

## NEWS ON WISDOM TEETH DENTAL DECAY

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**Abstract:** *Dental practitioners should play a pivotal role in the decision of keeping of wisdom teeth. Dentists are by definition the "primary contact" with patients, having more means of intervention to change the patient's attitudes on the importance of preservation of wisdom teeth. If the decision to slaughter the wisdom teeth is mostly the responsibility of the dentist, diagnostics certification amplified by clinical examination and radiological performance and preventing postoperative complications, sometimes dramatic are strict liability of dental surgeon.*

**Keywords:** *wisdom teeth, dental decay, tooth extraction.*

### 1. Introduction

In recent decades, worldwide efferescence in dentistry summarized in actions and documents of the World Health Organization and specialty publications, shows that developing new concepts in oro-dental health care, focusing on prevention idea has become an absolute necessity for all mankind. [1, 3] The major goal of prospecting impose oral health of the population in relation to living and working conditions while detecting pathogens and risk factors in developing the most suitable health programs. [4, 8] Contemporary dentistry after searching and complex assessments, has redefined its objectives and priorities, choosing to protect and promote oral health at population level by avoiding risks and improve quality of life. [2, 7] In this context conservative attitude towards wisdom teeth is taken increasingly into question, especially in recent years. [10] Modern orientation must be adapted as far as possible without exaggeration, but moti-

vated by clearly defined indications. [6] Paradoxically, conservative development of new therapeutic techniques, to reduce and even eliminate the loss of teeth cavities and periodontal disease led to a significant decrease in utility wisdom teeth. [5, 9]

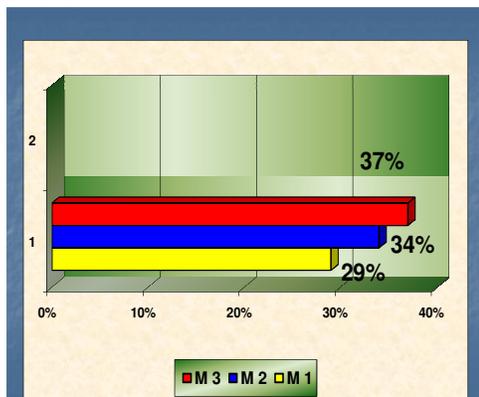
### 2. Materials and methods

In collaboration with O.M.S. Centre IASI, I had access to the investigative file which proposed investigation of complex and interdisciplinary population status and oral treatment needs in conjunction with factors that may affect oral health such as socio-economic conditions, factors environmental, food hygiene, general condition of the body. Thus we performed, extracted and analyzed all data on the third molar periodontal pathology compared with first and second molar in particular human sample consists of 7895 patients. The specific statistical analysis, we correlated the data obtained with specific indicators WHO Sections File Investigation: Sex,

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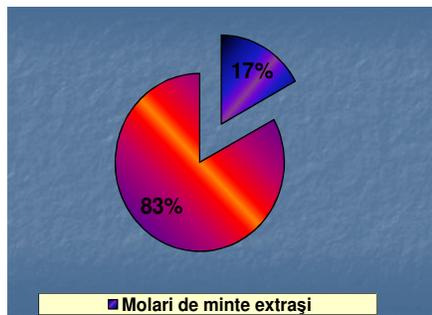
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Age, Address, Prevalence process caries, carious lesions prophylaxis, dental status in conjunction with the Dento-periodontal lesions. The database analysis of 7895 patients developed plot, depending on the type of study we established the following molar percentages: molar1-29%, molar2-34%, Wisdom teeth - 2922 patients - 37% of. (graph 1).



Graph. 1

Further study we sought to determine the therapeutic attitude, in this group of 2922 patients across the wisdom teeth: therapy versus tooth extraction. Our statistical analysis revealed the following percentages: 17% - have received conservative care for wisdom teeth and 83% - wisdom teeth extraction was performed (graph. 2).



