

**ELIMINATION OF COMPLICATIONS THAT MAY ARISE DURING TOOTH  
EXTRACTION**

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**Annotation:** Complications that arise immediately after tooth extraction surgery are a common occurrence in the field of dentistry. In this case, patients note the appearance of swelling in the gum area, pain, swelling of the soft tissues of the cheek, and a rise in temperature. These are common complications that make themselves felt when a tooth is removed. Some of them disappear over time, others may require an emergency visit to the dentist [1].

**Key words:** Alveolitis, socket compartment, perforation of the maxillary sinus, medical institutions of various forms of ownership.

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The incidence of general complications is low. Usually they are limited to short-term fainting, from which the patient is brought out with the help of ammonia. If anesthesia is insufficient, the patient experiences pain, which he reports to the doctor - the issue of increasing the concentration of the substance used or choosing a different pain relief technique is decided [2].

A local complication after tooth extraction is considered to be a pathological condition localized at the intervention site. It does not affect the body as a whole, but causes serious inconvenience to the patient. Local complications after tooth extraction include:

- bleeding at the site of the extracted tooth;
- paresthesia;
- fracture and dislocation of the jaw;
- leaving particles of the extracted tooth in the gums;
- alveolitis;
- perforation of the maxillary sinus;
- removal of a baby tooth along with the germ of a permanent one;
- root wedging into soft tissue;
- osteomyelitis and other complications of a purulent nature;
- bite pathology;
- traumatic removal of the maxillary tubercle;
- injury to adjacent teeth (luxation or fracture);
- root or crown fracture;
- injuries to the gums, tongue and soft tissues;
- aspiration of a tooth or its root.

General disorders of the condition usually occur against the background of the patient's nervous overstrain, which are associated with fears, often formed in childhood [3, 4]. But technologies are changing, and now treatment by dentists is not accompanied by pain or any other unpleasant sensations. An individual method of anesthesia is selected for each patient to ensure that tooth extraction is easy and painless.

Most often, a fracture of the tooth root occurs during extraction. In this case, it is usually removed so as not to provoke an inflammatory process. If symptoms of infection have already arisen, and the pathology is discovered a few days after the operation, wait 1-1.5 weeks and perform surgical treatment again [5, 6]. In this case, the patient takes anti-inflammatory drugs to stop the inflammation process. If during extraction a tooth that was located next to the extracted one is fractured, the doctor evaluates how reasonable and possible it is to save it [7,8]. With

minor damage, it is possible to build up the damaged area. If the fracture is serious, the tooth is removed. During surgery, cases of dislocation of the tooth closest to the extracted one are not uncommon [9]. For high-grade injuries, replantation is indicated. If the mobility of the tooth is preserved, it is strengthened with a stabilizer in the form of an endodontoendoxal implant. If the tooth tissue is completely dead, it is removed and replaced with an artificial tooth. If the dislocation is incomplete, strengthening is carried out using a splint [10,11]. A situation where the root is pushed into the jaw tissue from below is possible when the third molar of a large tooth is removed. If the hard part is palpable, it is removed through an incision made over it. If there are no objective signs of a root being located in any part of the jaw, an x-ray is taken, which is performed in two projections (side and front) - this is how the desired root is detected and removed. When removed, the root of a tooth may end up in the sinus of the upper jaw. In this case, the root is urgently removed, as it can cause infectious sinusitis [12, 14]. The operation is not performed through the hole so as not to enlarge the hole in the sinus. First, perforation of the bottom is carried out, then an operation to remove the root is made - for this, a burr hole is made in the sinus of the upper jaw from the outside and in front. The operation is performed using endoscopic devices under continuous monitoring.

Most of the proposed treatment methods, as a rule, are aimed at quickly eliminating inflammation in the socket of an extracted tooth using antibacterial and anti-inflammatory drugs and quickly relieving pain symptoms [14,15]. Drugs intended for the treatment of alveolitis do not always provide a long-term effect on the tissues of the inflamed tooth socket, since they are quickly washed away by saliva or are independently removed from the tooth socket when eating, talking or any other minimal muscle load from the muscles of the oral cavity.

