CONDITION

Impacted tooth

An impacted tooth is one that cannot fully emerge into its normal position.

WHAT IT IS
Tooth blocked from fully emerging into its normal position

BODY SYSTEM
Mouth and teeth

MAIN SYMPTOMS
Often none, tooth pain, swollen gum, bad taste

WHAT CAUSES IT
Crowding, abnormal tooth position, or blocked eruption

HOW IT IS DIAGNOSED
Dental examination and X-rays

MAIN TREATMENT
Monitoring, orthodontic treatment, or surgical removal

CAN IT BE CURED?
Yes - treatment can resolve the impaction

IS IT AN EMERGENCY?
Sometimes - spreading infection or breathing difficulty

LONG-TERM OUTLOOK
Usually good with monitoring or appropriate treatment

Overview

An impacted tooth is a tooth that has not fully emerged, or "erupted," into its expected position. It may be trapped under the gum, partly visible, or blocked by bone or another tooth.

Wisdom teeth are the teeth most often affected. These are the last adult molars at the back of the mouth. Upper canine teeth, which are the pointed teeth near the front, can also become impacted. Less often, other adult teeth are affected.

A tooth may be fully impacted, meaning it remains completely under the gum. It may also be partly impacted, with part of its crown visible. A partly erupted tooth can be harder to clean because food and bacteria may collect beneath the surrounding gum.

An impacted tooth does not always cause symptoms or require removal. Some remain healthy for years. Others lead to infection, decay, gum disease, damage to nearby teeth, or problems

with tooth alignment. The tooth's position, your symptoms, and evidence of damage help determine whether monitoring or treatment is appropriate.

Symptoms

Many impacted teeth are discovered on a dental X-ray before they cause any symptoms.

When symptoms occur, they may include:

A partly impacted wisdom tooth may develop inflammation or infection in the gum around it. This is called pericoronitis . Food and bacteria can become trapped beneath the flap of gum covering the tooth. Symptoms may settle and return, especially if the area remains difficult to clean.

An impacted canine may not cause pain. Instead, you may notice that an adult tooth has not appeared, a baby tooth remains in place longer than expected, or nearby teeth have shifted.

Symptoms alone cannot confirm that a tooth is impacted. Tooth decay, gum disease, jaw joint problems, and dental abscesses can cause similar discomfort.

- Pain or pressure around the affected tooth
- Red, tender, or swollen gum
- Difficulty opening the mouth fully
- An unpleasant taste or bad breath
- Pain when biting or chewing
- Swelling of the jaw or face
- Headache or pain that seems to spread toward the ear

Causes and risk factors

Teeth become impacted when their path into the mouth is blocked or when they develop in an unusual position.

Common reasons include:

Wisdom teeth may become impacted because they erupt after most other adult teeth are already in place. Some point forward toward the second molar, backward, or sideways instead of growing upright.

Upper canine teeth may become impacted on the roof-of-the-mouth side or the lip side of the

dental arch. Family patterns, crowding, an unusually small or missing nearby tooth, and problems with the normal eruption path may contribute.

Impaction is not usually caused by anything you did. Brushing and flossing are important for oral health, but they cannot create enough jaw space or change the position of a tooth that is trapped in bone.

- Not enough room in the jaw
- Crowding from nearby teeth
- A tooth growing at an angle
- Dense gum or bone covering the tooth
- Another tooth blocking the eruption path
- A cyst or other growth, although this is less common

Diagnosis

A dentist usually diagnoses an impacted tooth through an examination and dental X-rays.

During the examination, the dentist may look for swelling, infection, a partly erupted tooth, a gap where a tooth should be, or damage to nearby teeth. They may also ask about pain, previous infections, and difficulty opening your mouth.

A panoramic X-ray shows the teeth, jaws, and surrounding structures in one broad image. It can reveal the tooth's angle, depth, and relationship to nearby roots, the jawbone, nerves, or sinuses. Smaller dental X-rays may be used to look more closely for decay or damage.

In selected cases, a three-dimensional scan called cone-beam computed tomography, or CBCT , may be considered. This can provide more detail when an impacted tooth is close to an important nerve or when an impacted canine's exact position is unclear. It is not needed for every person.

The assessment also looks for complications, such as decay, gum and bone loss, root damage to the neighbouring tooth, infection, or a cyst.

Treatment and management

Treatment is based on the type of tooth, its position, your symptoms, and whether it is causing disease or damage.

A symptom-free impacted tooth may be monitored when examination and X-rays show no

problem. Monitoring usually involves regular dental check-ups and X-rays when clinically appropriate. Keeping the tooth does not mean ignoring it; changes may occur without obvious pain.

If a partly erupted tooth traps food, a dental professional may clean the area and explain how to keep it as clean as possible. Pain relief may be used when appropriate. Antibiotics like amoxicillin or doxycycline are not routinely needed for local inflammation alone, but a dentist may consider them if infection is spreading or causing wider symptoms. Antibiotics do not remove the underlying impaction.

Surgical removal may be recommended when an impacted tooth causes repeated infection, decay that cannot be restored, gum disease, a cyst, damage to another tooth, or other significant problems.

Removal is usually performed with local anaesthetic, which numbs the area. Sedation or general anaesthesia may be considered for some procedures. The dentist or oral surgeon may need to open the gum, remove a small amount of bone, or divide the tooth into sections before removing it.

