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Neurosensory Deficit after Molar Surgery

Séquelles d'extraction dentaire : évaluation de l'acupuncture

1. Systematic Reviews and Meta-Analysis

1.1. Leung 2012 ☆

Leung YY, Fung PP, Cheung LK. Treatment modalities of neurosensory deficit after lower third molar surgery: a systematic review. J Oral Maxillofac. 2012;70(4):768-78. [166167].

Purpose	To conduct a systematic review to answer the clinical question, "What are the available treatment modalities and their outcomes of neurosensory deficit after lower third molar surgery?"
Materials and methods	A systematic search, including a computer search of several databases with specific keywords, a reference search, and a manual search of 3 key maxillofacial journals were performed. Relevant articles were then evaluated and those that fulfilled the 6 predetermined criteria were chosen to enter the final review. The various treatment modalities and their outcomes of neurosensory deficit after lower third molar surgery, in the selected studies in the final review, were analyzed.
Results	Ten articles entered the final review. Six treatment modalities of lingual nerve or inferior alveolar nerve deficit after lower third molar surgery were identified. External neurolysis, direct suturing, autogenous vein graft, and a Gore-Tex tube as a conduit were the 4 surgical treatments. Significant improvement after surgical treatment ranged from 25% to 66.7%. Acupuncture and low-level laser therapy were 2 available nonsurgical treatment modalities that were found to have produced significant improvement in sensation after treatment in more than 50% of subjects. There was insufficient information to determine the best timing of treatment of nerve injury after third molar surgery.
Conclusions	Four surgical treatments and 2 nonsurgical treatments were identified in the management of neurosensory disturbance after lower third molar surgery. Most treatments showed an improvement in sensation but the outcomes were variable. Complete recovery was uncommon in all kinds of available treatments.

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