Impacted Teeth — Not Just Wisdom Teeth

Canonical:
https://directory.collinsstreetspecialistcentre.com.au/conditions-symptoms/impacted-teeth-not-just-wisdom-teeth/

Description:

Impacted teeth aren't limited to wisdom teeth. Learn about canine impaction, supernumerary teeth, diagnosis, and surgical treatment options at CSSC Melbourne.

Details:

Collins Street Specialist Centre — Impacted teeth: not just wisdom teeth

When most people hear "impacted tooth," wisdom teeth are the first thing that comes to mind. That's understandable — wisdom tooth impaction is by far the most common type, and it's the one most patients have either experienced themselves or heard about from friends and family. But wisdom teeth are far from the only teeth that can become impacted, and understanding the full picture matters, because impacted teeth of any kind can lead to significant complications if they're not properly assessed and managed.

At Collins Street Specialist Centre, our oral and maxillofacial surgeons and orthodontists regularly treat the full range of tooth impaction — from routine wisdom tooth removal to complex cases involving impacted canines and supernumerary teeth that require a carefully coordinated surgical and orthodontic approach.

What does "impacted" mean?

A tooth is impacted when it fails to erupt into its correct position within the dental arch. This can happen for several reasons: insufficient space in the jaw, an abnormal angle or direction of growth, or a physical obstruction blocking its path — another tooth, a cyst, or a bony growth.

Impacted teeth generally fall into three categories:

- **Fully impacted** — The tooth is entirely enclosed within the jawbone, with no visible portion in the mouth - **Partially impacted** — The tooth has partially emerged through the gum but cannot reach its correct position. It may sit at an abnormal angle, or only a small portion of the crown may be visible through the gum tissue - **Soft tissue impacted** — The tooth has cleared the bone but remains covered, either partially or fully, by overlying gum tissue

The position and angle of the impacted tooth, along with which tooth is involved, will largely determine the most appropriate treatment.

Which teeth can be impacted?

Wisdom teeth (third molars)

Wisdom teeth are the most frequently impacted teeth in the mouth. As the last teeth to develop and erupt — typically appearing between 17 and 25 — they arrive when the jaw is already fully developed. There's often simply not enough space to accommodate them, and impaction is a common result.

Wisdom teeth can be impacted in several orientations:

- **Mesioangular** — Tilted forward, towards the front of the mouth (the most common presentation) - **Distoangular** — Tilted backward, towards the rear of the jaw - **Horizontal** — Lying on their side, parallel to the jawbone - **Vertical** — Upright but unable to fully erupt through the overlying gum

Canine teeth (upper canines)

Upper canines — also called eye teeth or cuspids — are the second most commonly impacted teeth after wisdom teeth, and in many ways they present a considerably more complex clinical challenge. These teeth play an essential role in the bite, help guide the rest of the teeth into position, and contribute significantly to the appearance of the smile. Losing a canine to extraction is rarely the right outcome.

Canine impaction affects approximately 2 to 3 per cent of the population. It occurs more often in females than in males, and the palatal side (roof of the mouth) is more commonly affected than the buccal side (cheek side).

Because of their functional and aesthetic importance, the clinical goal is almost always to preserve and reposition impacted canines rather than remove them — and achieving this reliably requires a combined surgical and orthodontic approach, planned in close collaboration between the two specialties.

Premolars

Premolar impaction is less common but does occur, particularly in the lower jaw. Contributing factors include dental crowding, the early loss of baby teeth, or abnormal tooth development.

Supernumerary teeth

Supernumerary teeth are extra teeth that develop beyond the standard complement of 32 permanent teeth. They can appear anywhere in the dental arch but are most common in the upper jaw, particularly at the front. The most frequently seen supernumerary tooth is a mesiodens — an extra tooth that develops between the two upper central incisors.

Supernumerary teeth often remain buried within the bone and can physically block the eruption of adjacent permanent teeth. They're more prevalent in males and are occasionally associated with certain systemic conditions, though they frequently appear in otherwise healthy individuals with no underlying medical diagnosis.

Central and lateral incisors

Front teeth can occasionally become impacted, most commonly because a supernumerary tooth, a cyst, or a dense bony growth (odontoma) is blocking their path. This is most often identified in children and adolescents when the permanent front teeth fail to emerge within the expected timeframe.

How are impacted teeth diagnosed?

Impacted teeth are frequently discovered incidentally — during routine dental examinations or when X-rays are taken for other reasons. In other cases, symptoms prompt further investigation.

