



Part 2



Contra-indications of teeth extraction



In general, the contra-indications are subdivided into.

- I. Local contra-indications.
- II. Systemic contra-indications.



Local contra-indications

1- Acute and uncontrolled infection

- Extraction in the presence of acute and uncontrolled infection may lead to spread of infection locally or systemically leading to many complications some of them are dangerous and life threatening (e.g., cavernous sinus thrombosis, mediastinitis, Ludwig's angina) and acute periapical abscess and facial abscess especially in medically compromised patient. In addition to that limitation of mouth opening especially in lower wisdom tooth infection



2- Previous radiotherapy

Previous therapeutic radiation in oral and maxillofacial region for treatment of cancer lead to fibrosis and decreased vascularity of the tissue or area of extraction and end with a condition in the bone called osteoradionecrosis.

3- Teeth located within area of tumor

Especially in vascular lesion or malignant tumor should not be extracted because extraction may lead to dissemination of the tumor, unhealed socket, and postoperative complications, for example, bleeding postoperatively and intraoperative.



Systemic contra-indications



Systemic contra-indications preclude extraction because the patient's systemic health is such that the ability to withstand the surgical work may be compromised. So, extraction should be postponed until the severity of the problem has been resolved and maybe arranged after consultation with the physician to perform extraction safely without complications

caution is advised in the following conditions

- 1) Severe uncontrolled metabolic disease, e.g., uncontrolled diabetes, end-stage renal disease.
- 2) Uncontrolled leukaemia and lymphomas.
- 3) Sever uncontrolled cardiac disease, e.g., myocardial infarction, unstable angina pectoris, dysrhythmias.
- 4) Sever uncontrolled hypertension.
- 5) Pregnancy.
- 6) Bleeding disorder e.g., haemophilia, platelet disorder, patient on anticoagulants.
- 7) Patients who take a variety of medications e.g., patient on steroid and immunosuppressive drugs, cancer, and chemotherapy.
- 8) Uncontrolled epilepsy.



Pre-extraction (operative) evaluation

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- 1) Clinical preoperative evaluation.**
 - 2) Radiological evaluation**



1-Clinical P.O.E also includes

A. General evaluation.

B. Local evaluation.



A-General evaluation includes:

1. General impression of the patient.
2. History of general diseases,
3. General oral hygiene.
- 4.

B-Local factors evaluation Includes:

- 1) Clinical examination of the accused tooth. .
- 2) Access to the tooth. This includes the mouth opening, location of the tooth (e.g., buccally malposed, in standing) may present difficulty in positioning the dental forceps for extraction, so you may remove such a tooth surgically.
- 3) Tooth mobility: The mobility of the tooth to be extracted should be assessed preoperatively.
- 4) Condition of the tooth: - e.g.
 - A. Carious destruction.
 - B. The presence of large restoration.
 - C. Presence or absence of the adjoining teeth.
 - D. Vitality of the tooth.
 - E. State of the supporting tissue.
 - F. Shape, position, long axis, and size of the crown.
 - G. Attrition

2- Radiological evaluation

- 1) History of difficult or unsuccessful extraction.
- 2) Crown with extensive caries, large restorations, and non-vital tooth when diagnosis is not certain, and tooth is malposed.
- 3) If after clinical examination you decide to remove the tooth surgically.
- 5) Any tooth which is in close relation to important or vital structures like neurovascular canal, maxillary sinus, mental nerve, nasal cavity.
- 6) Attrition teeth in elderly patient (maybe associated with hypercementosis).
- 7) If a tooth is partially erupted or completely unerupted or retained root.
- 8) Any tooth which has been subjected to trauma, fracture of the root and/or alveolar bone may be present

hypercementosis



9) An isolated maxillary molar especially if it is unopposed and over erupted. The bony support of such a tooth is often weakened by the presence of maxillary sinus and this may predispose to certain condition called oro-antral communication or fracture of the maxillary tuberosity.

10) Whenever, underlying bony pathology is suspected e.g., cystic lesion, tumor.

