well as reasons for surgical extraction. Most patients (66%) were in their third decade of life. Distoangular impaction was the most common (40.6%). The commonest reason for extraction was recurrent pericoronitis (62.5%). Only three (2%) extractions (one episode of pericoronitis and two asymptomatic lower impacted third molars) were considered unjustifiable based on the guidelines. Based on the result of this study, unjustifiable and prophylactic removal of impacted lower third molars was not a common practice in our clinic.