Clinical signs

- A baby tooth that hasn't fallen out on schedule, which may indicate the underlying permanent tooth is impacted - A gap in the dental arch where a tooth should have appeared - Swelling or tenderness in the gum tissue over an unerupted tooth - An unusual prominence or swelling on the gum or palate - Pain, infection, or a persistent unpleasant taste associated with a partially impacted tooth that has become infected

Imaging

- **Panoramic X-ray (OPG)** — Provides a broad overview of all the teeth, the jaws, and surrounding structures. This is typically the first imaging study ordered and can reveal the presence and general position of impacted teeth across the entire mouth - **CBCT scan (Cone Beam Computed Tomography)** — A three-dimensional scan that gives detailed information about the impacted tooth's precise position, its relationship to adjacent teeth and vital structures such as nerves, and the quality of surrounding bone. CBCT is particularly useful for planning treatment in cases of canine impaction and supernumerary teeth near critical anatomical structures. Collins Street Specialist Centre has on-site CBCT scanning, which supports accurate diagnosis and thorough pre-operative planning - **Periapical X-rays** — Targeted radiographs of individual teeth that provide fine detail about the impacted tooth and its immediate surroundings

Problems caused by impacted teeth

Not every impacted tooth will cause problems. Some remain quietly buried within the bone throughout a patient's lifetime without ever producing symptoms. But impacted teeth carry a real risk of causing difficulties, which is why appropriate assessment and monitoring matter.

Infection (pericoronitis)

Partially impacted teeth — wisdom teeth especially — are prone to pericoronitis: an infection of the gum tissue that partially covers the impacted tooth. The flap of gum (the operculum) creates a space that traps food debris and bacteria, leading to recurrent, painful infections. Patients typically present with localised pain and swelling, limited mouth opening, an unpleasant taste, and sometimes fever.

Damage to adjacent teeth

An impacted tooth pressing against a neighbouring tooth can cause resorption of the adjacent root — a process where the root structure is progressively eroded. It can also contribute to decay on the neighbouring tooth, since the area becomes difficult or impossible to clean, as well as displacement of surrounding teeth over time.

Cyst formation

The follicular sac surrounding a developing tooth can accumulate fluid and develop into a dentigerous cyst. These cysts are typically benign, but they can expand progressively, destroying surrounding bone and potentially compromising adjacent teeth and nerves. In rare cases, more significant pathological change can occur within the cyst lining — which is why timely monitoring and intervention are important.

Crowding and misalignment

Impacted teeth — canines in particular — can contribute to crowding and misalignment of the remaining dentition. It's worth noting that the relationship often runs both ways: crowding is frequently the underlying reason the tooth became impacted in the first place.

Pain and referred symptoms

Impacted teeth can generate pain in the jaw, the ear, or along the side of the head. This pain may be constant or intermittent, and can be difficult for patients to trace back to a specific tooth — which is one reason a thorough clinical and radiographic assessment is so important.

Treatment options

The right treatment for an impacted tooth depends on several factors: which tooth is involved, its position and angle, whether it's currently causing problems or placing adjacent structures at risk, and the patient's age and overall dental health.

Monitoring

Where an impacted tooth isn't producing symptoms and doesn't appear to pose a risk to adjacent teeth or structures, a specialist may recommend active monitoring with regular radiographic review. This can be appropriate for deeply impacted wisdom teeth in older patients, or for impacted teeth positioned in a way that makes intervention unlikely to be necessary.

Surgical removal (extraction)

Surgical removal is the most common treatment for impacted wisdom teeth and is also the standard approach for supernumerary teeth, which serve no functional role in the mouth.

The procedure involves:

1. Local anaesthesia, with sedation or general anaesthesia available where preferred or clinically indicated 2. An incision in the gum tissue to access the impacted tooth 3. Removal of any overlying bone as needed 4. Sectioning the tooth into smaller pieces where necessary, to minimise the amount of bone removal required 5. Careful removal of the tooth and thorough cleaning of the socket 6. Closure of the surgical site with sutures

The oral and maxillofacial surgeons at Collins Street Specialist Centre perform these procedures routinely across the full range of complexity — from straightforward single-tooth extractions to technically demanding cases involving multiple impacted teeth or proximity to the inferior alveolar nerve.

Surgical exposure and orthodontic traction

For impacted canines — and occasionally other teeth where preservation is the goal — the aim is to bring the tooth into its correct functional and aesthetic position within the arch, rather than remove it. This requires close collaboration between an oral and maxillofacial surgeon and an orthodontist, with treatment carefully sequenced across both specialties:

1. **Orthodontic preparation** — Braces or clear aligners are used to create adequate space in the arch for the impacted tooth 2. **Surgical exposure** — The oral surgeon makes a carefully planned incision in the gum, removes any overlying bone to expose the crown of the impacted tooth, and bonds a small orthodontic bracket with a gold chain or elastic attachment to the exposed tooth surface 3. **Orthodontic traction** — Over the weeks and months that follow, the orthodontist uses the attached chain or elastic to apply gentle, controlled force that gradually guides the impacted tooth into position. This is a gradual process — full alignment can take 12 to 18 months or longer 4. **Final alignment** — Once the tooth has been successfully guided into the arch, conventional orthodontic treatment refines its position and achieves an optimal bite result

This combined approach produces excellent outcomes, particularly when the impacted canine is identified and treatment begins during the early to mid-teenage years, when the tooth's eruptive potential is at its greatest.