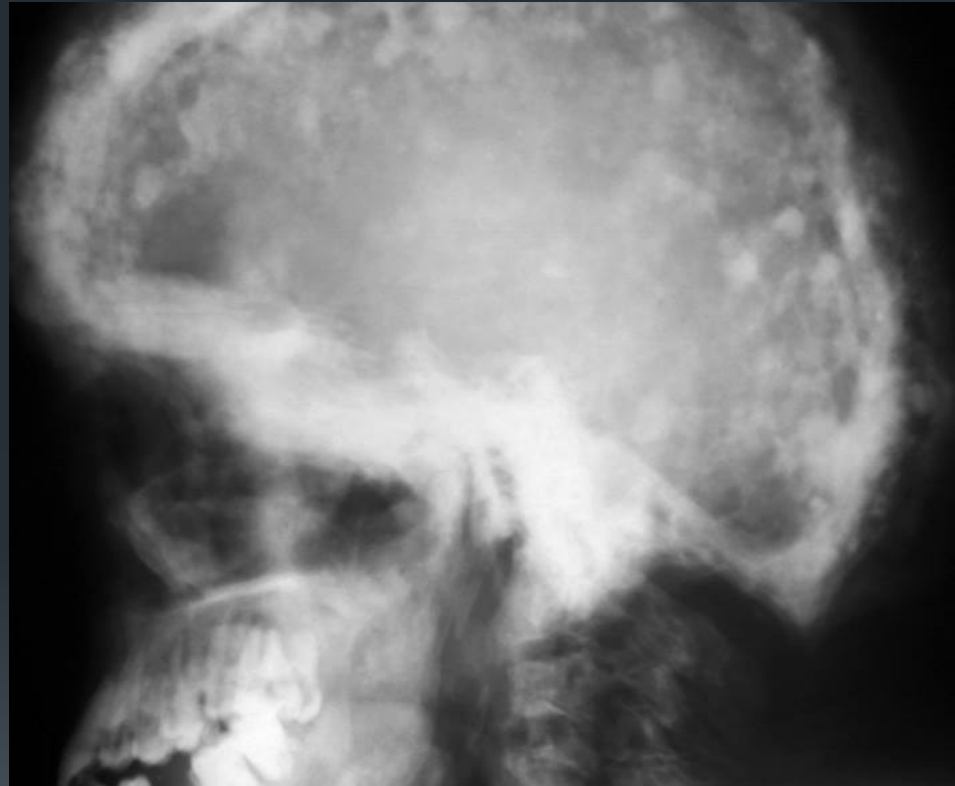
11) Any systemic condition which may predispose to dental or alveolar abnormality like:

a) Osteitis deformans (Paget's disease), in which the roots are hypercementosis and ankylosed leading to difficult extraction, infection of the socket.

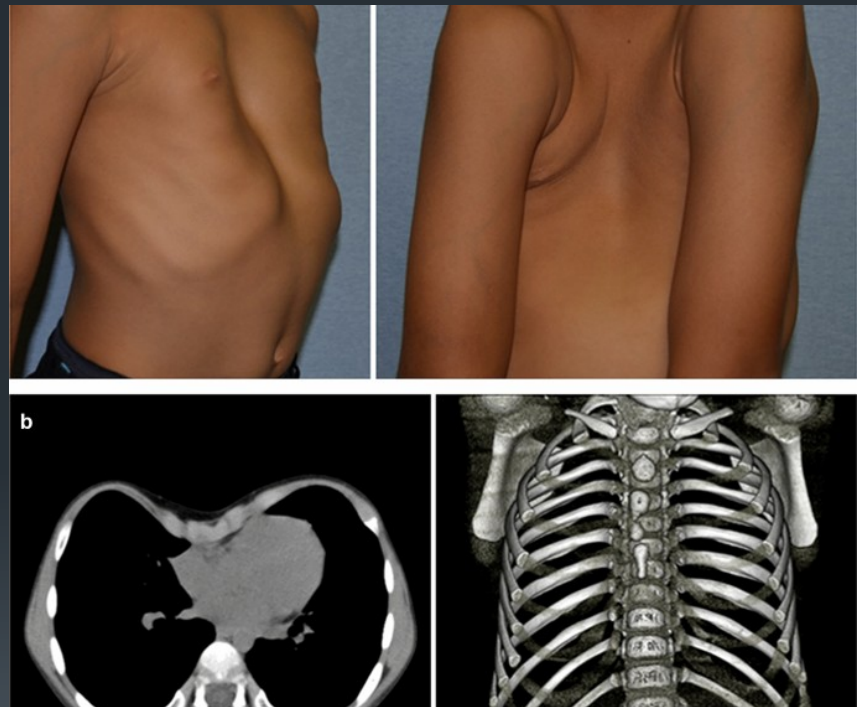
b) Cleido-cranial dysostosis, for pseudo-anodontia (multiple impactions, hooked roots occur, supernumerary teeth).

c) Patient who have received therapeutic irradiation to the jaw which may have to predispose to osteoradionecrosis.

Paget's disease



Cleido-cranial dysostosis,





Thank you