



EVALUATION OF POST-EXTRACTION SITE WOUND HEALING



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INTRODUCTION

Wound healing comprises a sequence of complex biological processes. All tissues follow an essentially identical pattern to complete the healing process with minimal scar formation.

The process of post-extraction site wound healing is a long process that can be divided into four time frames :the initial 24 hours; Weeks 1 & 2; Weeks 3 & 4; Bone tissue healing timeline; where different types of changes can be seen.



HEALING AFTER EXTRACTION OF TOOTH

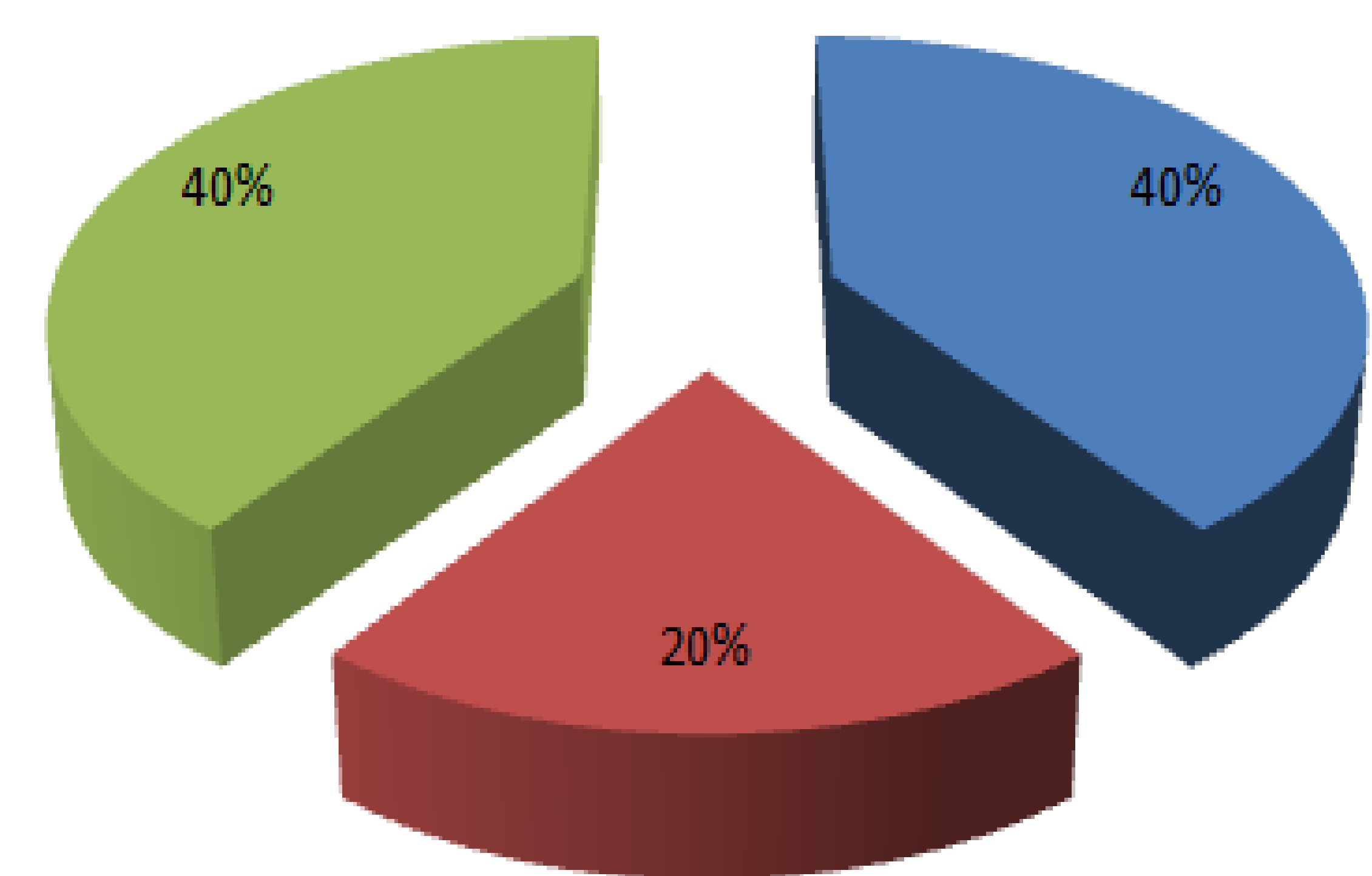
- 1- immediate reaction after extraction
- 2-second week after extraction
- 3-third week after extraction
- 4-six to eight weeks after extraction(complete healing)