Graph. 2

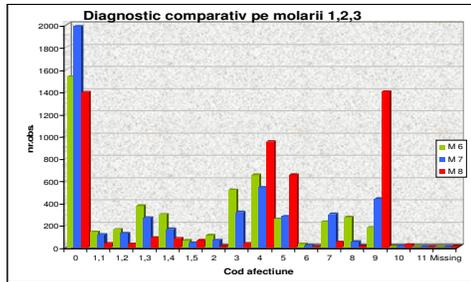
### 3. Results and discussions

In contemporary Romania through the transition period, economic decline and financial power of the population, we have a marked impairment of quality of life. In these circumstances it is clear that interest in oral health has declined, so the oral status of the population, both individually and generally is far from satisfactory. Effectiveness of dental care is assessed by statistical epidemiological indicators, responsibility for oral health rebalance back doctor. It depends on the level of training, attitude and his conscience.

Particularly relevant for our study was addressing the following issues: dental status assessment, translated by conditions: 1.1 – noncavitory caries, 1.2-cavitory caries in enamel, 1.3. cavitory caries in dentin, without pulp involvement, 1.4 .- hollow cavity with pulp involvement, 1.5 - root surface caries / 2 - blocked and caries/ 3 - obstructed, unedged / 4 - missing by cavity caries / 5 - missing from other causes / 6 - sealing / 7 - pole bridge / 8 - body of bridge / 9 – unnerupted tooth / 10 - abnormal position / 11 - morphological abnormalities. For a dentist is important to know the potential of pathological attack on wisdom teeth, compared with other groups such as dental and therapeutic approach best suited the purposes of preserving the tooth arch a good show. Comparative analysis of diagnostic and dental extraction the reasons above mentioned variables reveal the following conclusions:

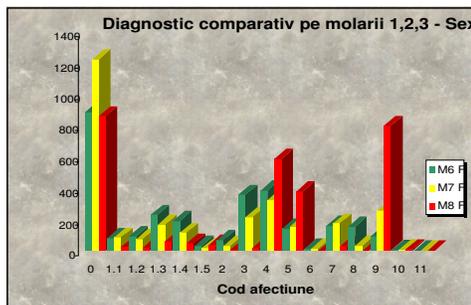
- wisdom teeth / M3, has the lowest percentage of healthy status compared with the variable M1 and M2;
- wisdom teeth / M3 has the highest percentage of absence (extraction) through the cavity;
- wisdom teeth / M3 has the highest percentage of absence through other dental periodontal disease;

- wisdom teeth / M3 has the highest percentage of abnormal rash;
- small percentage of sealing of the wisdom teeth opposite conservative attitude (graph. 3).



Graph. 3

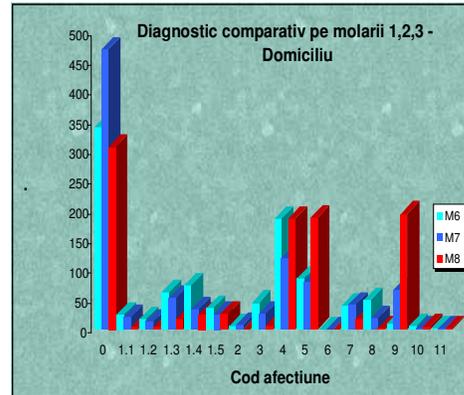
Regarding the index sex we see that healthy status is less when compared three molar with first or second molar. We find a dominated percent for disorder eruption, also the percentage of loss of wisdom teeth by caries is greater than the percentage of loss from other causes, the percentage is too small for sealing (graph.4).



Graph. 4

Regarding residence index we noted that the proportion of healthy status is also lower when compared three molar with first or second molar. We find a dominated percent for disorder eruption, also the percentage of loss of wisdom teeth by caries is greater than the percentage of loss

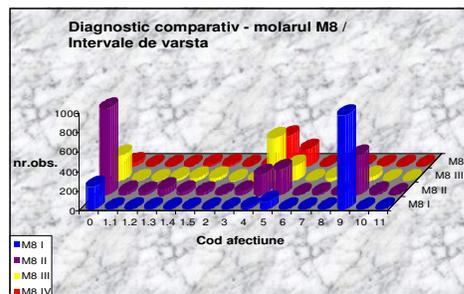
from other causes, the percentage for sealing is small (graph.5).



