



OMS

QUARTERLY

VOLUME II ISSUE 1 MARCH 2008

BRIAN SIMPSON, D.M.D. DIPLOMATE OF THE AMERICAN BOARD OF ORAL & MAXILLOFACIAL SURGERY
113 NORTH MIDDLETOWN ROAD NANUET NY 10954 (845) 623-3497 FAX (845) 623-4039 drbriansimpson@optonline.net

Third Molars: Defusing an Oral Time Bomb AAOMS 3rd Molar Clinical Trials

The American Association of Oral and Maxillofacial Surgeons and the Oral and Maxillofacial Surgery Foundation are completing the seventh year of their landmark “Third Molar Clinical Trials”. Lead researcher Raymond P. White, Jr, DDS, PhD and his colleagues have discovered that for young adults ages 20 to 35 enrolled in a longitudinal clinical trial, retained third molars, even those that exhibit no outward signs or symptoms of disease, may pose serious health risks that include chronic oral inflammation from periodontal disease which also increases the risk for increased inflammation throughout the body.

Many studies have previously linked periodontal disease with systematic effects, usually in older populations. AAOMS/OMSF data is unique in that it

affects “young adults” ages 20 to 35.

Periodontal disease is rare in patients under 30 years of age; those who have periodontal pockets of 3 mm or more generally exhibit them only in the third molar region. If untreated, the periodontal bacteria will encompass second molars and other teeth.

In another study, the investigators discovered that in pregnant women in the same 20 to 35 year range, third molar periodontal disease increased the risk of delivering a low birth weight infant. Third molar periodontal pathology considered alone in this prospective study of expectant mothers doubled the risk of pre term birth and elevated serum levels of markers of systemic inflammation C-reactive protein (CRP) and Isoprostanes (d8iso). For these patients, the

effects of periodontal disease in the third molar area poses a danger akin to smoking during pregnancy. Furthermore, antibodies to the periodontal bacteria have been found in fetal umbilical cords.

A growing body of evidence suggests that untreated periodontal disease provides a portal into the bloodstream for pathogenic bacteria in affected patients. While oral bacteria associated with periodontal disease have been linked to more serious health problems, including coronary artery disease, stroke, renal vascular disease, diabetes, and obstetric complications, the data from the “Third Molar Clinical Trials” adds a new perspective to the possible risks from oral

inflammatory disease. Young adults also appear to be at risk, particularly from periodontal pathology affecting third molars.

The AAOMS Third Molar Clinical Trial suggests that most third molars, even those that are asymptomatic and display no current sign of disease, are at risk for chronic oral infectious disease, periodontal pathology and tooth decay, and should be considered for removal in young adulthood.

Periodontal pathology in the third molar region is difficult to treat successfully. Eliminating the pathogenic bacteria, once established in periodontal pockets may not be possible,

continued on reverse

Dental Fun Fact

DID YOU KNOW THAT...

JAMES SNELL INVENTED THE FIRST RECLINING DENTAL CHAIR IN 1832. IN 1877, THE WILKERSON CHAIR, THE FIRST PUMP-TYPE HYDRAULIC DENTAL CHAIR WAS INTRODUCED. IN 1958, A FULLY RECLINING DENTAL CHAIR WAS INTRODUCED.

- ADA

News You Can Use

Warfarin therapy may be interrupted with low risk for as long as 5 days for minor invasive procedures, but vigilance is required, the *Archives of Internal Medicine* reports. Industry-funded researchers prospectively evaluated outcomes in some 1,000 patients whose warfarin therapy was interrupted, most often for 5 days or fewer and to accommodate requirements for colonoscopy or oral/dental surgery. Bridging therapy (perioperative heparin) was used in less than 10% of the cases. Seven patients (less than 1%) suffered

thromboembolism within 30 days of the procedure; none had received bridging therapy. Of the 23 patients who had bleeding episodes within 30 days, nearly two-thirds had received bridging therapy. The authors conclude that, until a trial of bridging versus nonbridging therapy is performed, physicians may use these results to “weigh the risks and benefits of different perioperative treatment strategies for patients taking warfarin.”

For more info, see *Archives of Internal Medicine* 1/14/2008

Third Molars: Defusing an Oral Time Bomb

even with repetitive treatments. Because third molars may be difficult to access, restorations, including fillings and crowns, are often difficult to place and maintain. In these instances, it is often necessary to replace the restorations several times during the patient's lifetime. Removing the third molars may be the most prudent option in

such cases. If a decision is made to retain the third molars, patients should be aware that the periodontal status of their third molars should be evaluated on a regular basis.

Costs related to maintaining and replacing such restorations as fillings and crowns in the third molar area, as well as

periodontal treatments are high. Add to these the patient's physical discomfort and distress, and it may be more cost effective to remove the third molars before the patient's 25th birthday.

Retained third molars pose other health risks for affected patients, and may even lead to

the development of cysts or tumors in the jaws. After their removal, reconstructive surgery of the area may be required to repair, reconstruct and restore jaw function and facial form.

For more information, please visit www.aaoms.org.

Dr. Brian Simpson

invites you to attend a seminar on

“The Business of Implant Dentistry”

Course topics:

- ♦ **Fee scheduling for implant restorations**
- ♦ **Advanced technologies**
- ♦ **Incorporating internal connection into your practice**
- ♦ **Increasing practice profitability and generating new revenue with implant therapy**
- ♦ **Hands-on —internal connection**

Speaker: Dr. Bruce Ouellette

Date: Friday, April 11, 2008

Time: 8:00—8:30 registration

8:30—3:00 seminar

Location: Pasta Cucina

253 S. Little Tor Rd, New City, NY

Please RSVP to this free seminar by April 1, 2008

call 845-623-3497 or fax 845-623-4039

co-sponsored by Dr. Brian Simpson and Biomet 3i

Each participant will receive 5 CE credits

“You have to learn the rules of the game. And then you have to play better than anyone else.”

-Albert Einstein