During treatment, the inflamed socket, unprotected by a blood clot, is subject to additional infection by pathogenic microflora from the oral cavity and ingestion of food debris, which does not help stop the inflammatory process [16]. The processes of granulation, epithelialization, socket regeneration and formative processes in the alveolar process slow down significantly.

During removal, the gum is injured. The more complex the procedure, the more damage to surrounding tissues occurs. It is not surprising that complications arise after tooth extraction in the form of gum swelling. The injured area swells, the cheek increases in size. The symptom is unpleasant. But if the swelling is not too great, this may be normal. It will subside in a few days. To speed up the process, you can immediately apply ice to your cheek for 5-10 minutes immediately after removal. If the swelling does not subside, start applying a heating pad after 24 hours. The scheme is as follows: a heating pad is applied for 20 minutes, then a break is taken for 10 minutes, after which a warming compress is applied again. Be sure to wrap the heating pad in a cloth to avoid getting burned. Another cause of edema is an allergy to anesthesia components. In this case, it is necessary to take an antihistamine [17]. If after two days the condition worsens (swelling has increased, the temperature has risen, pain has appeared), you must urgently consult a surgeon.

The condition is also called dry socket. If a blood clot does not form in the wound left at the site of the extracted tooth, it does not heal, the tissue remains open and can become inflamed. This is manifested by swelling of the gums, redness, and soreness of the edges of the socket. It remains open and food debris can accumulate in it. Immediately after extraction, the pain may weaken and then intensify on the second or third day. If alveolitis is not treated, body temperature rises, pain when swallowing, and an unpleasant odor. The wound becomes covered with a gray coating [18]. The lymph nodes closest to it may become enlarged. Alveolitis can occur when the immune system is weakened, if tooth extraction was traumatic, if the resulting blood clot was accidentally removed (when rinsing, brushing teeth, moving the tongue). It can also be caused by protracted, prolonged inflammation if the tooth has been left without treatment for a long time.

To prevent the hole from becoming dry, you must follow your doctor's recommendations [19]. You should not rinse the wound too actively, touch it, or press on it with your tongue. If a complication has already appeared, antiseptic treatment is performed for treatment, and general anti-inflammatory therapy is carried out. Usually it lasts several days, less often - 1.5-2 weeks.

Socket bleeding can be early or late. Early appears within a few hours, later - after a day or more.

**Causes:**

A few hours after a visit to the dentist, bleeding may begin if the doctor used adrenaline. When it stops working, the vessels dilate and the wound begins to bleed; if the patient violates the surgeon's recommendations, touches the wound, presses on it with the tongue, late socket bleeding is possible. Most often, the complication is associated with additional injuries (damage to the gums, tissue infection, vascular damage), less often it is provoked by general, systemic diseases (hypertension, metabolic and blood clotting disorders, sepsis, other serious conditions) [20]. If alveolar bleeding does not stop within a few hours or appears again and again, treatment is needed. If the soft periodontal tissues are damaged, additional sutures are placed on the edges of the wound. If blood vessels are damaged, the wound is cooled and local medications with hemostatic agents are used [21]. It is possible to use medications that increase blood clotting (if local remedies do not help).

They are considered a complication, most often appear on the upper jaw, the highest risk is when removing premolars and molars. If removal is difficult, there is a risk of perforation of the floor of the maxillary sinus. It becomes damaged, and a hole appears in the bony septum between the nasal and oral cavities. This may be due to the anatomical features of the jaw structure (there is no bone septum or the roots of the teeth being removed are located close to the bottom of the sinus). Another possible cause is chronic inflammation in the area of the tooth root, due to which the bone septum becomes thinner and destroyed. Such an injury is eliminated immediately. If this is not done, liquid may enter the nose when swallowed or chewed. If such a symptom appears, you should contact your dentist so as not to provoke inflammation.

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