

## What's the Wise Thing To Do With Wisdom Teeth?

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Should wisdom teeth, or 3<sup>rd</sup> molars, be removed? It all depends. Most often, when wisdom teeth are impacted (*unable to erupt, or come in*) within the bone, they will probably be harmless for a lifetime. However, sometimes this is not the case. There is a membrane around any tooth called a “dental follicle,” or “dental sac” that, when the tooth erupts through the gum into the mouth, breaks and remains around the tooth root and differentiates into what is known as a “periodontal membrane” or “periodontal ligament.” Sometimes, not often, an impacted tooth’s dental follicle will turn into a cyst and eat away the jawbone as seen in the image below showing a large 3<sup>rd</sup> molar cyst of a patient that had no symptoms until it became quite large. In this case enough bone had been destroyed that it caused a hollowing out the jawbone (mandible) which could have caused it to fracture easily. This does not occur often, so an alternate to removing an impacted tooth is to keep a periodic x-ray check on it (or them) to observe any changes in the follicle area. This is an especially good idea on the lower, as an impacted lower wisdom tooth sometimes resides near or around the inferior alveolar nerve. If the tooth were removed – even by the best specialist – lip and chin numbness could result from the nerve being damaged upon its removal, as besides supplying sensation to the teeth, it also does so to the lip and chin area.

Wisdom teeth have a “drive” to push upwards through the bone and gums into the mouth. Sometimes this push can translate through the rest of the teeth in front of them and cause the front teeth to become crowded and out of line.

How about wisdom teeth that are partially bony impacted and can’t completely erupt due to their angulation and not enough room for them to come in completely? They stay just under the gum – or partially peeking through it. That usually becomes a problem, as bacteria enter through the little “peek hole” and cause infection that can damage the bone around it and the 2<sup>nd</sup> molar in front of it. This can happen without the person knowing about it, and if and when it does become known through pain and swelling, the damage most of the time has been done. Those are also painful after their removals due to the infection involved, and are most often associated with the typical swollen face.

How about wisdom teeth that have erupted into the mouth? This is an “it all depends” case as well. For most people, they are difficult to clean and harbor the bacteria that cause gum disease. If a person can learn to clean them successfully, they may be OK to keep. I say “may” because the plot thickens. Most often, wisdom teeth that have completely erupted into the jawbone cause front teeth to wear. Dentists who have studied occlusion – which has to do with how the teeth relate and function with the temporomandibular joints, or TMJ’s - realize this. If I see this wear occurring due to the presence of wisdom teeth, I teach the patient why and sometimes the situation can be corrected without their removals, and sometimes not. I let the patient make up their own mind, given that I have taught them well, as I believe that patients own the responsibility for their health decisions given appropriate and correct information.

