

4th INTERNATIONAL CONFERENCE ON DENTISTRY

October 07, 2020 | Virtual Conference

A Review of the Outcomes of Patients Treated with Coronectomies at an Oral & Maxillofacial Surgery Unit at a District General Hospital in the United Kingdom

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Coronectomy is a surgical technique used to minimise the risk of damage to the inferior alveolar nerve (IAN) and is performed in many Oral & Maxillofacial Surgery (OMFS) units. The third molar is decoronated, leaving the roots in situ and theoretically minimising the risk of damage to the IAN. Damage to the IAN can result in significant morbidity and affect a patient's quality of life. There is risk of damage to the inferior alveolar nerve (IAN) following extraction of mandibular third molars, which are increased in so-called "high-risk" teeth.

A retrospective review was carried out, reviewing case notes of patients who underwent coronectomies in the OMFS unit at Arrowe Park Hospital in the UK from March 2019 to March 2020. Of the patients in the study, three had post-operative complications. Two had significant pain in the weeks following the procedure, which had subsided on further review. The third patient developed a post-operative infection requiring oral antibiotics, their symptoms subsequently subsided. No patients in the sample required procedures to remove the remaining roots and no patients had symptoms of IAN damage.

This review found a 79% success rate of coronectomies. This is similar to the success rate of previous studies. Coronectomies have a reduced risk of damage to the IAN when compared with extraction of mandibular third molars and should be considered as an alternative to extraction when indicated.

Biography:

Sandeep Acharya is currently a DCT2 working at Liverpool University Dental Hospital. He has worked at Oral and Maxillofacial Surgery units across numerous hospitals in the United Kingdom. He has a keen interest in Oral Medicine and Surgery and wants to pursue further training and research in these fields.