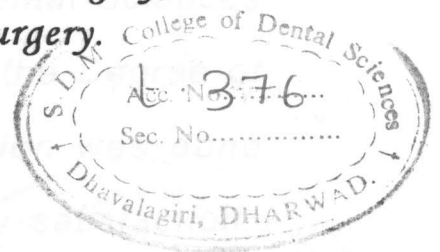


# MANDIBULAR THIRD MOLAR SURGERY WITH PRIMARY CLOSURE AND TUBE DRAIN



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Time and again the maxillofacial surgeon is confronted with the management of postoperative complications following removal of impacted mandibular third molar.

In spite of meticulously planned and executed surgical procedures swelling, pain and trismus is inevitable and makes it even more frustrating and annoying to both the patient and surgeon.

Numerous studies involving a wide range of drugs like antihistamines, steroids, enzymes, antibiotics, modified surgical techniques, laser therapy and even homeopathic systems of medicine have been tried but have met with limited success. This problem is further compounded by the complexity of anatomy in the area.

There is sufficient scientific evidence that, when the socket is closed the swelling is more when compared to the socket allowed to heal by secondary intention.

Sometimes if the wound is not closed there is a possibility of delayed healing and infection hence attempts have been made to close the wound and leave a surgical drain.