

Posterior and Superior Alveolar Block

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Posterior Superior Alveolar

- arise from the trunk of the **maxillary nerve** just before it enters the **infraorbital groove**
- Technique:
 - area of insertion is at the height of the mucobuccal fold b/n **1st and 2nd molar**
 - Angle at **45 superiorly and medially**
 - No resistance should be felt
 - Insert about 15-20mm
 - ALWAYS **aspirate**



Middle Superior Alveolar

- involves pulpal anesthesia of **first and second premolars** and **mesiobuccal root of first molar**, **buccal soft tissues and bone** over same teeth
- Indications:
 - Anesthesia of maxillary premolars and
 - Infraorbital nerve block failure
- Contraindications:
 - Inflammation in the area
 - MSA is present only 28% of time

Middle Superior Alveolar

- Technique:
 - between first and second premolar
 - ALWAYS aspirate



Complications

- hematoma (= is a localized collection of blood outside the blood vessels)
- Positive aspiration (need to remove the needle and try again)

Abscesses

- = exudate enclosed in the tissues of the jaw bone at the apex of the infected tooth's root
- Originates: from bacterial infection that has accumulated in soft, usually dead, dental pulp (eg. Failed root canal treatment)
- Symptoms:
 1. continuous pain,
 2. affected tooth by pressure
 3. or diff. in temperatures
 4. may perforate bone and create local facial swelling

Abscesses

- TYPES:
 - **Gingival abscess**: involves only gum tissue
 - **Periapical abscess**: starts at apex of root
 - **Periodontal abscess**: starts in pocket of gingiva over 3mm
- TREATMENT: use of antibiotics and if the tooth can be restored root canal therapy should be performed



Infection of maxillary sinus

- The sinuses are composed of air: when swollen, the increased pressure in the sinus cavity => pain
when inflammation => difficult to breath from nose
- origin: virus, bacteria, inflammation
- Symptoms: toothache, migraines, feelings of pressure, fever, swelling around the eye