



American Journal of Surgical Research and Reviews (DOI:10.28933/AJSRR)



Paresthesia After Exodontia of 3^o Lower Molares: Causes and Treatment

Pedrosa, Ramos L.V.S¹, Santos G.A.S², Lima L.F.A³, França L.C⁴, Santana J.F⁵, Maia C.S⁶

1,2,3,4,5 Student of the Dentistry Course - UFPE;

6 Teacher Department of Histology and Embryology - UFPE

ABSTRACT

Introduction: Removal of the 3rd lower molars is nowadays a routine procedure in dentistry, but it is an action that can be damaged in the inferior alveolar (NAI) and lingual nerves, which are in association with the roots of the 3rd molars. **Objective:** To analyze causes, predisposing factors, symptomatology and treatment of NAI and Lingual paresthesia. **Methodology:** An integrative review was performed on the MEDLINE, LILACS and SCIELO databases, using the descriptors: Exodontia, Molares, Paresthesia. The inclusion criteria were: articles in Portuguese or English and published between 2013 and 2017. **Result and Discussion:** There were 637 articles related to the topic, 32 selected and 5 used as theoretical reference. Paresthesia is characterized by sensory loss of the affected nerve, resulting from iatrogenic injury or bacterial infections. The predisposing factors for this lesion range from the patient's age, tooth root development, operator ability and teeth impaction. Weeks after surgery, the patient may report symptomatology related to NAI paresthesia as loss of lip sensitivity and on the affected side, altered sensitivity to cold, heat, pain, numbness, tingling and "pinching". There may also be symptoms related to Lingual Nerve paresthesia as a burning sensation in the tongue, changes in taste and constant nibbling on the tongue. The treatment results from the regeneration of the injured nerve fibers. It usually does not require any iatrogenic intervention. However, it is used drugs (Cortisone and Vitamin B1), low intensity laser and microsurgeries for axonal regeneration. **Conclusion:** The frequency of 3rd molar extraction leads to a higher number of postoperative complications. Therefore, paresthesia arises from lack of surgical planning, technical inability and incorrect instrumentation. Thus, detailed evaluations of complementary imaging (panoramic radiography and computed tomography) are of paramount importance, as well as prophylactic measures such as correct diagnosis, anatomical and technical knowledge of the professional, and adequate use of the instruments.

Keywords: Surgery; Exodontia; Inferior Alveolar Nerve; Lingual Nerve; Paresthesia

*Correspondence to Author:

Ramos L.V.S

Student of the Dentistry Course - UFPE

How to cite this article:

Ramos L.V.S, Santos G.A.S, Lima L.F.A, França L.C, Santana J.F, Maia C.S. Paresthesia After Exodontia of 3^o Lower Molares: Causes and Treatment. American Journal of Surgical Research and Reviews, 2018, 1:4



eSciPub LLC, Houston, TX USA.

Website: <http://escipub.com/>

By using the site/services, you are agreeing to our Policies:

<https://escipub.com/terms-privacy-policy-disclaimer/>