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"Effects of flap modification on third molar extraction outcomes"-A Randomised split mouth study

Dr Geetha Sridharan
University and Affiliation: SRM University, INDIA

The incidence of impacted mandibular third molar is of common and forms the major proportion of all minor oral surgical procedures. An appropriate flap design for third molar surgery does contribute to better intraoperative surgical accessibility and post-surgical wound healing with minimal complications. The main purpose of this experimental study was to compare traditional conventional wards with a difference in the anterior release incision between the groups. (i.e.) Oblique anterior releasing incision as the control group and vertical releasing incision as the study group, and to study if modifications in flap design influenced the post-operative outcome of third molar surgeries. This prospective split mouth cross-over comparative study included 25 healthy patients with bilateral impacted mandibular third molars with similar difficulty index . The predictor variable flaps were randomly allocated to the patients .The primary outcome variables were pain measured using VAS (Visual analogue scale); swelling in millimetres with the reference points from : 1.) the lateral corner of eye to the angle of the mandible; 2.) Tragus to the corner of mouth, 3.) Tragus to pogonion.; mouth opening measured in mm (Maximum inter incisal distance) ; periodontal probing depth in an mm ; wound healing by modified Landry's score and surgical accessibility. Preoperative measurements were recorded and post-operative values were recorded on day 1, day 3, and day 7 for pain, swelling and mouth opening; whereas for periodontal pocket depth the measurements were noted preoperatively and after a month of surgery. Statistically there were no significance between the variables of two groups, however clinically moderate significance were evident with vertical anterior releasing incision group with the swelling and the surgical accessibility with the oblique anterior releasing incision was found to be better. Though there was no statistical significance with the parameters among the groups, but the closure of the surgical site with vertical anterior releasing incision effectively avoided periodontal pocket formation compared to oblique anterior releasing incision in conventional wards. The anterior vertical releasing incision incorporated in conventional wards is easier for the beginners to access the third molar, however further study on this modified flap is required.

Biography:

Dr Geetha Sridharan has completed her MDS Oral and Maxillofacial Surgery at the age of 27 years from SRM University from India. She has published more than 3 papers in reputed journals and has been serving as an editorial board member of repute.

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