

No evidence to support removing impacted wisdom teeth

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Little evidence exists to support removing impacted wisdom teeth that are not causing pain and swelling, aren't negatively affecting other teeth, and are disease-free, finds a new review in *The Cochrane Library*.

According to the review authors, led by Theodorus (Dirk) G. Mettes of the Radboud University Nijmegen Medical Center in the Netherlands, wisdom teeth—third molars that typically make an appearance when individuals are between age 17 and 24—often fail to break the gum line, or do so only partially. These so-called impacted wisdom teeth have the potential to cause a host of problems, including swelling or ulceration of the gums around these teeth, cysts or tumors, and damage, decay, or disease in the second molars. However, many people can go their entire lives without these teeth causing any problems.

Though the general consensus among most dentists and oral surgeons is that troublesome impacted wisdom teeth should be removed, Mettes says, there's a range of opinions on what to do with asymptomatic ones. Some dental care professionals advise patients to have these teeth removed as a matter of course to prevent future problems.

Though such prophylactic removal can avoid problems caused by these teeth, extraction surgery isn't without risks. At the very least, patients who elect for surgery will have some pain and swelling that requires time off of work, school, and other pursuits and will incur the cost of the procedure. More serious risks include permanent nerve damage, a broken jaw or infections in the bone and surrounding tissues.

As a result, Mettes explains, some care providers prefer a "wait and see" approach, removing impacted wisdom teeth only when problems arise. This approach can have its own disadvantages, such as allowing problems to advance if patients or their dentists aren't vigilant, or requiring time off and expense for monitoring visits.

To help develop a consensus, Mettes and his colleagues combed medical databases for studies that compared those who had asymptomatic wisdom teeth removed to those who retained them. Their extensive search turned up only a single study. Even this research, meant to determine whether removing these teeth in adolescents prevents future crowding of front teeth, was inconclusive.

Though care providers' and patients' decisions on whether to remove asymptomatic impacted wisdom teeth "should be based on the best available evidence and combined with extensive clinical experience," little evidence exists for or against this procedure at the moment, Mettes says.

Thomas Dodson, D.M.D., M.P.H., an oral and maxillofacial surgeon at

Massachusetts General Hospital and a member of the American Association of Oral and Maxillofacial Surgeons (AAOMS), emphasizes that the decision to remove is clear-cut if there's disease or dysfunction in impacted [wisdom teeth](#). However, he says, it can be a tough call for people in whom these teeth are asymptomatic and disease-free.

“Those tend to be the longer conversations,” he says. “I rely on patients to tell me what they prefer to do.”

He notes that the study designs necessary to help care providers and their patients make better decisions—randomizing large groups of patients into two groups, one which has these teeth removed and one which has teeth retained—are costly and time-consuming.

“In systematic review after systematic review, each says that more research is necessary,” Dodson says. “But so far, no one has had the interest to fund the necessary research.”

More information: Mettes TDIRKG, et al. Surgical removal versus retention for the management of asymptomatic impacted wisdom teeth. *Cochrane Database of Systematic Reviews* 2012, Issue 6. Art. No.: CD003879. [DOI: 10.1002/14651858.CD003879.pub3](https://doi.org/10.1002/14651858.CD003879.pub3)

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