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Case report 30 years recall for pt after early extraction upper Right 1st molar

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Introduction: There are various clinical situations in which extraction of first permanent molars might be considered as the therapy of choice: extensive caries or restorations, endodontic and periodontal problems, periapical pathologies, hypomineralisation or hypoplasia. The first permanent molar is the tooth most prone to caries in the permanent and more than 30% of the children over the age of 11 experience caries activity in these teeth. Additionally, there is a relatively high incidence of hypomineralised first permanent molars (3.6-19.3%), often in combination with hypomineralised incisors. Molars affected by molar-incisor hypomineralisation often show a disintegration of the enamel in their occlusal parts that might favour subsequent caries development. Therefore, these teeth might need to be extensively restored soon after eruption. The treatment of these teeth is challenging both for the patient and for the dentist due to difficulties in achieving a sufficient anaesthesia. Additionally, the retreatment rate, due to defective fillings and unpredictable behaviour of apparently intact opacities, is reportedly very high. Even breathing cold air and dental hygiene often provoke shooting pain of the affected teeth which lead to more dental fear and anxiety. From this point of view and as a result of behaviour management problems, for children with severe molar-incisor hypomineralisation the extraction of compromised first permanent molars would probably be beneficial.

Conflicting opinions about the extraction of first permanent molars can be found in the literature. Planned extraction of first permanent molars has the potential to self-correct space-discrepancies and prevent the development of malocclusions. Despite skillful planning of the extractions, unsatisfactory results such as gaps, tipping and rotation of the neighbouring teeth cannot always be avoided and subsequent orthodontic treatment will be needed. Timing of first permanent molar removal is generally more critical in the mandible than in the maxilla. Responsible for fewer problems in cases of first permanent molar extractions in the maxilla might be the differences in the eruption paths of second molars in the mandible and maxilla. In the maxilla the apex of the second molar is proportionally placed more mesial in relation to the crown. Therefore, the second molar in the maxilla will tilt forward during the eruption process after first permanent molar extraction into a satisfactory position in the arch. In the mandible the apex of the second molar is placed more distally and due to that the crown tends to tip further mesially as a bodily drift forward occurs. Even though prevention of complications in first permanent molar extraction cases is the most important issue, there is only little scientific evidence about the extraction timing in order to minimise unwanted negative effects. Therefore, the aim of the present systematic review is to identify the ideal timing of first permanent molar extraction to reduce the future need for orthodontic treatment.

Discussion: 10 years old female patient came to the naval base dental clinic chief Complain from pain #16 Which is badly decayed (unrestorable tooth) OPG was taken it shows furcation 2/3 formation was developed #17 Extraction #16 was done Follow up was done 30 years later it shows excellent result it shows badly movement for #17 It takes the place for 16.

Conclusion: The suitable time for extraction 6's Is 9-10 In Saudi populations Which shows furcation 2/3 formation of 7'

Biography

Badria Al Matrafi has completed her BDS in1992 in king Saud university in Riyadh KSA AGD in2000 from university of south California USA, ARD board from SCFHS Riyadh, KSA, She is a consultant restorative dentistry in prince sultan medical military city in Riyadh, she is examiner for ARD board in SCFHS for restorative dentistry, she is director of exam comitte for academy leader ship in SCFHS for DSA Program in the kingdom of Saudi Arabia. She was director of officer dental clinic, she is supervisor and has a 20 years of teaching and clinical supervision experience, member of infection control team, director of dental dispensary, and she is researcher and has several publications.

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