

# Knowledge and Awareness About Wisdom Teeth Among Preclinical Dental Students in Chennai, India

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## ABSTRACT

The diagnosis and management of wisdom teeth impaction and its associated pathologies are unique. Impacted wisdom teeth occur because of a lack of space, obstruction, or abnormal position. This study focuses on the knowledge and awareness on wisdom teeth among preclinical dental students in Chennai. A cross-sectional study was performed using questionnaire. A majority of the preclinical students were not aware of the techniques involved in the management of impacted third molar removal. A greater effort into making the preclinical students aware about the knowledge about wisdom teeth must be imparted. Knowledge regarding the indications of removal and diagnosis imparts a significant difference in the quality of management of these patients

**Keywords:** Wisdom teeth, impaction, awareness

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## Introduction

An impacted tooth can be defined as one that is prevented from erupting up to occlusal level because of malposition, physical barrier or lack of space in the arch<sup>1,2</sup>. Impacted third molar can be due to lack of space, obstruction, or abnormal position, and can cause inflammatory dental disease which can cause pain and swelling of infected teeth and may cause destruction of adjacent teeth and bone<sup>3</sup>. The management of impacted third molars are either removal or retention with standard care<sup>4</sup>. Extraction

of the third molars have been a topic of debate and sometimes are considered as "Waste Bin" in dental practice as they are regarded as functionally nonessential<sup>5</sup>. Awareness of diagnosis and the indications for removal of impacted lower third molars will help in the management of third molars. Pre-clinical students are at a transitional phase where integration of theory and practice is important so as to become a professional dentist who is responsible for the patient's oral health.

During the preclinical phase, the students observe the diagnosis and management of wisdom teeth. Thus, it is important to know the status of knowledge, attitude and awareness of wisdom teeth among the preclinical students.

The main objective of this study was to assess the knowledge and awareness of wisdom teeth among preclinical dental students in Chennai, India.

## Materials and Methods

A cross-sectional study was performed among preclinical dental students in Chennai. A questionnaire (Table 1) was designed that comprised of fifteen questions pertaining to the knowledge and awareness of wisdom teeth.

The questionnaire was divided into three parts, first part involving the perception of wisdom teeth, second part involving diagnosis and the last part involving the management of wisdom teeth.

The questionnaire was then distributed among 100 preclinical dental students in Chennai.

Respondents were asked to indicate any one of the options given.

The results were collected and analyzed using Statistical Package for Social Sciences (SPSS). The

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study was done between March 2020 to October 2020.

## Results

### Demographics

The gender distribution was 53% (53) male and 47% (47) female among the respondents.

### Knowledge and awareness of wisdom teeth

When asked if the students were aware that wisdom teeth can be impacted, a majority of 97% responded that they were aware, 1% of the students were not aware and the remaining 2% were unsure.

23% of the preclinical students thought that the wisdom teeth erupted below 18 years of age, a majority of them, 67%, responded that wisdom teeth erupt between 18-25 years of age, while 10% responded that wisdom teeth erupted after 25 years of age.

Wisdom teeth always erupt into occlusion was thought by 45% of the respondents, 34% did not agree while 21% of the preclinical students did not know.

The name wisdom teeth are appropriate for third molars was felt 67% of the preclinical students, 23% disagreed while 10% did not know.

Only 3% of the preclinical students responded that all their wisdom teeth had erupted, for a majority, 89%, all their wisdom teeth did not erupt while 8% of the respondents were not aware of the eruption status of their wisdom teeth.

Eruption of wisdom teeth is complicated was agreed upon by 74%, negated by 23% while a 3% of the respondents did not know.

56% of the preclinical students experienced pain during eruption of wisdom teeth, 31% did not feel any pain during eruption and 13% of the students were not aware of the pain during eruption of their wisdom teeth.

A majority of the preclinical students, 89% knew the term impaction, while 11% of the respondents were not aware of the above term.

Third molars are the most commonly impacted tooth was felt by 69%, while 3% of the respondents felt it was the premolars and the remaining 28% responded that the canines were the most commonly impacted tooth.

Only 24% of the respondents were aware of the technique involved in removal of wisdom teeth while a majority, 76% were not aware of the techniques involved.

Removal of symptomatic wisdom teeth is a necessary was felt by 41% of the respondents, 32% disagreed while 27% of the students did not know if removal of the teeth was necessary.

However, in contrast to the previous question only 20% of the students felt that prophylactic removal of the teeth was necessary, 22% of the respondents disagreed and a majority 58% of the students did not know. When questioned about the most effective diagnostic tool, 26% felt IOPA was a better, 31% chose OPG, 18% responded that CBCT was most effective while 25% responded with the option all the above.

37% of the respondents agreed that there were risks involved in removal of wisdom teeth, 18% disagreed while the remaining 55% of the students were not aware of the risks involved in removal of wisdom teeth.

Removal of wisdom teeth was recommended by 30% when patients experienced pain, 21% during swelling, 6% during acute swelling, 17% during restricted mouth opening, 19% during associated pathology while 7% recommended removal of wisdom teeth for orthodontic purposes (Figure 4).

