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CL5 - ELECTRO-ACUPUNCTURE IN MANDIBULAR WISDOM TOOTH SURGERY PAIN CONTROL

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KEY WORDS

Third molars, anesthesia. visual analog scale, electro-acupuncture

AIMS

To evaluate the efficacy of electro-acupuncture as an adjuvant to conventional anesthetic on intra and postoperative pain control after mandibular third molar surgery in a patient who reports a negative experience associated with a previous surgical procedure.

INTRODUCTION

Despite the skepticism acupuncture as steadily gained acceptance by western societies in the last decades. Notwithstanding, this mode of alternative medicine is rarely applied in dental practice. As routine elective procedures, third molar surgical extractions are often associated with moderate to severe intra and postoperative pain which requires the use of analgesics. However, evidence suggests that acupuncture may be efficient in pain control therapy in oral surgery involving wisdom tooth removal.

CLINICAL CASE

Involved a 32 year-old Caucasian female with right and left mesioangular mandibular third molars according to Winter's classification of tooth inclination, who complained of intensive intraoperative pain and postoperative discomfort during oral surgery for extraction of the left mandibular third molar.

MATERIAL AND METHODS

Both procedures were carried out in standard operative conditions. Extraction of 3.8 involved alveolar nerve block with 2% lidocain, whilst extraction of 4.8 involved essentially needling and electrical stimulation of right ST36 (Zusanli) and CV-12(Zhongwan) acupoints followed by alveolar nerve block. Postoperative pain intensity was rated on a 100 mm visual analog scale (VAS) between 3 and 24 h and recording the amount of analgesics intake after surgery.

RESULTS

Although both treatments were comparable for their operative characteristics, there was significant difference between them as it relates to intraoperative anesthetic and postoperative analgesic consumption. The anesthetic dose was reduced approximately 75% with substantial reduction in postoperative pain intensity registry, which resulted in abandonment of analgesic need.

CONCLUSION

Electro-acupuncture therapy prolongs the anesthetic effect, allowing longer duration of anesthesia while reducing conventional anesthetic dose and postoperative analgesic intake. Therefore it is recommended as an efficient adjunctive therapy for both general and oral pain control of mandibular wisdom tooth extraction.

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