

DRY SOCKET – mainly a complication of lower molar extractions

WHAT IS A DRY SOCKET?

A dry socket is a localised area of painful inflammatory response within the bone at the site of a recent tooth extraction, most commonly at the back of the lower jaw. It usually occurs between 3 and 7 days after the tooth has been removed and is characterised by increasing severe pain, which may feel as if it is radiating along the jaw or up into the temple or ear. It may also be accompanied by a bad taste, bad breath (halitosis), enlarged painful lymph nodes at the angle of the jaw, a raised temperature and may also be accompanied by a general feeling of being unwell.

WHAT CAUSES A DRY SOCKET?

Dry sockets occur most commonly in the mandible (lower jaw). They result from a reduced blood supply to the healing socket that leads to delayed healing, loss of the blood clot from the tooth socket, reduced defence against infection and the development of severe inflammation in the bone around the tooth socket accompanied by intense and pain.

WHY AVOID SMOKING BEFORE AND AFTER DENTAL SURGERY?

Smoking introduces chemicals into the mouth some of which cause blood vessels to close down, a process known as *vasoconstriction*. Every time smoke is introduced into the mouth, the blood vessels close down and this further reduces the already poor blood supply seen in the mandible. The combination of the poor mandibular blood supply and the chemically induced reduction in blood flow leaves the socket less protected by the immune system. Infection may arise by any of the 700 or so species of bacteria that live in the human mouth. Furthermore the reduced blood flow increases the chance of developing a dry socket.

HOW DOES A DRY SOCKET DEVELOP?

Once bacteria access the socket, they break down the blood clot that was acting as a natural dressing in the socket, and the clot is lost from the socket. This then leaves an open socket for food debris and bacteria to occupy. The outcome is an painful, acute inflammation known as a dry socket or localised osteitis.

ADVICE IS ALWAYS GIVEN BEFORE SURGERY!

Patients who smoke are told at their consultation appointment to avoid smoking for 24 hours before tooth extraction and for a MINIMUM of 2 weeks, but a longer period of around 6 weeks of no smoking would be better. After certain surgical procedures including the repair to a sinus perforation, a period of 6weeks up to 3 months of no smoking is advised.

DRY SOCKET TREATMENT

The only effective treatment for a dry socket is to wash out the socket removing any food debris using an antibacterial irrigant and then apply a dressing (*Alvogyl*). This dressing causes anaesthesia of the socket and thereby reduces the pain of the condition and secondly the chemicals in the alvogyl cause the bacteria in the socket to die thereby eliminating the infection causing clot destruction.

WILL ANTIBIOTICS HELP?

Taking antibiotic tablets will generally have very limited effect on a dry socket. The antibiotics will enter the blood stream and be distributed around the body to all areas where blood flows. However, the reduced blood supply to the socket means that the antibiotics do not reach the site of the infection in an effective dose.

Therefore, anyone with a dry socket needs to see a dentist for local treatment and not a doctor to obtain systemic antibiotics.