CONDITION

# Wisdom tooth problems

Wisdom tooth problems occur when the back teeth become trapped, infected, decayed, or difficult to clean.

**WHAT IT IS**
Problems from trapped, partly erupted, or decayed wisdom teeth

**BODY SYSTEM**
Teeth and gums

**MAIN SYMPTOMS**
Back jaw pain, swollen gum, bad taste, difficulty opening

**WHAT CAUSES IT**
Impaction, limited space, infection, or decay

**HOW IT IS DIAGNOSED**
Dental examination and X-rays when needed

**MAIN TREATMENT**
Cleaning, symptom relief, dental care, or removal

**CAN IT BE CURED?**
Sometimes - removal can resolve tooth-related problems

**IS IT AN EMERGENCY?**
Sometimes - breathing difficulty or rapidly spreading swelling

**LONG-TERM OUTLOOK**
Usually good with monitoring or appropriate dental treatment

## Overview

Wisdom teeth are the last adult teeth at the back of the mouth. Dentists call them third molars. They usually begin to appear during the late teenage years or early adulthood, although they can come through later or remain under the gum.

Some wisdom teeth grow into a healthy position and never cause trouble. Others do not have enough room to emerge normally. A tooth may become trapped under the gum or jawbone, which is known as impaction. It may also come through only partly or grow at an angle.

A partly erupted wisdom tooth can leave a flap of gum over the tooth. Food and bacteria may collect underneath it, causing inflammation or infection called pericoronitis. Wisdom teeth can also develop tooth decay, gum disease, or problems affecting the tooth in front.

Having an impacted wisdom tooth does not automatically mean it needs to be removed. A dentist considers your symptoms, examination findings, X-rays, the tooth's position, and whether there is evidence of disease or damage.

## Symptoms

Wisdom tooth problems can cause symptoms at the back of the mouth, often behind the last visible molar. Symptoms may affect one or both sides.

Common symptoms include:

Pain may come and go. Pericoronitis can settle temporarily and then return, especially when the area is difficult to clean.

A wisdom tooth may also have decay without causing early symptoms. Decay in the tooth in front can be difficult to notice because the affected area may be hidden between the teeth.

Jaw pain can have causes other than wisdom teeth, including another damaged tooth, jaw-joint problems, sinus problems, or teeth grinding. A dental examination is needed to identify the cause.

- Pain or tenderness at the back of the jaw
- Red, swollen, or bleeding gum around the tooth
- A bad taste or unpleasant breath
- Difficulty opening the mouth fully
- Pain when chewing or swallowing
- Swelling of the cheek or jaw
- Food repeatedly becoming trapped around the tooth

## Causes and risk factors

The main cause is a lack of room for a wisdom tooth to emerge in a useful, cleanable position. The tooth may stay completely beneath the gum or emerge only partly.

Its direction also matters. A wisdom tooth can lean toward the tooth in front, tilt backward, lie sideways, or remain upright within the jawbone. This position is set during tooth development and is not something you caused.

A partly erupted tooth is more likely to become inflamed because bacteria and food can collect beneath the surrounding gum. The location at the very back of the mouth can make effective

brushing and flossing difficult.

Factors linked with problems include:

Not everyone has wisdom teeth. Some people have fewer than four, and some do not develop any.

- A partially erupted or awkwardly angled tooth
- Gum covering part of the tooth
- Limited space behind the second molar
- Difficulty reaching the area with a toothbrush
- Existing tooth decay or gum disease
- Smoking or other tobacco use, which can harm gum health

## Diagnosis

A dentist will ask about your pain, swelling, bad taste, difficulty opening your mouth, and whether symptoms have happened before. They will examine the wisdom tooth, nearby gum, the tooth in front, and the rest of your mouth.

The examination may show trapped food, inflamed gum, discharge, decay, or tenderness. The dentist may also check whether swelling has spread beyond the immediate area.

A dental X-ray is often used when the tooth's full position cannot be seen. A panoramic X-ray can show all the teeth and much of both jaws in one image. It helps assess whether the wisdom tooth is impacted, whether nearby teeth are affected, and how close lower wisdom tooth roots are to important nerves.

More detailed imaging is sometimes considered when an X-ray suggests that the roots are very close to a nerve. Imaging is not needed in every situation.

## Treatment and management

Treatment depends on what is causing the problem. An impacted tooth without symptoms or signs of disease may be monitored rather than removed. This usually involves dental examinations and X-rays when clinically needed.

For mild inflammation around a partly erupted tooth, a dentist may clean and flush beneath the gum flap. Keeping the area clean can help it settle. A small-headed toothbrush or another cleaning aid recommended by a dental professional may make the area easier to reach.

Over-the-counter pain medicines, such as paracetamol or ibuprofen, may help some people. Follow the package directions and check with a pharmacist or healthcare professional if you are unsure whether a medicine is suitable for you.

Antibiotics like amoxicillin or doxycycline are not routinely needed for local wisdom tooth pain. A dentist may consider them when infection is spreading, there is significant swelling, or you have fever or other signs of being unwell. Antibiotics do not remove the underlying problem, so further dental treatment may still be needed.

Removal may be recommended when a wisdom tooth is causing repeated infection, unrestorable decay, gum disease, an abscess, a cyst, or damage to the neighbouring tooth. It may also be removed when its position prevents another necessary treatment.

