A Comparison of Placement of Different Drug Regimen in Socket after lower third Molar Surgery: A Prospective Study

Authors
Dr Rajesh Tak¹, Dr Ruchika Tiwari², Dr Bindu Bhardwaj³, Dr Vikas Singh⁴, Dr Aditya Harsh⁵, Dr Vidhi Verma⁶
¹,⁵,⁶Final year P.G. Resident, Department of Oral & Maxillofacial Surgery, MGDCH, Jaipur
²,⁴Professor, Department of Oral & Maxillofacial Surgery, MGDCH, Jaipur
³Professor & HOD, Department of Oral & Maxillofacial Surgery, MGDCH, Jaipur, India

Abstract
Background: Prevention of alveolar osteitis can be either pharmacological or non pharmacological. The aim of this study was to compare the effects of different regimens for the prevention of alveolar osteitis following mandibular third molar extractions.

Material & Methods: This study was carried out on a total of 90 patients who have 17-30 years of age. To be eligible, patients had to be in good general health and have at least one mandibular third molar to be extracted. The patients of group I (N=45) was placed powder of 500 mg of amoxicillin capsule in socket after lower third molar extraction immediately. The second group (mixture of powder of 500 mg of amoxicillin+500mg metronidazole, n = 45) was treated similarly to group I.

Results: Our study showed that the mean age was 23.70 yrs in group I & 24.5 yrs in group II. Male to female ratio and smoking habits was almost same in both groups. The pain, swelling was higher in group I as compare to group II, which was statistical significant (P=0.0374* & p=0.0496* respectively). Overall incidence of dry socket was 20%. There was a significant reduction in the incidence of AO in the second group (p = 0.0386*).

Conclusion: The results of this study suggest that placement of mixture of antibiotics in socket immediately after lower third molar extraction decreases the alveolar osteitis rate.

Keywords: Dry socket, extraction, impacted third molar, antibiotics.

Introduction
Dry socket can be defined as the inflammation of the extraction socket occurring 1-4 days post operatively, characterized by intense throbbing pain, accumulation of disintegrated clot and food debris in the socket and malodor.¹² 95-100% patients report within 7 days of surgery with pain.³ The incidence of AO has been reported as 3-4% following routine dental extractions and 1-45% after the removal of mandibular third molars. The peak ages of occurrence are from 20 to 40 years, with an increased incidence among female patients. Aetiology of AO is not fully elucidated, but it is multifactorial and its pathogenesis is still unclear. Some of the etiological factors are: compact structure of the bone, amount of vasoconstrictor substance in the local anaesthetic agents, presence of systemic problems, oral contraceptive use, smoking, age, gender, and surgical trauma (impaction level of the tooth and
experience of surgeon). Fibrinolysis with subsequent loss of blood clotting is believed to be the general cause of AO\textsuperscript{4-7}.

Prevention of alveolar osteitis can be either pharmacological or non pharmacological. Non pharmacological measures include taking a good history, identification and if possible, elimination of risk factors.

Systemic antibacterials are reported to have some benefit in the prevention of alveolar osteitis. Studies showing favorable results with Penicillin, Clindamycin, Erythromycin and Metronidazole use are available.\textsuperscript{8} Some researchers however, have found no significant difference in the incidence of dry socket with the use of systemic antibiotics.\textsuperscript{9}

The aim of this study was to compare the effects of different regimens for the prevention of alveolar osteitis following mandibular third molar extractions.

**Material & Methods**

This study was carried out on a total of 90 patients who have 17-30 years of age. To be eligible, patients had to be in good general health and have at least one mandibular third molar to be extracted. Patients who had pericoronitis or were taking antibiotics for other infections were excluded. Women who were pregnant, breastfeeding, or using oral contraceptives were also excluded from the study. Only one tooth was removed in one session for this study. We obtained informed consent from all participants.

The patients of group I (N=45) was placed powder of 500 mg of amoxicillin capsule in socket after lower third molar extraction immediately. The second group (mixture of powder of 500 mg of amoxicillin+ 500mg metronidazole, n = 45) was treated similarly to group I.

A postoperative examination was performed on the third days to evaluate the presence of pain, swelling and incidence of dry socket. Pearson chi-square test was used for statistical analysis and p < 0.05 was considered to be significant.

**Results**

Our study showed that the mean age was 23.70 yrs in group I & 24.5 yrs in group II. Male to female ratio and smoking habits was almost same in both groups (table 1). The pain, swelling was higher in group I as compare to group II, which was statistical significant (P=0.0374* & p=0.0496* respectively). Overall incidence of dry socket was 20%. There was a significant reduction in the incidence of AO in the second group (p = 0.0386*) (table 2).