Graph. 5

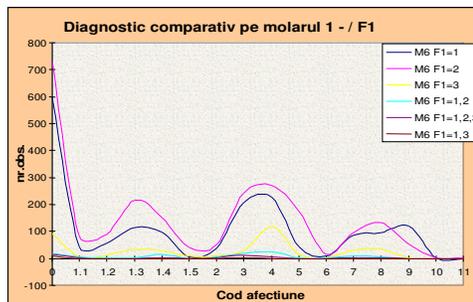
After this first phase of the correlation analysis we can say that when we compared M3 versus M1 and M2 sex and residence index have no prediction value for all variables studied.

The influence of age on reveals: group of age -14 to 21 years is dominated by disorders of wisdom teeth eruption, in age group II -21 to 30 years are common disorders of eruption of wisdom teeth, followed by its loss from other causes and then caries and pulp injury, age group 31-40 years with predominant loss of wisdom teeth caries and pulp injury and age group IV -41 to 50 years prevailing wisdom teeth lost through caries and pulp injury (graph. 6).



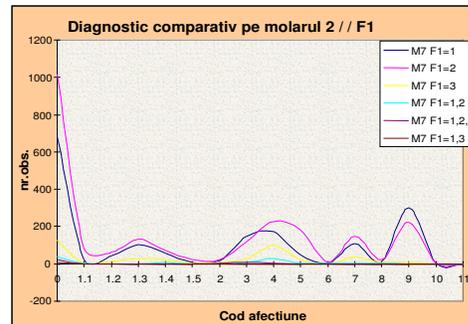
Graph. 6

At this level of correlation analysis we can say that compared variables regarding M3 versus M1 and M2 shows their value of modelled certification showing that wisdom teeth is most prone to attack by caries and pulp injury. The goal of modern dentistry is to produce a shift of responsibility from the doctor at the discretion of the individual. [6,11] People must be convinced to take responsibility of their oral health through learning methods to keep a proper oral hygiene and a steadily addressing the dental specialist to assess rhythmic oral status. Statistical analysis on the evidence referred to the M1 level we found the following: the main cause of the caries attack on wisdom is oral hygiene, followed by general health status and then the diet type; if a M1 was extracted due to dental diseases other than caries the main issue is lack of oral hygiene (graph.7).



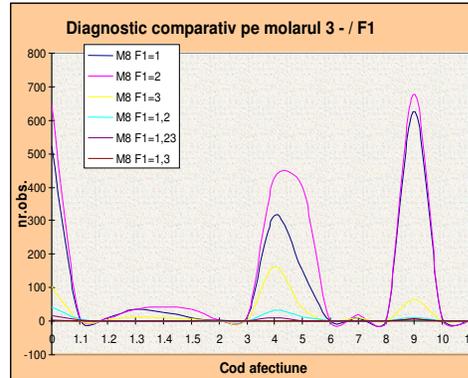
Graph. 7

Statistical analysis on the indices mentioned on second molar- M2 showed us the following: the main cause of the caries attack is oral hygiene, followed by diet type; if a M2 was extracted due to dental diseases other than caries the main issue is lack of oral hygiene (graph. 8)



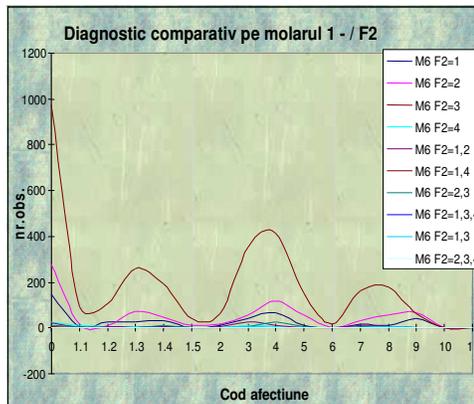
Graph. 8

Statistical analysis on the indices referred to the wisdom teeth – M3 revealed the following: the main cause for dental decay on M3 level is the lack of oral hygiene, followed by diet type; if the wisdom teeth were extracted due to other dental diseases other than caries the main issue is lack of oral hygiene (graph.9)



