A 27 year old male presented for dental check-up.

On general physical examination, the patient was well built and nourished and did not exhibit any physical or skeletal abnormality and showed no signs of mental retardation. Intraoral examination revealed missing 38, 47 and 48. The patient did not recall doing any extraction.

Based on clinical findings panoramic was advised which revealed horizontally impacted mandibular third molar on the left side and the second and third molar on the right side were facing each other with contact of occlusal surfaces with apparent single follicular space.
In order to reduce or even prevent these complications, it becomes necessary the prior surgical planning, as well as the knowledge of the professionals and patients concerning the potential risks of this surgical intervention. In the moment of surgical planning, panoramic X-rays are considered the gold standard in most cases, being possible use CT or CBCT scans for evaluation of proximity with the mandibular lingual nerve, or even pathologic alterations.

Care must be taken to avoid the lingual nerve injury, especially in cases where there is a ceiling of proximity between the alveolar channel and the tooth roots.

The term “kissing molars” (KM) or “rosette formation” refers to impacted mandibular second and third molars, which have occlusal surfaces contacting each other in a single follicular space and roots pointing in opposite directions.

However, this term has also been used to describe a similar appearance with other impacted molars. Occurrence of this phenomenon is extremely rare with very limited cases in the dental literature and the etiology remains unknown.

The decision on removal of asymptomatic lower third molars represents a surgical challenge. The Kissing Molars are in the same situation. This can be explained by the elevated rates of complications that can be assigned to the removal of impacted teeth, such as:

- mandibular fractures during the surgery or post-operative,
- dry socket
- or damage to the alveolar nerve.

On the other hand, the maintenance of these teeth can be tied to other complications such as:

- reduction of mandible bone tissue, which increases the risk of mandibular fracture,
- root resorption of adjacent teeth,
- pericoronitis,
- local pain or cystic changes

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REFERENCES


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