**Table 1: Comparison of demographic parameters in between group**

| Parameters   | Group I (Amoxicillin group) (N=45) | Group II (Mixture of drug regimen) (N=45) |
|--------------|------------------------------------|------------------------------------------|
| Mean age (yrs) | 23.70 yrs                          | 24.5 yrs                                 |
| Sex          |                                    |                                          |
| Male         | 13                                 | 11                                       |
| Female       | 32                                 | 34                                       |
| Smoking      |                                    |                                          |
| Yes          | 10                                 | 8                                        |
| No           | 35                                 | 37                                       |

**Table 2 Comparison of postoperative C 222 complications in between group**

| Parameters            | Group I (Amoxicillin group) (N=45) | Group II (Mixture of drug regimen) (N=45) | P-value |
|-----------------------|------------------------------------|------------------------------------------|---------|
| Pain after 3rd day    | 18 (40%)                           | 6 (13.33%)                               | 0.0374* |
| Swelling after 3rd day| 15 (33.33%)                        | 5 (11.11%)                               | 0.0496* |
| Incidence of dry socket| 14 (31.11%)                       | 4 (8.88%)                                | 0.0386* |

**Discussion**

Dry socket is one of the most frequent post-extraction complications, and many different ways have been tried to manage this problem. Dealing with this complication can cause considerable loss of time from work for patients and disruption of normal schedules for dentists\textsuperscript{4}.

Smoking is known to be a predisposition to dry socket.\textsuperscript{10} Pathogenesis of the process is not quite yet understood which were consisted with our results.

Prophylactic antibacterials, either given systemically or used locally, are considered to reduce the incidence of AO. Systemic antibacterials reported to be effective in the prevention of AO include, penicillin, clindamycin, erythromycin, amoxicillin and metronidazole\textsuperscript{6,11}.
In this study we found a significant reduction in the incidence of alveolar osteitis when antimicrobial solution was used with a metronidazole antibiotic as locally. Pharmacological preventive measures of antiseptic agents and clot promoting agents have been tested continuously for efficacy. The absence of predisposing factors can render these agents completely useless. The adaptation of clean surgical techniques is critical in minimizing the incidence of dry socket. Although various researches have been carried out for many years, there is still quite a long way to overcome this painful condition.

Conclusion

The results of this study suggest that placement of mixture of antibiotics in socket immediately after lower third molar extraction decreases the alveolar osteitis rate. Further studies with well-controlled results are necessary to draw firm conclusions, which can lead the most beneficial method for the prevention of alveolar osteitis.

References

1. Metin M, Tek M, Sener I. Comparison of two chlorhexidine rinse protocols on the incidence of alveolar osteitis following surgical removal of impacted third molars. J Contemp Dent Prac. 2006. 7:79-86.
2. Bloomer CR. Alveolar osteitis prevention by immediate placement of medicated packing. Oral Surg, Oral Med, Oral Pathol and Oral Radiol Endod. 2000. 90:282-84.
3. Field A, Speechley JA, Rotter E, Scoot J. Dry socket incidence prepared after 12 year interval. Br J Oral Maxillofac Surg. 1988. 23:419-27.
4. McArdle B.F. Preventing the negative squeal of tooth extraction. JADA, 2002; 133: 742-743.
5. Oginni F.O., Fatusi O.A., Alagbe A.O. A clinical evaluation of dry socket in a Nigerian teaching hospital. J Oral Maxillofac Surg, 2003; 61: 871-876.
6. Blum I.R. Contemporary views on dry socket (alveolar osteitis): a clinical appraisal of standardization, aetiopathogenesis and management: a critical review. Int J Oral Maxillofac Surg, 2002; 31: 309-317.
7. Delilbasi C., Saracoglu U., Keskin A. Effects of 0.2% chlorhexidine gluconate and amoxicillin plus clavulanic acid on the prevention of alveolar osteitis following mandibular第三 molar extractions. Oral Surg Oral Med Oral Pathol Oral Radiol Endod, 2002; 94: 301-304.
8. Ren YF, Malstrom HS. Effectiveness of antibiotic prophylaxis in third molar surgery: a meta-analysis of randomized controlled clinical trials. J Oral Maxillofac Surg. 2007. 65:1909-21.
9. Siddiqi A, Morkel JA, Zafar S. Antibiotic prophylaxis in third molar surgery: a randomized double blind placebo-controlled clinical trial using split mouth technique. Int J Oral Surg. 2010. 39:107-14.
10. Heng CK, Badner VM, Clemens DL, Mercer LT, Mercer DW. The relationship of cigarette smoking to postoperative complications from dental extractions among female inmates. Oral Surg, Oral Med, Oral Pathol, Oral Radiol, Endod. 2007. 104: 757-62.
11. Hunt D.E., King T.J, Fuller G.E. Antibiotic susceptibility of bacteria isolated from oral infections. J Oral Surg, 1978; 36: 527-529.