

buccal window replaced in its position at the end of the surgery by friction and supported on the remaining bone so we need to extend the window in the surgery to facilitate its reposition without using plates. The bur in this study was only used for tooth sectioning and not for bone guttering.

In this study there was no need for intermaxillary fixation (IMF) after surgery and only two cases need mono cortical plates postoperatively. This outcome is in contrast with that encountered by Sencimen et al; who reported the use of IMF for 4 weeks postoperative and plate in all cases while utilizing the sagittal split osteotomy (SSO) technique in the extraction of deeply impacted lower third molar (17).

In 2001, Renton and McGurk discussed the lingual split technique in extraction of lower third molar with high risk of lingual nerve damage and lingual plate of bone fracture. In buccal lid technique there is no risk of injury to the lingual nerve as it is away from the field and no indications for the lingual plate of bone fracture (18).

Dysphagia develops following surgical removal of mandibular molars because of the need for soft tissue flap elevation and bone reduction at the lingual side of the tooth. This in turn results in a postoperative swelling of the lingual tissues (19). We reckon that the overall incidence and severity of dysphagia is associated directly with the depth of impaction. With the buccal lid approach the lingual tissues remain intact. Sequentially, this eliminates the postoperative dysphagia, and the associated discomfort.

The excessive lingual surgical exposure during the conventional surgery also increases the possibility of lingual nerve injury. Every surgical incision located too far lingually or penetrating the lingual cortex with a surgical bur may risk the LN (20). Once lingual nerve is damaged, amongst other complaints, the patient will report of drooling and changes while swallowing (16). Thus, another important advantage of the buccal window approach derives from the noninvolvement of the lingual tissues.

CONCLUSION

It was concluded from this study that the utilization of buccal lid technique for the extraction of bony impacted mandibular third molars is an effective method with better bone healing outcomes and provides a safer alternative for the extraction of deeply impacted wisdom while minimizing the risk of iatrogenic IAN or LN injury.

Conflict of Interest

The authors declare that they have no conflict of interest.

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