MATERIALS AND METHODS

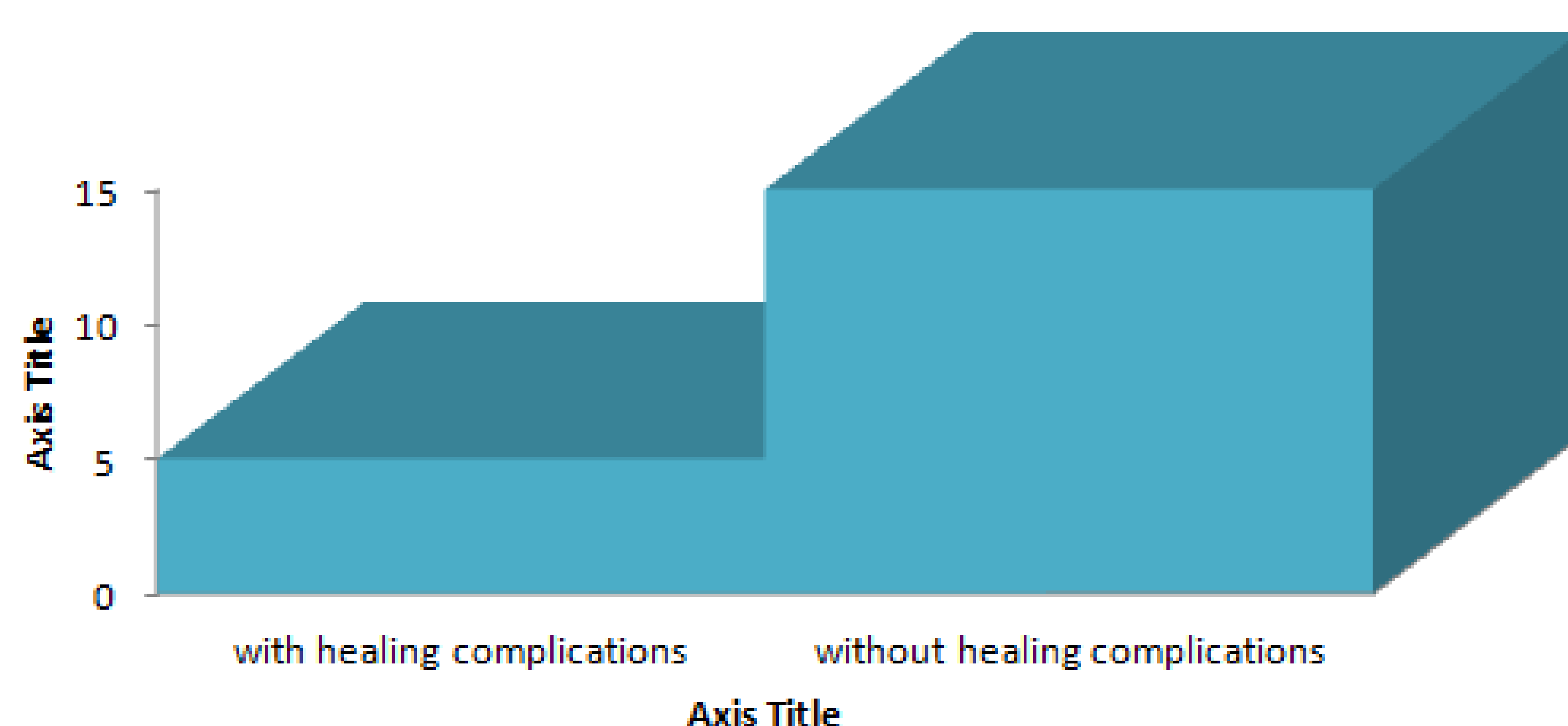
A total of 22 patients, who were referred for non-surgical (intra-alveolar) extractions, were included in the study. The relevant pre-operative information recorded for each patient included age and gender of the patient, indications for extraction, and tooth/teeth removed. Extractions were performed under local anesthesia with dental forceps, elevators, or both. Patients were evaluated on the third and seventh postoperative days for alveolus healing assessment. Data recorded were: biodata, day of presentation for alveolus healing assessment, day of onset of any symptoms, body temperature (degrees C) in cases of alveolus infection, and presence or absence of pain.

COMPLICATIONS

■ localized osteitis ■ infected alveolus ■ inflamed alveolus ■



RESULTS FROM POST-EXTRACTION SITE WOUND HEALING



RESULTS

Twenty (20) with 22 extraction sites were evaluated for alveolus healing. Healing was uneventful in 15 alveoli (75%), while 5 alveoli (25%) developed healing complications.

These complications were: localized osteitis 2 (40%); acutely infected alveolus 1 (20%); and an acutely inflamed alveolus 2 (40%). Females developed more complications than males ($p=0.003$). Most complications were found in molars (60%) and premolars (37.1%). Localized osteitis caused severe pain in all cases, while infected and inflamed alveolus caused mild or no pain.

CONCLUSIONS

Most of the post-extraction alveoli healed uneventfully. Apart from alveolar osteitis (AO), post-extraction alveolus healing was also complicated by acutely infected alveoli and acutely inflamed alveoli. This study also demonstrated a painful alveolus is not necessarily a disturbance of post-extraction site wound healing; a thorough clinical examination must, therefore, be made to exclude any of the complications.