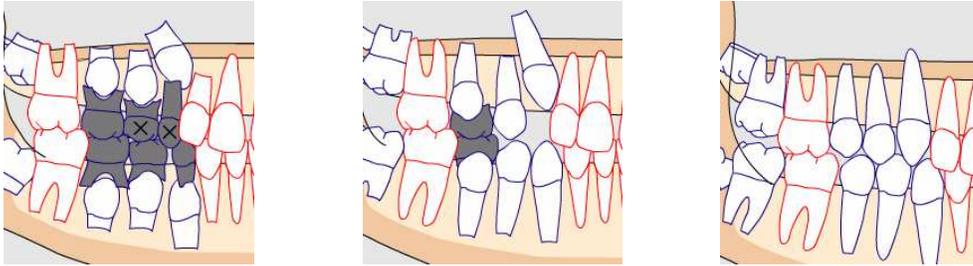
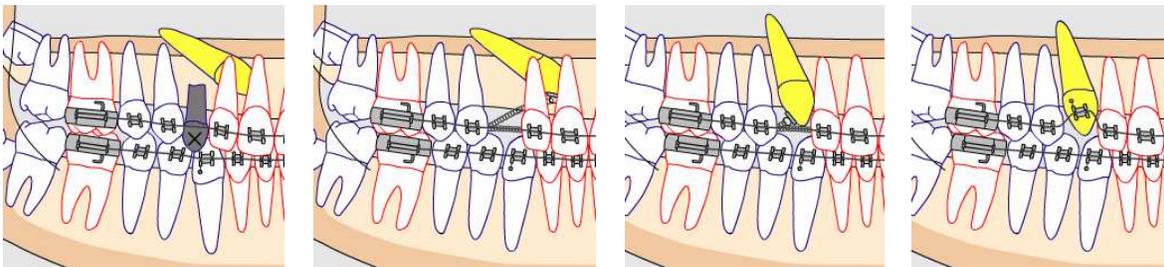


## Treatment options for an impacted cuspid



An impacted tooth simply means that it is “stuck” and cannot erupt into function. The cuspid tooth is a critical tooth and plays an important part in the function of your “bite”. The cuspid teeth are very strong teeth which have the longest root of all the human teeth. They are important for guiding the occlusion into the proper bite.

When a developing problem is identified by x-ray (as shown above), we will routinely request that primary “baby” cuspids be wiggled out to encourage correct repositioning of the permanent “adult” cuspid that follows. Should the teeth not respond to that therapy or the problem was not revealed until later in the development process, you may encounter the “impacted cuspid” which will need to be addressed with a combination of orthodontic treatment and surgical exposure.



**Surgical Exposure:** Dr. Wohlgemuth will require a referral to an oral surgeon for extraction of the baby teeth and/or selected adult teeth that are blocking the eruption of the all important cuspid. Braces will be placed to allow space to be opened for proper eruption of the adult cuspid.

In a simple surgical procedure performed in the oral surgeon’s office, the gum on top of the impacted tooth will be opened to expose the hidden tooth underneath. Once it is exposed the oral surgeon will bond a special eruption bracket to the exposed tooth. The bracket will have a gold chain attached to it. The chain will be guided back to the orthodontic archwire where it is temporarily attached.

Sometimes the surgeon will leave the exposed impacted tooth completely uncovered making a window to the tooth and other times the gum will be returned to it’s original position and sutured back with only the chain remaining visible as it exits a small hole in the gum.

Shortly after surgery the patient will return to our office where a special wire or thread will be attached to the chain placing a light eruptive force on the impacted tooth. This is a carefully controlled process and the timing for bringing the impacted cuspid into alignment is very unpredictable.

In a small number of patients the impacted cuspid may be ankylosed (fused) to the bone and will not move. Usually these cases require extraction of the ankylosed cuspid and ultimately an implant or bridge will be used to replace the missing tooth. The other potential complication for an even smaller number of patients is damage to the adjacent teeth from the impacted tooth. Dr. Wohlgemuth will take periodic x-rays during treatment to monitor progress and keep everyone well informed throughout this process.