summary

Lingual nerve protection during the removal of lower third molars not necessary

Gargallo-Albiol J, Buenechea-Imaz R, Gay-Escoda C. Lingual nerve protection during surgical removal of lower third molar. A prospective randomised study. *Int J Oral Maxillofac Surg* 2000; 29:268–271

Objective To evaluate the efficacy of lingual flap retraction in order to prevent lingual nerve injury during the removal of lower third molars.

Design Prospective randomised trial involving two surgeons.

Intervention Intervention surgical removal of lower third molars with or without protection of the lingual nerve by sub-periosteal insertion of a retractor.

Outcome Outcome measures verbal and sensory testing 1 week after surgery.

Results Only four cases of sensory disturbance (1.33%) were noted, all of which were transitory. No significant difference between the two groups (see table).

	No retraction of flap	Retraction of flap
Number of patients	158	142
Patients with sensory disturbance (%)	1 (0.63)	3* (2.11*)
Absolute risk reduction (ARR)		1.48%

* Difference not significant

Conclusions Routine use of lingual protection with a retractor is not necessary in the hands of an experienced surgeon.

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Commentary

This well-designed study addresses the controversial issue of lingual flap retraction during the surgical removal of lower third molars. Inexplicably, the authors claim that this is the first such study, despite referring to the earlier and much larger study of Robinson and Smith¹, published in 1996. Nevertheless, the new data are useful, particularly as the study included only procedures in which the third molar needed to be sectioned and were therefore amongst the more difficult ones. Perhaps because of this limited inclusion, the study group is small (300 procedures), and therefore the difference between those with and without lingual retraction was insignificant (three cases of sensory disturbance with lingual retraction; one case without lingual retraction). Another difference from Robin-

son and Smith's study is the restriction to two senior operators, whereas the earlier investigation included multiple operators of all grades and levels of experience. In the UK a substantial proportion of third molars are removed by junior operators, which perhaps resulted in the higher incidence of sensory disturbance of approximately 11%^{2,3}. It is essential that we adopt a technique that is appropriate to all. Despite these differences, the conclusions drawn by the two studies are similar. The present paper concludes that lingual protection with a retractor is not necessary, whereas Robinson and Smith concluded that retraction with a Howarth's was invalid and should be avoided. No doubt some readers will concentrate on the size, shape and position of the retractor, rather than accepting the essential message.

1. Robinson PP, Smith KG. Lingual nerve damage during lower third molar removal: a comparison of two surgical techniques. *Br Dent J* 1996; 180: 456–461.
2. Mason DA. Lingual nerve damage following lower third molar surgery. *Int J Oral Maxillofac Surg* 1988; 17: 290–294.
3. Blackburn CW, Bramley PA. Lingual nerve damage associated with the removal of lower third molars. *Br Dent J* 1989; 167:103–107.

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