

How Patients Percept Their Recovery Following Impacted Mandibular Third Molar Coronectomy.

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Abstract

OBJECTIVES:

To compare the quality of life (QOL), side effects, risks, and complications following mandibular third molar coronectomy compared with conventional third molar extraction.

METHODS:

Sixty-nine patients referred for extraction of impacted mandibular third molars were prospectively studied. The decision to perform coronectomy was made according to radiological data indicative of a risk for inferior alveolar nerve injury. The patients were asked to fill out a questionnaire on their QOL during the first postoperative week, and the surgeon was asked to fill out a questionnaire on these patients' demographic, clinical, and radiological details as well as surgery-related data. The study participants were followed up for at least 1 year postoperatively.

RESULTS:

Thirty-four of the 69 patients underwent coronectomy (study group) and 35 underwent full extraction (control group). There was no group difference in QOL scores during the first postoperative week. There was no patient of nerve injury in either group. No complications were found in the postoperative period. Two patients of coronectomy necessitate residual tooth removal prior to planned orthodontic treatment.

CONCLUSIONS:

These patients' QOL are similar to those for patients following total extraction. No difference in side effects following procedure was found between coronectomy and total extraction.

CLINICAL RELEVANCE:

Coronectomy of impacted mandibular third molars may be offered instead of total extraction in patients presenting radiological characteristics of root proximity to the inferior alveolar nerve.