



News Release

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Research Study Links Wisdom Teeth to Health Problems in Young Adults

[Rosemont, IL] Retained wisdom teeth (third molars), even those that are asymptomatic and display no current sign of disease, pose an increased risk for chronic oral infectious disease, periodontitis and tooth decay, and should be considered for removal in young adulthood, according to data released today from a series of institutional review board approved longitudinal clinical trials conducted under the auspices of the American Association of Oral and Maxillofacial Surgeons and the Oral and Maxillofacial Surgery Foundation.

The seven-year study, “Third Molars Clinical Trials,” supports a growing body of evidence suggesting that untreated periodontitis, a bacterial infection and the major cause of tooth loss, provides a portal into the bloodstream for pathogenic bacteria in affected patients.

While oral bacteria associated with periodontal disease have been linked to more serious health problems, including coronary artery disease, stroke, renal vascular disease, diabetes and obstetric complications in older adults, the “Third Molar Clinical Trials” adds a new perspective to the possible risks from oral inflammatory disease. Young adults also appear to be at risk, particularly from periodontitis affecting third molars, which may lead to chronic oral inflammation and an increased risk for inflammation throughout the body, which for expectant mothers in this age group, heightens the possibility of delivering a low birth-weight infant.

Periodontal pathology in the third molar region is difficult to treat successfully and once established, may be impossible to eliminate. Because third molars may be difficult to access, restorations, including fillings and crowns, are often difficult to place and maintain. It is often necessary to replace these restorations several times during the patient’s lifetime.

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Retained third molars pose other health risks for affected patients, and may even lead to the development of cysts or tumors in the jaws. After their removal, reconstructive surgery of the area may be required to repair, reconstruct and restore jaw function and facial form.

In another study, investigators discovered that for pregnant women in the same 20 to 35 year age range, third molar periodontal disease increased the risk of delivering a low birth-weight infant. Considered alone in this prospective study of expectant mothers, third molar periodontal pathology doubled the risk of pre-term birth and elevated serum levels of markers of systemic inflammation C-reactive protein (CRP) and Isoprostanes (d8iso). For these patients, the effects of periodontal disease in the third molar area posed a danger comparable to smoking during pregnancy. Further, antibodies to the periodontal bacteria have been found in fetal umbilical cords.

Raymond P. White, Jr., DDS, PhD, lead researcher in the Third Molar Clinical Trials and Dalton L. McMichael Professor, Department of Oral and Maxillofacial Surgery, School of Dentistry, University of North Carolina, Chapel Hill, NC, suggests that in light of these findings, removing the third molars during young adulthood may be the most prudent option. If a decision is made to retain the third molars, he notes, patients should be aware that the periodontal status of their third molars should be evaluated on a regular basis.

The American Association of Oral and Maxillofacial Surgeons (AAOMS), the professional organization representing more than 7,000 oral and maxillofacial surgeons in the United States, supports its members' ability to practice their specialty through education, research, and advocacy. AAOMS members comply with rigorous continuing education requirements and submit to periodic office examinations, ensuring the public that all office procedures and personnel meet stringent national standards.

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