# PIEZOELECTRIC VERSUS CONVENTIONAL ROTARY TECHNIQUE FOR SURGICAL EXTRACTION OF HORIZONTALLY IMPACTED MANDIBULAR THIRD MOLAR (A RANDOMIZED CONTROLLED CLINICAL TRIAL)

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#### **INTRODUCTION**

Impacted mandibular third molar extraction is a common procedure in dental surgery. The conventional technique involves using manual and/or rotary instruments to perform osteotomy and odontectomy, allowing dental extraction with a shorter intervention time and reduced patient anxiety.(1) New surgical techniques and innovative technologies have greatly improved the predictability and reduced the invasiveness of oral surgery procedures. Piezoelectric bone surgery (PBS) was introduced into clinical practice almost 20 years ago.(2) **METHODOLOGY** 

Sixteen patients with horizontally impacted lower third molars in class II position B (3) indicated for surgical extraction were treated randomly using either the piezosurgery (4) or the conventional bur technique. (5)

Duration of the procedure, soft tissue healing, postoperative edema, trismus, pain, and bone density were evaluated.

Post operative pain was evaluated as mean VAS score. (5)

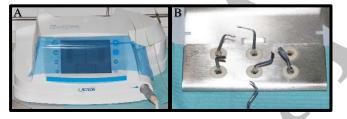


Figure (1): (A) Piezotome. (B) Piezo-electric device tips.

# RESULTS AND DISCUSSION

All patients were clinically evaluated starting from the first postoperative day till the seventh postoperative day. Study and control groups were compared using paired t-test. They showed soft tissue healing with absence of any signs of infection. There was statistical significance in reduction of pain (table 1), trismus (table 2), and swelling in study group, where the time of the procedure was statistically increased in study group. For bone density, statistical difference was found where study group showed better results.





Figure (2): (A) Surgery using conventional rotary method (B) Surgery using piezotome

Table (1): VAS mean score

	Mean (SD)		P value of paired t-test
	Study	Control	
After 1 day	3.8(0.68)	6.5(0.51)	< 0.001*
After 3 days	2.6(0.5)	5.4(0.52)	< 0.001*
After 7 days	1.2(0.47)	4.6(0.52)	< 0.001*

Table (2): Trismus (limited mouth opening) mean value (cm)

		Mean (SD)	P value of paired t-test
	Study	Control	
After 1 day	3.6(0.2)	2.5(0.3)	< 0.001*
After 3 days	3.8(0.23)	2.8(0.2)	< 0.001*
After 7 days	4.4(0.15)	3.6(0.2)	< 0.001*

## CONCLUSION

With the limitations of this study, it can be concluded that piezo-surgery reduces postoperative pain, trismus, and swelling and improves the postsurgical soft tissue healing and bone formation. Also, it may play an important role in increasing bone density within the extraction socket and decreasing the amount of bone loss during operation. The only disadvantage encountered in the study is the elongation of surgical time.

## **ACKNOWLEDGMENT**

I would like to thank Allah who is the main reason of starting, and after his well, achieving all of this in my academic career. I am sincerely grateful to Prof. Dr. Samraa Elsheikh and Dr. Riham Fliefl, for their fruitful ideas and close supervision of every step in this work from the beginning to the end and for giving me generously part of their time.

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