CASE REPORT

Case Report on Commonest Procedures Carried Out By Oral Surgeons

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ABSTRACT

This case report presents an impacted third molar with associated dentigerous excrescence in which the IAN is personified and runs along the side face of the beak. This case reiterates the limitations of standard radiographic ways analogous as the orthopantomogram.

Key Words: Dentigerous excrescence, Radiographic ways, Orthopantomogram; IAN

INTRODUCTION

Third molar surgery remains one of the commonest procedures carried out by oral surgeons. One of the main enterprises whilst performing this procedure is inferior alveolar vagrancy- whams (IAN) damage [1]. We present a case of an unusual anatomical variation in which the inferior alveolar vagrancy- whams was externalized. This case reiterates the need for applicable pre- operative radiological assessment to identify the anatomic relationship of IAN with third molar teeth. In this occasion, an altered approach was demanded to save the IAN. This report is in line with the dread criteria.

CASE REPORT

Medically fit 50 time-old virile presented with a longstanding sinus in the right lower third molar region with intermittent pain, swelling and discharge. A standard orthopantomogram (OPG) showed the tooth to be horizontally impacted with an associated cystic lesion. Divagation and narrowing of the inferior alveolar conduit was also noted on the OPG, suggesting a close approximation to the IAN. A motorized tomography (CT) check- up was attained to further assess the relationship and course of the vagrancy- whams. This showed the vagrancy- whams could be seen covering laterally and superiorly in the buccal cortical bone within a corticated channels (Figure 1). Incremental from the forenamed cystic lesion, no other adverse features were reported by the counsel radiologist.

DISCUSSION

There have been multitudinous mortal anatomical studies and, more recently, radiological studies that examine the course of the IAN [2]. In the maturity of cases, the IAN is set up inferior to the impacted third molar. Positional variation of the vagrancy- whams in relation to the tooth tends to be in the buccolingual airplane. Showed that 74 of IANs travel inferiorly and lingually to mandibular third molars [3] a superior and buccal placement of the IAN, as in this case, is extremely rare. We believe this is the first report of a personified IAN with clinical and radiological correlation. No information is presently present in the literature regarding the frequencies of this variation. Some may argue that our finding is secondary to the excrescence rather than a true anatomical disunion. Still, given that there was no bony expansion or change to the mandibular figure, we feel this disunion is most likely to be anatomical, rather than pathological. The fact that there was complete cortical bone between excrescence and vagrancy- whams further supports our thesis. We appreciate that odontogenic excrescencies can displace the IAN conduit. Still, despite 18.1 of odontogenic excrescencies being dentigerous in nature, the externalization of the IAN has not been reported a finding with these lesions. Thus, in the balance of chances, we feel that externalization of vagrancy- whams seen is this case is indeed due to an anatomical variation rather than a result of pathology [4-5].

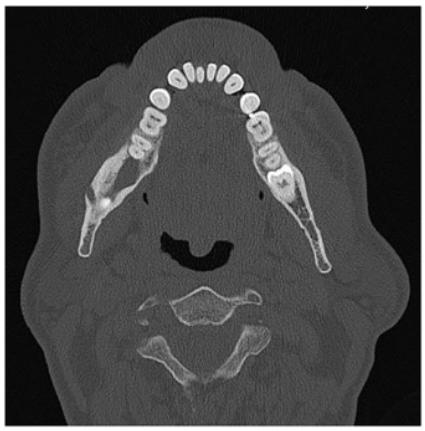

Figure 1) *A standard orthopantomogram (OPG) of the tooth.*

CONCLUSION

Frequencies of endless IAN damage range from 0.35 to 8.4. Although a rare complication, the implications of vagrancy- whams damage can be significant for the case. Timely and accurate pre-operative visualization of vagrancy- whams is consummate in a safe clinical practice and reduces the trouble of gratuitous conduct. Although the OPG has classically been used in the vaccination of vagrancy- whams contiguity to lower third molars, it's limited in that it doesn't permit three- dimensional assessment of the inferior alveolar conduit position. Cone shaft CT has been proven to have better perceptivity and particularity in demonstrating vagrancy- whams and tooth connections. It allows the surgeon to plan the surgical approach to minimize trouble and deliver a safe service. The CT, in this case, handed vital information regarding the contiguity and externalization of the vagrancy- whams, leading to the modification of surgical fashion. Without this vital information, damage to the IAN could have been caused on reflecting the distraction. The authors advise the use of Cone shaft CT to assess third molars which have adverse features on plain film radiographs.

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CONFLICTS OF INTEREST: None.

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