

Panoramic Radiographs for Impacted Teeth

We are often asked, “Why are radiographs, especially panoramic radiographs, necessary for removal of impacted teeth, especially third molars and when should they be taken?” If the timing of primary or permanent tooth eruption were disturbed, then an immediate radiograph would be indicated. Many teeth become impacted because of inadequate arch space for proper eruption into a normal functional alignment. These impacted teeth should usually be removed if they cannot be kept healthy without adversely affecting the adjacent teeth or anatomic structures. This becomes especially a problem if orthodontics were to be required as root damage/resorption can occur to teeth adjacent to an impacted tooth. Pathology will develop around impacted teeth 2-6% of the time. Obviously, adjacent anatomic structures would need to be evaluated to determine their potential risk or damage when looking at impacted teeth.

Third molars present unusual challenges of deciding when and if to remove these teeth. Certainly, it is important to follow these patients early because if these teeth are to be removed, postoperative pain, swelling, infection and other possible complications are minimized in patients that are dentally young. Dentally young, in this case, defines a third molar with approximately half the root formed. There are multiple reasons to remove them earlier but as a routine, half root development is more ideal. Unfortunately, that may occur anywhere from age 14 to 20. The timing of panoramic radiograph to evaluate these teeth should be done initially at age 14 to 16 with a repeat radiograph every 2-3 years until a decision to remove the teeth is made or they erupt into a normal functional arch alignments. An impacted tooth, if not removed, must have continuous follow-up and the patient made aware of the potential for pathology development around these teeth to avoid the potentially horrendous consequences of ignoring these teeth.