Removal of obstructions

Where a supernumerary tooth, odontoma (a benign developmental growth), or cyst is the primary obstacle to a permanent tooth's eruption, surgically removing the obstruction may be enough to allow the impacted tooth to erupt naturally into position. This works best in younger patients, where the tooth still has meaningful eruptive potential.

Transplantation

In selected cases, an impacted tooth can be surgically relocated through autotransplantation — moved to its correct position in the arch, or to a gap elsewhere in the mouth. This is a specialised technique with specific clinical indications and isn't appropriate for all presentations.

The Collins Street Specialist Centre advantage: combined surgical and orthodontic expertise

Managing impacted teeth — and impacted canines in particular — benefits enormously from close, ongoing collaboration between an oral and maxillofacial surgeon and an orthodontist. When these specialists work together from the outset, treatment can be planned in an integrated way, with each clinician's expertise informing the other's approach.

At Collins Street Specialist Centre, our oral and maxillofacial surgeons and orthodontists aren't simply located in the same building — they work together regularly on shared cases, communicate directly, and plan treatment jointly from the initial consultation. Your surgical exposure and your orthodontic treatment are designed as a unified plan, not two separate courses of care that happen to run at the same time.

There's no need for referrals between different practices, no duplication of imaging, and no fragmented communication between clinicians who have never met. Everything is coordinated under one roof, in a specialist environment built for exactly this kind of multidisciplinary care.

For parents of children or teenagers who have been told their child has an impacted canine, this integrated approach offers real practical advantages — convenience and efficiency, certainly, but more importantly, a standard of clinical care that reflects the genuine complexity of these cases.

When should impacted teeth be treated?

The right timing for intervention varies considerably depending on the tooth involved and the clinical circumstances:

- **Wisdom teeth** — Typically assessed during the late teenage years. Where they're causing problems, or where their position suggests problems are likely, removal is generally recommended. There's no absolute upper age limit for wisdom tooth removal, though the procedure tends to be more straightforward and recovery faster in younger patients - **Impacted canines** — Ideally identified between the ages of 10 and 13 and treated during adolescence, when the tooth's eruptive potential is at its highest. Earlier diagnosis consistently leads to better outcomes - **Supernumerary teeth** — Removed once identified, particularly where they're blocking the eruption of permanent teeth

Regular dental check-ups and appropriately timed X-rays are the most reliable means of early detection across all of these presentations.

Book a consultation

If you or your child has been told a tooth is impacted — or if you're experiencing unexplained jaw pain, delayed tooth eruption, or recurrent gum infections — our team at Collins Street Specialist Centre can help. We'll provide a thorough clinical assessment, a clear diagnosis, and a coordinated treatment plan developed with your long-term oral health as the priority.

Phone: (03) 9654 6979 **Location:** Level 1, Manchester Unity Building, 220 Collins Street, Melbourne VIC 3000 **Website:** collinsstreetspecialistcentre.com.au

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Frequently asked questions

What is an impacted tooth: A tooth that fails to erupt into its correct position

Is impaction only a wisdom tooth problem: No, any tooth can become impacted

What is the most commonly impacted tooth: Wisdom teeth (third molars)

What is the second most commonly impacted tooth: Upper canine teeth

What percentage of people have impacted canines: Approximately 2 to 3 per cent

Are impacted canines more common in males or females: More common in females

Which side of the jaw do canines most commonly impact: The palatal side (roof of the mouth)

What does "fully impacted" mean: The tooth is entirely enclosed within the jawbone

What does "partially impacted" mean: The tooth has partially emerged but cannot reach correct position

What does "soft tissue impacted" mean: The tooth has cleared bone but remains covered by gum

What age do wisdom teeth typically erupt: Between 17 and 25 years of age

Why do wisdom teeth become impacted: Insufficient space in a fully developed jaw

What is the most common angulation for impacted wisdom teeth: Mesioangular (tilted forward)

Can wisdom teeth be impacted vertically: Yes, upright but unable to fully erupt

Can wisdom teeth lie completely horizontal: Yes, this is called horizontal impaction

