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Letter to the Editor

Some doubts on fractures of angle of mandible – A retrospective study

Respected Madam

We have gone through the article by Singh et al (*J. Oral Biol. Craniofac. Res.* 2012; 2 (3): 154–158) with interest. However, the high prevalence of third molar involvement in present study is questionable. According to Barrera and Meyers (2012),¹ “Angle fractures occur in a triangular region between the anterior border of the masseter and the posterosuperior insertion of the masseter. These fractures are distal to the third molar” and hence it is difficult to assume 42/50 (84%) cases having third molar in fracture line. They have also shown 36% ($n = 18$) of their cases to be in age group 11–20 years. In a study by Olze et al,² median age of eruption of third molars has been reported to be ranging from 18.9 to 19.7 years among females and 18.0–22.5 years among males. Even at high estimates, at least 9 patients do not seem to be having emergence of third molar at this age. It is surprising to see such high prevalence of cases with involvement of third molar and that too with a substantial number of cases in age group 11–20 years. Despite higher risk association of mandibular angle fracture with third molars, the figures quoted are unrealistic and refute the observation that third molar involvement is dependent on intensity of impact.³ The estimated relative risk of mandibular third molar involvement has been shown to be 2.4 in a meta-analysis of 3002 cases by Hanson et al (2004).⁴ Máaita and Alwrikat (2000)⁵ also found this risk to be 2.25 only. However, in present study, the proportion of patients with third molar to that without third molar was 9:1, which is surprisingly too high and needs further explanation especially with respect to exact age wise distribution of cases in age group 11–20 years.

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