

An Assessment of Inferior Dental (IDN) and Lingual Nerve (LN) Injuries Following Third Molar Removal Under LA, IVS, and GA - An Audit and Case-Series

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Abstract : Introduction/Aims: Neurosensory deficits following third molar removal affect the quality of life markedly. The purpose of this audit was to evaluate the incidence of IDN and LN damage and to compare departmental rates to an established standard. A secondary objective was to provide a descriptive summary of identified cases for clinical learning. Materials and Methods: A retrospective audit was conducted by a telephone survey of 101 patients who had third molar extractions performed under LA, IVS, or GA from January 2019 to June 2020 at a District General Hospital. The results were compared to a clinical standard identified as Cheng et al1. Data collection included mode of surgery, mode of anaesthesia, grade of clinician, assessment of difficulty, severity, and duration of symptoms. Results/Statistics: A total of 101 patients had 136 third molars extracted. Age range was 18-84 years. 44% extractions were under LA, 52% under GA, and 4% under IV sedation. 30% were simple extractions, 68% were surgical removals, 2% were unspecified. 89% extractions were performed by an Associate Specialist, 5% by a consultant, and 6% by unspecified grade of clinician. The rate of IDN injuries was 2.9% (n=4), higher than standard (0.3%). The rate of LN injuries was 0.7% (n=1), same as standard (0.7%). The 5 cases of neurosensory deficits are discussed in detail. Conclusions/Clinical Relevance: The rate of ID nerve injuries was higher than the standard. The rate of LN complications was lower than the standard.

Keywords : inferior dental nerve, lingual nerve, nerve injuries, third molars

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