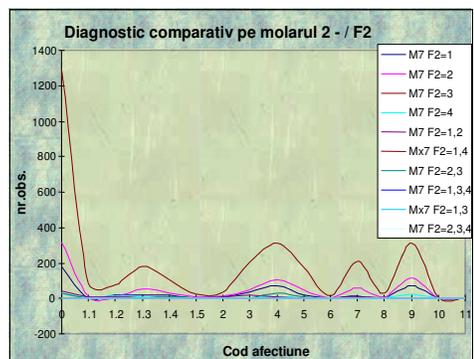
Graph. 9

Regarding the methods of prevention of dental caries we have studied: General or local fluorization, Food hygiene, Oral hygiene, Sealing of caries cavities. Statistical analysis showed us the following: the main responsibilities on initiating the caries attack on M1 are: oral hygiene and caries prevention by sealing. (graph.10)



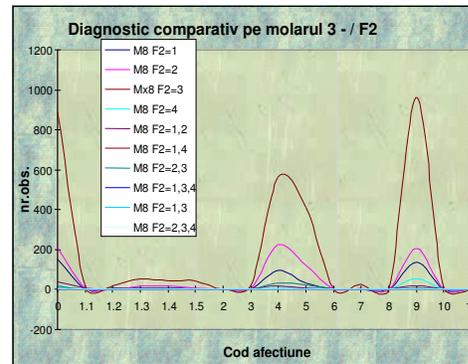
Graph. 10

Statistical analysis on the indices of F2 and G1 on the M2 level shows the following: the main responsibilities on initiating the caries attack on M1 are: oral hygiene and caries prevention by sealing. (graph.11).



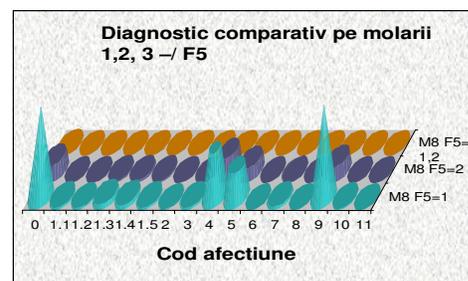
Graph. 11

Statistical analysis on the M3 level shows the following: the main responsibilities on initiating the caries attack on M1 are: oral hygiene and caries prevention by sealing. (graph.12)



Graph. 12

Finally, the analysis which refers to index patient's own efforts in maintaining oral hygiene purposes, which is translated into a daily rhythm of tooth brushing showed us look pretty bad but unfortunately is still present in our patients: - Most patients carry a brush comprising dental arch on molars levels, in the happiest event of two times per day- The highest percentage obtained by the index G 4 (loss of tooth by tooth decay/20, 89%) is due to the lack of tooth brushing in all molars. Most patients do not have a correct technique of brushing and a low living level, facts that not allow them modern modalities for maintaining oral hygiene. (graph.13).



Graph. 13

## Conclusions

There is still a question for dental practitioners: "the risk of preservation of wisdom teeth is beyond the benefits resulting from its inclusion in the teeth"? Answer to this question is given by a mosaic of situations and conditions: morbidity associated with wisdom teeth that continue to affect patients [11]; the costs of solving these problems regarding periodontal disease are quite high; educational, economic, and psycho-emotional reasons; accessibility, the patient avoids for too long to address the dentist, which in the case of wisdom teeth is fatal by late detection and prevention of "pathological attack"; regarding the role and usefulness of wisdom teeth as part of the maxillary dental appliance exists controversy between dental specialties, controversies which unfortunately are not in favour of the tooth image; the existence of these controversies, each of them scientifically motivated leads to job trends, attitudes and erroneous concepts that sometimes ends with killing the premature and unfortunately irreversible wisdom teeth.

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