Brass Wire Technique for Management of Impacted Molars

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ABSTRACT
Mesioangular impaction of molars often leads to their extraction to avoid potential damage to the mesial tooth’s root. A brass wire technique is devised with simple biomechanical principles to upright impacted molars into the desired location in a fairly short-time.

Keywords: Brass wire, Impacted, Molar.


INTRODUCTION
Failure of tooth eruption or impaction is a common problem that affects almost 20% of the population. The teeth more often impacted are maxillary than mandibular.

Treatment of these teeth often requires a multidisciplinary treatment approach. Surgical techniques, orthodontic solutions, combined surgical and orthodontic treatment are also mentioned in literature. In this article, brass wire technique has been used for the correction of a mesially impacted maxillary second molar.

TECHNIQUE
Brass wire technique was used in this case (Figs 1 and 2) for altering the path of eruption and unlocking of the mesially impacted maxillary second molar. Local anesthesia was administered to the patient, both palatally and buccally in the maxillary right posterior region. The sterile brass wire was straightened and was inserted in the sulcus of interdental gingiva distal to maxillary right first molar. The wire was passed above the mesial side of impacted second molar and was retrieved in the palatal gingival region. The buccal and palatal ends of the brass wire were then held with an artery forcep and then twisted tightly (Fig. 3). It created sufficient pressure on the mesial side of impacted second molar, which generated a distal driving force on it (Fig. 4). The patient was reviewed after 20 days and the wire was again tightened on that visit. As the wire was tightened, pressure on the mesial aspect of the impacted upper right second molar aided in its unlocking and eruption. After one and half month, the first appointment, the cusps of the impacted molar were visible and it started erupting in the oral cavity. At the same visit, loose brass wire lying interdentally between maxillary first and second molar was removed and the right maxillary...
second molar was allowed to erupt freely (Fig. 5). The complete eruption of the second molar in oral cavity took place in 3 months (Fig. 6).

CONCLUSION
An adjunctive treatment procedure has been presented that proved to be effective, rapid acting, and simple. It can be used in conjunction with and without any fixed appliances. Nevertheless, every case may be different. It is important to recognize the components of the individual problems, the force system that is needed to achieve the specific goal(s), and, finally, the design of an appliance that will assure these objectives.

REFERENCES