Wisdom tooth removal is usually carried out with local anaesthetic, which numbs the area. Sedation or a general anaesthetic may be considered for some procedures. An impacted tooth may require a small cut in the gum, removal of some surrounding bone, or division of the tooth into smaller pieces.

If the roots of a lower wisdom tooth are very close to a major nerve, a specialist may discuss a coronectomy. This removes the tooth's crown but intentionally leaves the roots in place to reduce the chance of nerve injury. It is not suitable in every case, and the retained roots sometimes need later treatment.

## Complications

Untreated wisdom tooth problems can lead to repeated pericoronitis, an abscess, worsening decay, or gum disease. An abscess is a collection of pus caused by infection. Infection can occasionally spread into the cheek, jaw, or deeper tissues of the face and neck.

An impacted tooth may contribute to decay or loss of bone around the second molar. A fluid-filled sac called a cyst can rarely form around an unerupted tooth and damage nearby bone or teeth.

Removal also has possible complications. Pain, swelling, bruising, and some difficulty opening the mouth are common during early recovery. Other risks include bleeding, infection, damage to a nearby filling or tooth, and dry socket. Dry socket happens when the healing blood clot is lost or breaks down, exposing the socket and causing increasing pain.

Lower wisdom tooth roots can sit near nerves that supply feeling to the lower lip, chin, or tongue. Nerve irritation may cause numbness, tingling, or altered sensation. This is often temporary but can occasionally last. Removal of an upper wisdom tooth can rarely create an opening between the mouth and the nearby sinus.

Your dentist or oral surgeon should explain the risks that apply to the position of your tooth before a procedure.

## Prevention

You cannot reliably prevent wisdom teeth from becoming impacted because jaw space and tooth position develop naturally.

Careful cleaning may reduce inflammation, decay, and gum disease when a wisdom tooth has emerged enough to reach. Brush the area gently with fluoride toothpaste, including behind the last molar. Clean between teeth using a method that works for the available space.

Regular dental examinations can identify decay, gum disease, or damage to the neighbouring tooth before these cause obvious symptoms. Routine removal of every symptom-free wisdom tooth is not necessary. Monitoring may be appropriate when a tooth is free from disease and can be reviewed safely.

Avoiding tobacco supports gum health and may also lower the risk of healing problems if a tooth is removed.

## Living with it and what to expect

A healthy wisdom tooth may stay in place for life without causing a problem. A tooth that remains fully beneath the gum may also stay unchanged, although a dentist may recommend occasional monitoring based on its position.

Partly erupted teeth are less predictable. Inflammation can improve after cleaning but may return because the gum flap and difficult-to-reach space remain. Repeated episodes often lead to a discussion about removal once the current inflammation is controlled.

If removal is needed, pain and swelling are expected during the first few days. They should then begin to improve. The socket closes gradually, while deeper healing continues for longer. Following the dental team's instructions about eating, cleaning, smoking, and physical activity can support recovery.

Long-term results are generally good when the source of repeated infection or damage is treated. Removal does not cause other teeth to become loose. It also does not reliably change existing crowding of the front teeth.

Continue routine dental care even when an impacted tooth is not painful. Some decay and damage develop quietly and are easier to manage when found early.

## When to get medical help

Arrange a routine dental appointment if you have recurring discomfort around a wisdom tooth, food repeatedly catches there, or the gum often becomes sore. You should also arrange an assessment for a broken tooth, suspected decay, or mild symptoms that do not settle.

Seek urgent dental or medical advice the same day if you have:

Go to an emergency department or call local emergency services if swelling affects your breathing or makes it difficult to swallow saliva. Rapidly spreading swelling of the mouth, face, or neck also needs emergency care.

- Increasing facial or jaw swelling
- Fever or a general feeling of illness
- Pus or a persistent foul taste
- Worsening difficulty opening your mouth
- Pain or swelling that is getting worse after an extraction
- Bleeding after removal that does not stop with firm pressure as instructed

## Common questions

Do all wisdom teeth need to be removed?

No. A wisdom tooth that is healthy, free from disease, and not harming nearby structures may be monitored. Removal is generally considered when there is infection, decay, disease, damage, or another clear clinical reason.

Can wisdom tooth pain go away on its own?

Mild inflammation can settle, especially after the area is cleaned. However, pain may return if food and bacteria continue to collect beneath the gum. Pain can also come from decay or an abscess, which needs dental treatment.

What does an impacted wisdom tooth mean?

It means the tooth has not emerged into a normal position because it is blocked by gum, bone, another tooth, or limited space. It may be completely hidden or only partly visible.

Can a wisdom tooth cause ear pain or headaches?

Pain from the back of the jaw can sometimes be felt near the ear, temple, or throat. This is called referred pain. These symptoms have many possible causes, so they should not automatically be blamed on a wisdom tooth.

Does wisdom tooth removal hurt?

Anaesthetic is used so you should not feel sharp pain during the procedure, although pressure and movement may be noticeable. Soreness and swelling afterward are common and can usually be managed with the recovery plan provided by the dental team.

Can a wisdom tooth grow back after removal?

No. A completely removed tooth does not grow back. Rarely, another extra tooth may be present, or retained roots may later become noticeable after a coronectomy or incomplete removal.

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