Extract Teeth? Better Read This!

**Exodontia Algorithm**

1. You extract tooth.
2. Incise gingival attachment at depth of gingival cuff.
3. Mobilize tooth with elevator and forceps. Avoid adjacent tooth including crown or restoration.
4. Section roots if multi-rooted, then break and luxate with elevator.
5. Grasp segments with forceps if enough tooth to engage. Consider Luxator/Proximator pushed and wiggled vertically into PDL on mesial and distal. Use periotome bur in PDL space mostly at expense of the root. Can use piezo surgery periotome blade on mesial and distal.
7. Grasp segments with forceps if enough tooth to engage. Consider Luxator/Proximator pushed and wiggled vertically into PDL on mesial and distal. Use periotome bur in PDL space mostly at expense of the root. Can use piezo surgery periotome blade on mesial and distal.
8. Root(s) break off in the socket.
9. Root(s) come loose and are removed.
10. Root(s) ankylosed: Cut out with a bur at expense of root.
11. Root radiographically protruding into the maxillary sinus or other anatomic location (i.e. submandibular space).
12. Inter-radicular bone removal, then re-try the above.
13. Leave the root.

**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 periotome 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 periotome 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 periotome 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.