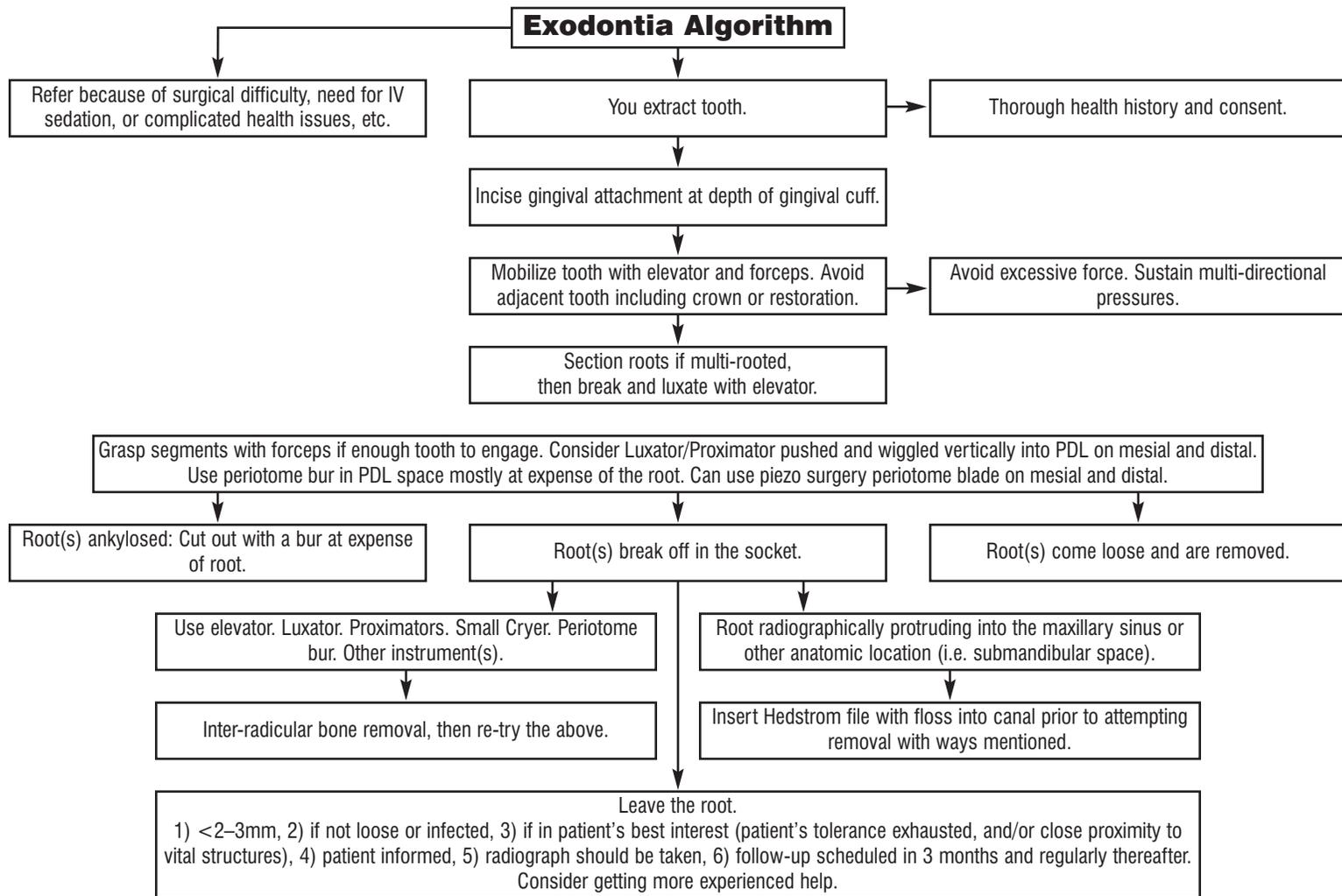




Extract Teeth? Better Read This!



Case Example

1. Minimally reflect soft tissue for placement of elevator (*like 301*) and forceps (*150 or 53R*). Luxate with those two instruments with sustained, moderate pressure.
2. No elevator on distal in fear of crown coming off #2.
3. With little success after 5 minutes or so, cut off coronal portion of #3 slightly supra gingival, if possible, to allow easier access to individual roots with small forceps after sectoining.
4. Cut between the palatal and buccal root complex with 702 bur mesio-distally without touching adjacent teeth and without going into the sinus (*could be pneumatized between the roots; examined x-ray before cutting*).
5. Place straight elevator into the M-D, cut and twist it to finish the separation. Then do the same between the buccal roots. Continue twisting the elevator in the section cut(s) to engage parts and get more luxation and movement.
6. Use forceps to rotate out palatal root.
7. Use 3 mm luxator on MB root to get movement, then forceps like on palatal. Root broke off at bone level.
8. Use the periosteal bur (*700 in straight handpiece*) 3mm deep around MB root mostly at expense of root. No drilling was done on buccal. Then luxator again. It came out.
9. DB root also fractured upon use of periosteal bur and luxator 5 mm from the apex. Very brittle.
10. Place 25 Hedstrom file with floss attached in DB root canal in case it were to go closer to the sinus and need retrieval.
11. On DB root: root tip pick (*nothing*), small Cryer (*nothing*), trough with periosteal bur 2mm deep, 3mm Luxator, then came loose and was removed.
12. Debridement, sutured papillae on mesial and distal with chromic gut (*5-day tensile strength*).
13. Negligible bone removal on one of the hardest of all cases.

