# Quick Reference Guide

## Management of Unerupted and Impacted Third Molar Teeth

### REMOVAL OF UNERUPTED AND IMPACTED THIRD MOLARS IS NOT ADVISABLE:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>In patients whose third molars would be judged to erupt successfully and have a functional role in the dentition.</td>
</tr>
<tr>
<td>C</td>
<td>In patients whose medical history renders removal an unacceptable risk to the overall health of the patient or where the risk exceeds the benefit.</td>
</tr>
<tr>
<td>B</td>
<td>In patients with deeply impacted third molars with no history or evidence of pertinent local or systemic pathology.</td>
</tr>
<tr>
<td>C</td>
<td>In patients where the risk of surgical complications is judged to be unacceptably high, or where fracture of an atrophic mandible may occur.</td>
</tr>
<tr>
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<td>Where the surgical removal of a single third molar tooth is planned under local anaesthesia, the simultaneous extraction of asymptomatic contralateral teeth should not normally be undertaken.</td>
</tr>
</tbody>
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<tr>
<td>C</td>
<td>In patients who are experiencing or have experienced significant infection associated with unerupted or impacted third molar teeth.</td>
</tr>
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<td>In patients with predisposing risk factors whose occupation or lifestyle precludes ready access to dental care.</td>
</tr>
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<td>In patients with a medical condition when the risk of retention outweighs the potential complications associated with removal of third molars (e.g. prior to radiotherapy or cardiac surgery).</td>
</tr>
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<td>In patients who have agreed to a tooth transplant procedure, orthognathic surgery, or other relevant local surgical procedure.</td>
</tr>
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<td>Where a general anaesthetic is to be administered for the removal of at least one third molar, consideration should be given to the simultaneous removal of the opposing or contralateral third molars when the risks of retention and a further general anaesthetic outweigh the risks associated with their removal.</td>
</tr>
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### STRONG INDICATIONS FOR REMOVAL:

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<tr>
<td>C</td>
<td>One or more episodes of infection such as pericoronitis, cellulitis, abscess formation; or untreated pulp/periapical pathology.</td>
</tr>
<tr>
<td>B</td>
<td>Caries in the third molar which is unlikely to be usefully restored, or caries in the adjacent second molar which cannot satisfactorily be treated without the removal of the third molar.</td>
</tr>
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<td>Periodontal disease due to the position of the third molar and its association with the second molar.</td>
</tr>
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<td>Cases of dentigerous cyst formation or other related oral pathology.</td>
</tr>
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<td>Cases of external resorption of the third molar or of the second molar where this would appear to be caused by the third molar.</td>
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### OTHER INDICATIONS FOR REMOVAL:

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<tr>
<td>C</td>
<td>For autogenous transplantation to a first molar socket.</td>
</tr>
<tr>
<td>C</td>
<td>In cases of fracture of the mandible in the third molar region or for a tooth involved in tumour resection.</td>
</tr>
<tr>
<td>C</td>
<td>An unerupted third molar in an atrophic mandible.</td>
</tr>
<tr>
<td>C</td>
<td>Prophylactic removal of a partially erupted third molar or a third molar which is likely to erupt may be appropriate in the presence of certain specific medical conditions.</td>
</tr>
<tr>
<td>C</td>
<td>A partially erupted or unerupted third molar close to the alveolar surface, prior to denture construction or close to a planned implant.</td>
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Clinical assessment should be carried out with the aim of assessing the status of the third molars and excluding other causes of the symptoms.

Routine radiographic examination of unerupted third molars is NOT recommended.

Radiological assessment is essential prior to surgery, but does not need to be carried out at the initial examination.

Any associated pathology should be noted.

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