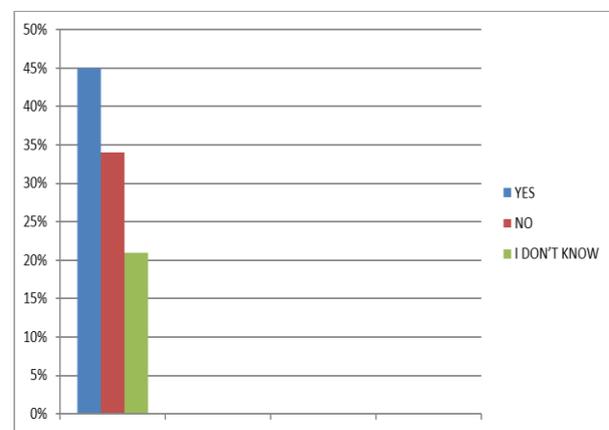


Figure 1: wisdom teeth and eruption into occlusion

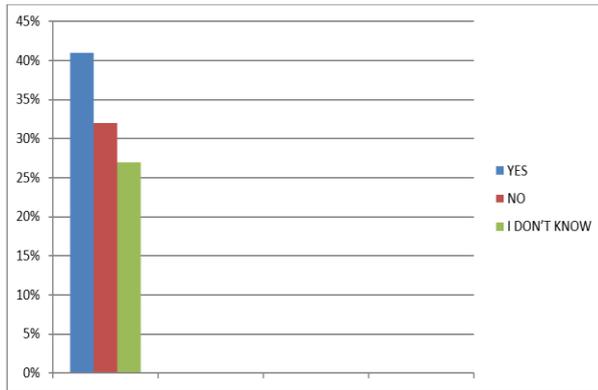


Figure 2: Removal of symptomatic wisdom teeth

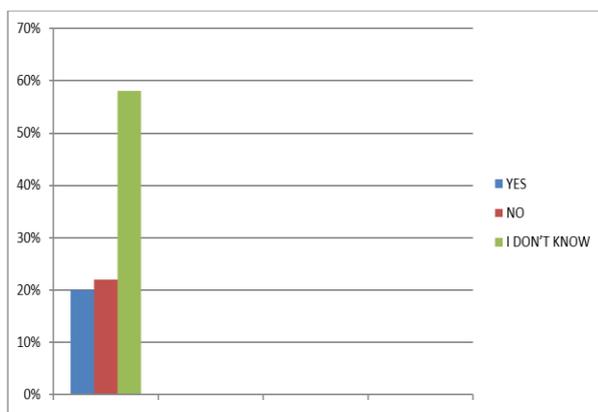


Figure 3: Prophylactic removal of wisdom teeth

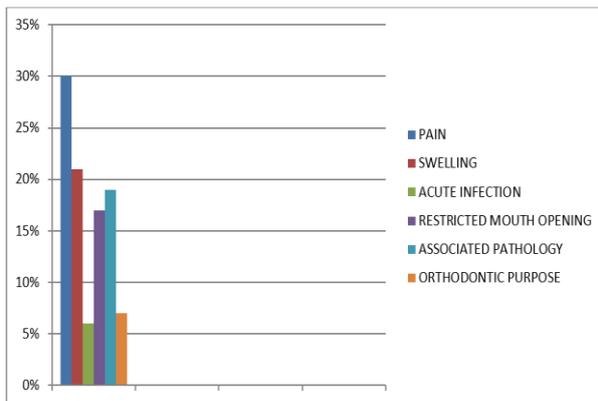


Figure 4: Reason for removal of wisdom teeth

**Discussion**

While the nomenclature of wisdom teeth was aware by majority, there was variability with the respondents on the indications and management of impacted wisdom teeth. A majority of the students recognized third molars as the most commonly impacted teeth followed by canines and at last premolars. There was only a minimum percentage difference among students agreeing and disagreeing

those third molars can erupt into occlusion. There was a contrast among the students’ recommendation of removal of third molars for symptomatic and prophylactic purposes. A majority of the preclinical students were not aware of the techniques involved in the management of impacted third molar removal. OPG was chosen as the most effective tool for diagnosis followed by IOPA and a combination of OPG, IOPA and CBCT.

The outcome of the results could be due to lack of proper awareness, understanding and clinical experience. Appropriate wisdom teeth education should be provided so as to gain knowledge and experience before they enter the clinical phase of dentistry.

The limitation of this study is the interviewer bias that could have affected the interviewee’s answers. Convenience sampling is also a limitation to this study. The data for the purpose of the study was collected from respondents in Chennai only.

**Conclusion**

Although students possess the basic knowledge about nomenclature and diagnosis, there were difference of opinion among the preclinical students regarding the indications for wisdom teeth removal and its management. A change in the curriculum can be initiated among preclinical students to impart the knowledge about diagnosis and management of wisdom teeth.

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