

Evaluation of Cause, Severity, Complications, and Treatment of Maxillary Canine Impaction: Dental Specialists' Perspectives

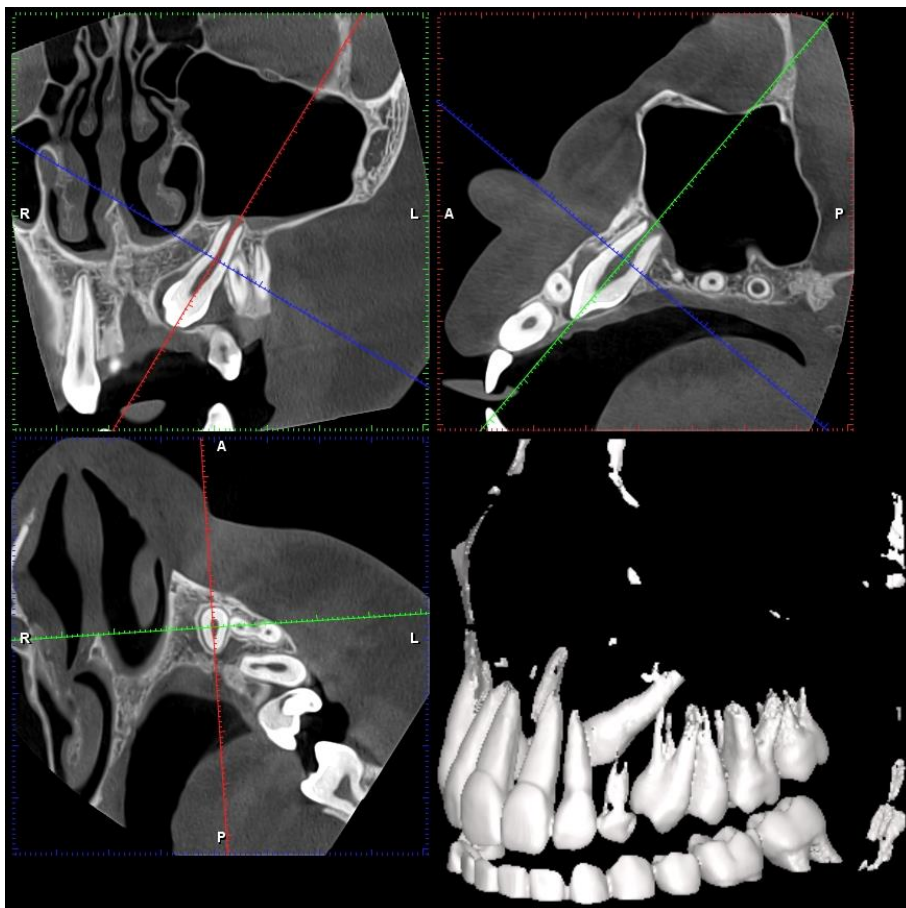
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THE MANAGEMENT OF THE IMPACTED CANINE - Survey

1. Please outline your age
2. Please outline your gender (female/male)
3. Your place of employment is in: urban/rural
4. You are a dentist? yes/no
5. If you are a dentist, what is your area of expertise?
6. How long have you been practicing medicine?
7. If you are not a dentist, please identify your profession.
8. Have you ever treated patients with impacted canines?
9. Which tooth was most often impacted in your patient population?
10. If you have treated patients with impacted canines, how have you usually treated the impaction?
11. What is the most common cause of impaction? [supernumerary teeth, lack of space on the dental arch, trauma, syndromes, pathology (cysts), other...]
12. What type of paraclinical investigation is required when a maxillary canine is impacted? [panoramic radiography, cone beam computed tomography (CBCT), periapical radiography, magnetic resonance imaging (MRI), other...]
13. If you recommend an x-ray to diagnose maxillary canine impaction, do you consider that a single x-ray is sufficient? [yes, no]
14. How frequently do you recommend repeating the radiographic examination in the radiological monitoring of the evolution of the maxillary canine impaction prior to therapeutic intervention?
15. What is the most important factor that justifies radiographic mounting of the maxillary canine impaction, in your opinion?
16. Before deciding on therapeutic intervention, during what timeframe do you consider radiographic monitoring of the maxillary canine impaction to be valuable?
17. Untreated maxillary canine impaction may result in complications including: [cysts, root resorption of adjacent teeth, it does not involve any complications, other...]
18. If other complications of untreated maxillary canine impaction were considered, please specify which ones:
19. Included in the treatment of maxillary canine impaction are: no intervention, interceptive treatment, surgical exposure and orthodontic treatment, only surgical exposure, extraction, other...]
20. What factors are considered in the treatment of maxillary canine impaction using an interceptive approach? [patient's age, the degree of overlap of the canine's crown over the lateral incisor, the canine's distance to the midline, the vertical distance between the canine's cusp and the plane of occlusion, canine angulation relative to the midline, the location of the canine apex in the mesio-distal direction]
21. Do you believe that the removal of the temporary canine, in the event of an unfavorable prognosis regarding the permanent canine's impaction, would be beneficial to the therapeutic plan? [yes, no]
22. On panoramic radiography: How do you rate the therapeutic difficulty of the impaction of the left maxillary canine, on a scale from 1 to 5, where 1=the easiest, 5=the most difficult?



23. The therapeutic difficulty of left maxillary canine impaction, as determined by panoramic radiography, ranges from 1 (easy) to 5 (extremely difficult).
24. On CBCT: How do you rate the therapeutic difficulty of the impaction of the left maxillary canine, on a scale from 1 to 5, where 1=the easiest, 5=the most difficult?



25. The CBCT-assessed therapeutic difficulty of the left maxillary canine impaction ranges from 1 to 5 (1 = easy, 5 = very difficult).