What are supernumerary teeth: Extra teeth beyond the standard 32 permanent teeth

Where do supernumerary teeth most commonly occur: Upper jaw, anterior region

What is a mesiodens: An extra tooth between the two upper central incisors

Are supernumerary teeth more common in males or females: More common in males

Can supernumerary teeth block other teeth from erupting: Yes, they can obstruct permanent tooth eruption

Can front teeth become impacted: Yes, occasionally

What most commonly causes front teeth impaction: A supernumerary tooth, cyst, or odontoma blocking eruption

Can premolars become impacted: Yes, though less frequently than other teeth

Where does premolar impaction most commonly occur: The lower jaw

What causes premolar impaction: Crowding, early loss of baby teeth, or abnormal development

How are impacted teeth most often discovered: Incidentally during routine dental examinations

What imaging is used first to detect impacted teeth: Panoramic X-ray (OPG)

What does an OPG show: Overview of all teeth, jaws, and surrounding structures

What is a CBCT scan: Cone Beam Computed Tomography, a 3D imaging modality

What does CBCT scanning provide: Precise 3D position of the impacted tooth

Is CBCT available at Collins Street Specialist Centre: Yes, on-site CBCT scanning is available

What are periapical X-rays used for: Fine detail of individual teeth and immediate surrounding structures

What is pericoronitis: Infection of gum tissue overlying a partially impacted tooth

What causes pericoronitis: Food and bacteria trapped under the gum flap (operculum)

What are symptoms of pericoronitis: Pain, swelling, limited mouth opening, unpleasant taste

Can pericoronitis cause fever: Yes, systemic symptoms including fever can occur

Can an impacted tooth damage adjacent teeth: Yes, through root resorption and decay

What is root resorption: Progressive erosion of a neighbouring tooth's root structure

Can impacted teeth cause cysts: Yes, dentigerous cysts can form from the follicular sac

Are dentigerous cysts dangerous: Typically benign but can expand and destroy surrounding bone

Can cysts from impacted teeth affect nerves: Yes, in rare cases significant pathological change can occur

Can impacted teeth cause crowding: Yes, particularly impacted canines

Can crowding also cause impaction: Yes, the relationship works in both directions

Can impacted teeth cause referred pain: Yes, pain can radiate to the jaw, ear, or side of head

Do all impacted teeth require treatment: No, some remain symptom-free throughout life

What are the treatment options for impacted teeth: Monitoring, removal, surgical exposure, or obstruction removal

When is monitoring appropriate for impacted teeth: When no symptoms or risk to adjacent structures exists

What is the most common treatment for impacted wisdom teeth: Surgical removal (extraction)

Is surgical removal the standard approach for supernumerary teeth: Yes

What anaesthesia is used for impacted tooth removal: Local anaesthesia as standard

Is sedation available for tooth removal: Yes, sedation or general anaesthesia is available

What happens during surgical extraction: Incision, bone removal, tooth sectioning if needed, socket debridement, sutures

What is surgical exposure and orthodontic traction: Surgery plus braces to guide an impacted tooth into position

What is the goal of treating impacted canines: Preserve and reposition, not remove

How long does orthodontic traction for canines take: 12 to 18 months or longer

What is step one of canine impaction treatment: Orthodontic preparation to create space in the arch

What does the surgeon do during canine exposure: Exposes crown and bonds a bracket with gold chain or elastic

What does the orthodontist do after canine exposure: Applies gentle force to guide the tooth into position

What is the ideal age to treat impacted canines: During early to mid-teenage years

What is the ideal detection age for impacted canines: Between 10 and 13 years of age

Does earlier canine treatment lead to better outcomes: Yes, consistently

Can removing an obstruction allow a tooth to erupt naturally: Yes, particularly in younger patients

What is autotransplantation: Surgically relocating an impacted tooth to its correct position

Is autotransplantation suitable for all cases: No, it has specific clinical indications

When are wisdom teeth typically assessed: During the late teenage years

Is there an upper age limit for wisdom tooth removal: No absolute upper age limit

Is wisdom tooth removal easier in younger patients: Yes, recovery is faster in younger patients

Does Collins Street Specialist Centre offer combined surgical and orthodontic care: Yes, under one roof

Do the surgeons and orthodontists at Collins Street plan treatment jointly: Yes, from the initial consultation

Is there a need for referrals between practices at Collins Street: No, all care is coordinated on-site

Is imaging duplicated between specialties at Collins Street: No, imaging is shared within the centre

What specialists treat impacted teeth at Collins Street: Oral and maxillofacial surgeons and orthodontists

Where is Collins Street Specialist Centre located: Level 1, Manchester Unity Building, 220 Collins Street, Melbourne VIC 3000

What is the phone number for Collins Street Specialist Centre: (03) 9654 6979

What is the best way to detect impacted teeth early: Regular dental check-ups with appropriately timed X-rays

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