

Help with Difficult Extractions

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Single Rooted

- Simple Extraction - elevation without flaps or drilling
- Can be flapped PRN (curved incisors)
- If the root breaks, flap and drill a moat around the fragment
 - Size 1 round burr
 - Size 1.35 winged elevator
 - "Point to it" on radiographs with a needle

Multi Rooted

- Mobile: Section, then treat each root as a Simple Extraction
- Not Mobile: Flap
- If the root breaks, drill a moat around the fragment
 - Size 1-2 round burr
 - Size 1.35 winged elevator
 - "Point to it" on radiographs with a needle
 - Be cautious of nearby anatomy (eyes, sinus, nerves and vessels, salivary glands/ducts)

Tricky Teeth:

- Maxillary PM4, M1
 - Flap, remove enough alveolar bone
 - Use elevators GENTLY - don't push (avoid damaging nearby anatomy)
- Mandibular M1
 - Flap, remove enough alveolar bone
 - Use elevators GENTLY - avoid too much torque on the jaw
 - Can break through the mesial root
 - Use extraction forceps to avoid putting too much pressure on the jaw
- Mandibular Canines
 - Flap, remove enough alveolar bone
 - Careful to avoid the mental foramen
 - Elevate distally, avoid too much torque on the jaw
 - Can break through the alveolus or the symphysis
- Maxillary Canines
 - Flap, remove enough alveolar bone
 - Rotate the apex away from the patient - avoid pushing it into the sinus
 - Close with NO tension
- Deciduous Canines
 - Long, thin roots with thick pulp - shatters easily
 - Incise the gum to avoid damage to the permanent tooth
 - Radiograph!!
 - Go back for broken roots - they might abscess, might cause pain