

KODAK 9000C 3D Panoramic and Cephalometric System

Evaluation of Severely Impacted Third Molars

Dr. David Sarver

Case Overview

This patient was referred for correction of overjet and crowding. His 3rd molars were severely impacted and had never been removed because of their proximity to the mandibular nerve.

The fear was that removal of the teeth would certainly result in nerve damage and permanent paraesthesia. Our challenge was that he needed mandibular advancement for correction of his Class II malocclusion, and the 3rd molars were in the surgical site, and would result in an uncontrolled fracture rather than a clean sagittal split osteotomy. The 3rd molars needed to be removed and the site allowed to heal before ramus surgery.



CONVENTIONAL PAN (cropped): Showing close proximity of 3rd molar to mandibular nerve

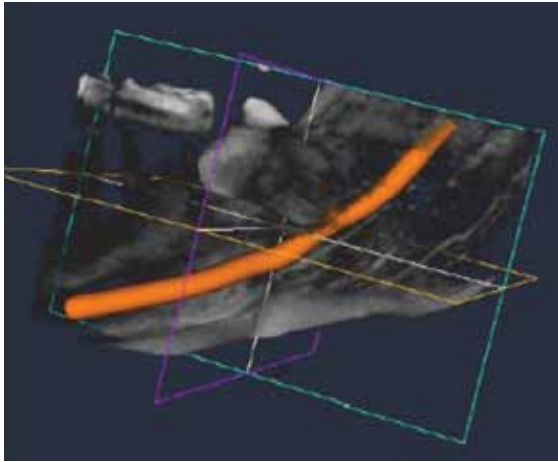


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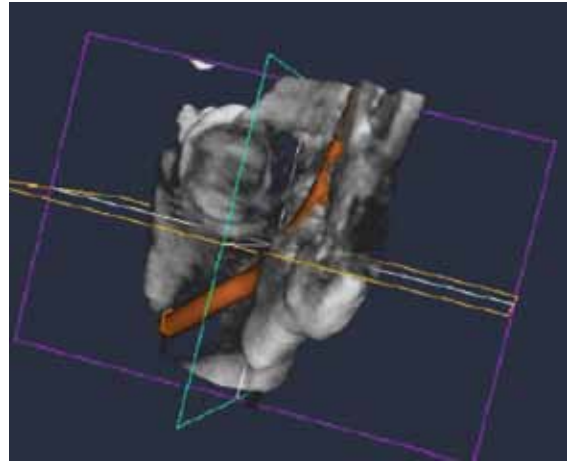
Dr. David Sarver received his Bachelor of Science degree in 1973 from Auburn University. He then graduated from the University of Alabama School of Dentistry in 1977 and was named by ODK as the Outstanding Professional Student in the Medical Center. He obtained his post-doctoral master's degree and completed his certification in orthodontics at the University of North Carolina in 1979. He then opened his practice in Birmingham in 1979.



Clinical Case Study



Mapping of mandibular nerve in the 3D visualization software



Rotation of the 3D image shows that 3rd molar is medial to the nerve

In the Kodak dental imaging 3D software, we are able to identify and highlight the mandibular canal so we could see it and its relationship to the roots of the 3rd molar. As in the panoramic film, the removal of the 3rd molars appears to have a high percentage of a chance of injuring the nerve.

Rotation of the 3D image, however, demonstrates that the 3rd molar is actually quite medial to the nerve and removal appears to be much more possible than we originally thought.