
Impacted teeth including surgery for canine teeth

What are impacted teeth?

When one or more teeth fails to grow in the correct position and is therefore held below the normal gum line, it is called an impaction. This can be complete, such as completely unerupted (buried) third molars (wisdom teeth) or partial when just part of the tooth is visible in the mouth.

Why are impactions important?

For best function and appearance the teeth should grow in a healthy alignment. When one or more teeth is impacted, this can affect the function of that tooth but also the function and appearance of other teeth.

Whether all impactions should be treated is still controversial and your dentist and oral and maxillofacial team can explain the advantages and disadvantages of treatment for you, which is usually surgical.

If impacted teeth are not treated, some can lead to medium and long-term problems such as decay, infection, gum disease and dental cysts - but these can all be watched out for by dentists.

What are canine teeth?

Normally, every adult has two canine teeth in each upper and lower jaw. They are the 'pointier' eye teeth ('fangs' in animals) that are in line with the corner of your mouth.

Children also have the same number of canine teeth but these will normally be shed when the adult (permanent) teeth replace them.

Canine teeth are more important than some other teeth for the correct function of the teeth and also for appearance. This is why dentists and orthodontists like to correct their position if possible.

When do permanent canine teeth appear?

Normally, the adult/permanent canine teeth in the upper jaw (maxilla) appear in the mouth (erupt) between the ages of 11 and 13 years. Just before this time, they can usually be felt as bumps on the gum.

What can go wrong with canine teeth?

Sometimes, because of the way teeth grow in the jaws and gums, one or both canine teeth develop in the wrong position for normal appearance or function. For example, they might erupt in the wrong position or not at all.

Dentists and orthodontists usually detect a problem with the canine teeth in children around the ages of 10-14 years, which is a time when they will recommend treatment.

Why can canine teeth grow incorrectly?

Canines are just one type of tooth. Some people never grow some teeth, which can be an inherited condition. Others have problems with the size, number or alignment of some or all of their teeth. The reasons for this can result from a mismatch in the size and shape of teeth, the soft tissues and underlying jaws - or it might be the result of early loss (or removal) of 'baby' (deciduous) teeth. Sometime people are just unlucky.

What can a misplaced canine look like?

Canines can fail to grow completely on one or both sides; this can either leave a gap between the incisors and premolars or the deciduous canine tooth will be retained, which in time might look too narrow or short.

Misplaced canines can also grow in the wrong place. They can erupt at the wrong angle or even behind the teeth in the palate.

What will happen if I have a misplaced canine?

The treatment options for impacted or misplaced canines will depend on the type and severity and the alignment of other teeth. Your dentist, orthodontist and/or oral and maxillofacial surgeon will explain the options to you, which can include surgery.

What might happen if I decide not to have treatment for my impacted canine tooth?

If an impacted canine is not treated, it can just remain buried and give you no more problems. Alternatively, it can lead to the following, which might or might not give you problems in the medium-long-term:

- The tooth can continue to grow behind the other teeth in the roof of the mouth. In an effort to find a path into the mouth, some impacted canines might damage adjacent teeth by eating away or resorbing part of their roots, which might or might not give you problems.
- If the deciduous canine has been lost and the permanent canine remains impacted, you might have a gap, which you might want to close up or replace with a false tooth of some kind (denture or 'bridge').
- Sometimes a cyst can form around the crown of the buried tooth and this can push other teeth out of position.

If you have an impacted canine, you do not have to have surgery - this will be explained by your dentist or orthodontist. For example, if the buried tooth has not damaged the adjacent teeth, is not causing symptoms and the dental appearance is good then no treatment might be necessary.

Your dentist will probably want to keep an eye on the tooth though by taking regular X-rays.

Who will carry out the surgery for impacted canine teeth?

Who carries out surgery on canine teeth depends on the expertise of your own dentist or orthodontist and the nature and extent of the surgery required. Your dentist will explain this to you.

If you are referred to an Oral and Maxillofacial Department in a hospital such as Addenbrooke's, they will work closely with your own dentist and/or orthodontist. Your treatment will be carried out at Addenbrooke's and the options will be explained to you (you might have surgery under local or general anaesthetic)

What happens if I have an impacted canine?

Usually your dentist or orthodontist will diagnose the problem. They will notice that the tooth

is not growing normally, will feel for the bump of the tooth in your palate or gum below your nose and will take some X-rays to check its existence and position.

Often the dentist will refer you to an orthodontist and/or an oral and maxillofacial surgeon for an opinion on the best ways of handling the problem.

What can be done surgically for impacted canine teeth?

There are several options for the surgical treatment of impacted canines. Your dentist will explain the options for you which might include:

- **Removed and discarded** - This can be the treatment of choice if the buried tooth is in a poor position for orthodontic re-alignment, or shows signs of causing problems to adjacent teeth.

Removal of the tooth involves a minor operation, which can be done under local or mostly under general anaesthetic.

If there is a gap to fill where the canine tooth should be, it might be necessary to use a false tooth of some kind (denture or 'bridge')

- **Exposed before orthodontic treatment** - If part of the tooth is exposed to the mouth it can allow an orthodontist to move it into correct alignment. This can be an option only if the buried tooth is in a reasonable alignment and the patient is prepared to wear an orthodontic fixed appliance for at least two years.

The exposure of the tooth involves a small operation in the palate of the mouth, which is often performed under general anaesthesia. During this operation, some gum and bone overlying the tooth is removed so that the crown of the tooth is exposed.

Sometimes, other teeth will need to be extracted to make space for the canine - your orthodontist will explain this to you.

The oral and maxillofacial surgeon might place a dressing over the tooth, which is held with stitches that are removed after two to three weeks. An orthodontist then starts treatment to align the tooth.

- **Transplantation** - Your oral and maxillofacial surgeon might suggest transplantation of the buried tooth if it is in a position where exposure followed by orthodontic treatment is not possible but there is adequate space between the other teeth. This entails an operation to remove the deciduous tooth if it is present, to remove the canine and

replace it as carefully as possible in the correct position. The replaced tooth will need to be splinted for two to three weeks.

The success rate of this procedure remains variable. If it is unsuccessful, the transplanted tooth does not function like a normal tooth and might have to be removed later on.