

Pterygomandibular Fossa Displacement Leading to Third Molar Migration

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Short Communication

Journal of Oral Health case report remembers its long term administration to established researchers by reliably distributing peer-evaluated articles and following the advancement and huge progressions in the field of Dentistry and oral wellbeing. Since the time its beginning in the year 2014, notwithstanding regular issue releases on a Bimonthly premise, this transdisciplinary Journal is likewise delivering unique Special issues and meetings and conference procedures now and again, accordingly extensively covering a wide scope of subjects and arising challenges in Medicine, physiology and pathology of the periodontium, tissue integration of dental implants, science and the modulation of periodontal, alveolar bone recovery and regeneration, diagnosis, the study of disease transmission, prevention and treatment of periodontal diseases and the clinical aspects of tooth replacement with dental implants, and Clinical Epidemiology, Oral Implantology. The Journal centers around application oriented research on Medicine, physiology and pathology of the periodontium, tissue integration of dental implants, science and the modulation of periodontal, alveolar bone recovery and regeneration, diagnosis, the study of disease transmission, prevention and treatment of periodontal disease and the clinical aspects of tooth replacement with dental implants, and Clinical Epidemiology, Oral Implantology. In this issue a portion of the new and significant exploration on research subjects of journals interest will be discussed about.

When lower third molars or root fragments are accidentally displaced into facial spaces, the most affected anatomic sites are the submandibular and pterygomandibular spaces. In the literature, there is a lot of discussion about the causes and potential complications.

Displacement may be caused by a tooth that is oriented toward the lingual or distal face, a thin lingual cortex, the use of unnecessary force, the use of inappropriate instruments, and insufficient examinations. Tissue harm, discomfort, swelling, lockjaw, and foreign body reaction are just a few of the complications, not to mention the medical and legal consequences.

As a result, the patient's medical history, as well as clinical and imaging tests, must be carefully examined in order to assess the appropriate surgical planning to prevent injuries and surgical complications.

Since the surgeon is still responsible for the resolution of the case, even though the surgeon was not the one who conducted the extraction, the oral surgeon must be familiar with the procedure instituted in these cases.

Excessive, uncontrolled force, poor handling due to a lack of expertise on the part of the dentist, and insufficient radiographic examinations are causes that can contribute to the displacement of a tooth to fascial spaces, in addition to anatomic conditions such as the distal angle of the tooth or a thin lingual cortex.

When an accident occurs, however, various imaging examinations are recommended for proper diagnosis.

CT scans with cone-beam re-construction are perfect for pinpointing the exact location of a displaced tooth, but they are not always usable. As a result, radiographs must be taken in at least two flights.

Hirtzand profile radiographs were used to locate the displaced tooth in the present case, showing its lateralized location next to the mandibular ramus and angle. It's debatable when a displaced tooth should be re-positioned.

Surgery may be postponed for a few weeks to allow fibrosis to form around the tooth, stabilizing it and reducing the chance of more displacement into deeper spaces during removal.

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