For some lower wisdom teeth whose roots are very close to a major jaw nerve, a procedure called a coronectomy may be considered. This removes the tooth's crown while intentionally leaving the roots in place to reduce the risk of nerve injury. It is suitable only in selected situations.

An impacted canine is often managed differently because canine teeth have an important role in appearance and biting. Treatment may involve creating space with braces, surgically uncovering the tooth, and gradually guiding it into position with orthodontic treatment. Removal may be considered if bringing the tooth into place is unlikely to succeed or would risk damage.

Complications

An impacted tooth may remain healthy, but possible complications include:

Cysts associated with impacted teeth are uncommon, but they can enlarge and weaken nearby bone if untreated.

Treatment also has possible complications. After surgical removal, temporary pain, swelling, bruising, and limited mouth opening are common. A blood clot normally forms in the socket. If it breaks down or is lost, a painful condition called dry socket can develop.

Lower wisdom tooth surgery can sometimes affect nerves that supply feeling to the lower lip, chin, or tongue. Altered sensation is often temporary, but it can occasionally last. Upper

wisdom tooth removal may rarely create an opening between the mouth and the nearby sinus. Your dental professional should explain risks that apply to the tooth's specific position.

- Repeated gum inflammation or infection
- Tooth decay in the impacted or neighbouring tooth
- Gum disease and bone loss behind a nearby molar
- Damage or shortening of a neighbouring tooth's root
- Formation of a fluid-filled sac called a cyst
- Crowding or interference with orthodontic treatment

Prevention

An impacted tooth often cannot be prevented. Jaw size, tooth position, and the way teeth develop are not under your control.

Regular dental care can identify delayed eruption or impaction before complications develop. This is particularly useful for an adult tooth that has not appeared when expected or for a partly erupted wisdom tooth that is difficult to clean.

Good brushing and cleaning between the teeth may reduce decay and gum inflammation around a partly erupted tooth. It cannot make a blocked tooth erupt or guarantee that treatment will not be needed.

Removing healthy, symptom-free wisdom teeth solely to prevent possible future problems is not automatically appropriate for everyone. The benefits and risks should be assessed using the tooth's position, your oral health, and evidence of disease.

Living with it and what to expect

Some impacted teeth remain symptom-free and cause no visible damage for many years. If monitoring is recommended, you will still need dental reviews because decay, gum disease, or changes around the tooth may not cause early symptoms.

A partly impacted wisdom tooth may have repeated episodes of soreness or infection. Cleaning can help, but symptoms may continue if a gum flap keeps trapping food and bacteria. Repeated problems may lead to a discussion about removal.

Recovery after uncomplicated wisdom tooth surgery often involves several days of swelling and discomfort. The area then continues healing over the following weeks. More complex

surgery may take longer to settle. Follow the aftercare instructions provided for eating, cleaning the area, and protecting the blood clot.

Orthodontic treatment for an impacted canine usually takes much longer than recovery from an extraction. Guiding a tooth through the bone and into the dental arch may take many months or longer. Progress depends on the tooth's position, available space, and how it responds to treatment. In some cases, the tooth cannot be moved successfully and another plan is needed.

Most people can continue normal work, school, eating, and social activities while an unaffected impacted tooth is being monitored. Treatment may require short-term changes, while braces can need longer-term appointments and adjustments.

When to get medical help

Arrange a routine dental appointment if a tooth has not appeared when expected, a wisdom tooth is partly visible, or you have mild symptoms that keep returning. Persistent bad taste, tenderness, food trapping, or pain when chewing should also be assessed.

Seek urgent dental care if you have:

Seek emergency medical help if swelling makes it difficult to breathe or swallow, if you cannot swallow your saliva, or if swelling beneath the tongue is lifting the tongue. These signs may indicate a spreading infection that needs immediate treatment.

- Increasing tooth or jaw pain
- Facial or jaw swelling
- Pus or a persistent foul taste
- Fever or feeling generally unwell
- Difficulty opening your mouth
- Swelling that is spreading toward the eye or neck
- Bleeding after an extraction that does not settle with instructed pressure

Common questions

Does every impacted wisdom tooth need to be removed?

No. A healthy, symptom-free wisdom tooth may be monitored if it is not causing disease or damaging a neighbouring tooth. Removal is more likely to be considered when there is

repeated infection, decay, gum disease, a cyst, or other clear damage.

Can an impacted tooth come through on its own?

Sometimes. A tooth may continue erupting if there is enough space and its path is not permanently blocked. A tooth that is deeply buried, angled against another tooth, or trapped in bone is less likely to emerge normally. Dental X-rays help assess this.

Can an impacted tooth cause headaches or ear pain?

Pain from the back of the jaw can sometimes be felt near the ear or temple. However, headaches and ear pain have many possible causes. A dental examination is needed to find out whether a tooth is involved.

What happens if I leave an impacted tooth untreated?

It may remain stable, or it may later develop decay, gum disease, infection, a cyst, or damage to a nearby tooth. The risk is not the same for every impacted tooth. If the tooth is kept, planned monitoring helps detect changes.

Is impacted tooth removal painful?

Anaesthetic is used so you should not feel sharp pain during the procedure, although you may notice pressure or movement. Soreness and swelling are expected afterward. The amount of discomfort is influenced by the tooth's position and the complexity of surgery.

Can an impacted tooth push all my other teeth out of place?

Wisdom teeth are not considered a reliable explanation for all crowding of the front teeth. Tooth alignment can change for several reasons over time. An orthodontic assessment can identify whether a specific impacted tooth is interfering with eruption or treatment.

Sources

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