Permanent teeth normally erupt into the mouth after the baby teeth exfoliate or are lost. This process involves the melting away of the roots of the deciduous (baby or milk) teeth by the erupting replacement permanent teeth. Occasionally something goes wrong in this process and the permanent tooth is trapped or is misdirected away from the normal eruption pattern. This can result in teeth located in the palate, chin, or other areas often deeply in bone where they can not be of any use. Unfortunately the strongest of the permanent teeth, the cuspid which is usually the last front tooth to erupt, is the tooth which is affected.

There are five options to manage an impacted cuspid (eye tooth). In order they are from the most desirable to the least and also default in order of choice.

1. **Surgically Assisted Orthodontic Repositioning.** It is best to try to bring the impacted cuspid tooth into alignment by applying braces and slowly repositioning the tooth. Before this can be accomplished, a way must be provided for the orthodontist to attach devices to the impacted tooth. Our doctor will remove the soft tissue (gum tissue) overlying the tooth in such a way that after it heals, the impacted tooth will be exposed in the mouth. Occasionally the tooth is too deeply impacted in the bone for an exposure procedure and devices must be applied by our doctor at the time of surgery which will allow braces to pull the tooth into position. Our doctor has developed a procedure, where indicated, which uniquely allows for the exposure of impacted teeth in the proper type of gum tissue thus avoiding expensive and painful, slow-healing gum surgery later.

2. **Surgical Transplantation of Teeth (Autologous Transplantation of Teeth)** There are situations where an impacted tooth is so far removed from its intended eruption site that it can not be orthodontically repositioned. It also may become apparent during efforts to orthodontically move an impacted tooth that it isn’t moving because the adjacent teeth are not strong enough to pull it into position. In such situations a “Plan B” may be considered. Our doctor is one of the few in our state with extensive experience in dental transplantation. For further information, see “Surgical Transplantation of Teeth” under “Our Procedures”.

3. **Removal of the impacted tooth and closure of the space** Occasionally adjacent teeth have completely closed the space allocated for the impacted tooth. Orthodontic repositioning would require the removal of teeth to make space available for the impacted tooth. It may be best judgement to accept the teeth already in position than risk not being able to move the impacted tooth into alignment and having to compromise the end result. In such circumstances, it may be best to remove the impacted tooth and close the space with available adjacent teeth.
4. **Removal of the impacted tooth and placement of a dental implant {artificial metal tooth}**

Occasionally, the bone is too narrow to allow adjacent teeth to be orthodontically moved forward. The placement of a dental implant will allow for the restoration of teeth without having to otherwise alter perfect adjacent teeth. However, this **can not** be accomplished until full facial development is completed. If placed too early, the face and jaws will continue to grow and the implant will not move resulting in an unusable replacement.

5. **Do nothing at all** This is the worst of all options. If left in place, impacted teeth can destroy the adjacent teeth roots causing them to be lost. Impacted teeth can eventually become infected with the consequences of compromising the bone of adjacent teeth. They can also form cysts and tumors which may require extensive surgery.

We require a consultation appointment before scheduling a surgical exposure procedure to discuss the treatment alternatives, answer any questions you may have, and make a choice of anesthesia.