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ABSTRACT

Objective: To conduct a bibliometric analysis of the 100 most cited articles on the use of complementary therapies for controlling inflammatory signs, symptoms, and complications after lower third molar extraction. **Methods:** An electronic search was performed on the Web of Science Core Collection database. A graphical bibliometric network was created in Power BI software (Microsoft, Redmond, Washington, USA). Spearman's correlation test was used to assess the correlation among the number of citations, journal impact factor, and the year of publication. **Results:** The selected articles received 4,199 citations, covering the years 1983 to 2023. Most publications occurred in 2016. Article citations averaged 41.99. The most frequent Keywords Plus terms, considering more than five occurrences, were "removal," "pain," "surgery," and "trismus." The main keywords defined by the authors, considering more than five occurrences, were "pain," "swelling," and "trismus." The Asian and European continents presented the highest number of publications and citations. Randomized clinical trial was the most prevalent study type. Regarding authors' affiliations, the University of Turin stood out in the number of publications. **Conclusions:** The article with the highest number of citations was published in Serbia. Turkey and Italy accounted for the highest number of publications and citation density. Although most included studies were randomized clinical trials, improving comparison and decision-making requires methodological standardization.

Keywords: Pain, Swelling, Trismus, Postoperative period, Oral surgery procedures, Wound healing

Introduction

Lower third molar extraction may be associated with inflammatory signs, symptoms, and postoperative complications, such as pain, edema, difficulty opening the mouth, alveolar osteitis, and infection¹. These events may significantly compromise patient comfort and the quality of life in the days following surgery². Postoperative consequences may concern factors such as the surgeon's experience, surgical time, the positioning of said dental elements in the mandible, and the degree of individual inflammatory response³. Traditionally, managing these variables involves medications, which, although effective, may present undesirable side effects and contraindications in some cases⁴.

Developing complementary strategies to optimize tissue repair, aiming to restore tissue physiology and minimize postoperative consequences, is a constant challenge in contemporary dentistry⁵. Several therapies are employed for this purpose, each with its own advantages and limitations, including low-intensity laser therapy⁶, cryotherapy⁷, hyaluronic acid gel⁸, acupuncture⁹, photobiomodulation¹⁰, ozone therapy¹¹, compression dressings¹², herbal medicines¹³, and the administration of blood products¹⁴.

The scientific literature presents promising results regarding the efficacy of these therapies, although controversies exist regarding the standardization of protocols, methodological quality of studies, and reproducibility of results^{15,16}. Using these practices requires a critical and evidence-based overview to ensure a safe and effective incorporation into clinical practice⁵.

Thus, the bibliometric analysis provides a robust method for verifying research niches¹⁷. By mapping citation trends, highlighting influential studies, and identifying collaboration networks, bibliometric approaches offer considerable insights into the evolution and impact of scientific research^{18,19}. To date, no bibliometric study with this theme has been performed. Thus, the present study aims to conduct a bibliometric analysis of the 100 most cited articles on the use of complementary therapies for controlling inflammatory signs, symptoms, and complications after lower third molar extraction, providing comprehensive and current knowledge about possible research lines.

Materials and Methods

Sources of Information and Search Strategy

This review was reported in accordance with the Guidelines for Reporting Bibliometric Reviews of Biomedical Literature¹⁷. An electronic search was performed on April 30, 2025, on the Web of Science Core Collection (WoS-CC) database. The Medical Subject Headings (MeSH), Embase Subject Headings (Emtree), and Health Science Descriptors (DeCS) platforms provided the search descriptors. The Boolean operators “AND” and “OR” combined the keywords, respecting the database’s syntax rules (Table 1).

Table 1 – Database search strategy.

Database	Search Strategy (March 2025)
Web of Science http://apps.webofknowledge.com/	Primary Database
	#1 "Lower Third Molar" OR "Wisdom Teeth" OR "Wisdom Tooth" OR "Third Molar" OR "Mandibular Third Molar"
	#2 "Pain" OR "Swelling" OR "Trismus" OR "Alveolitis" OR "Alveolar Osteitis" OR "Dry Socket" OR "Socket" OR "Fibrinolytic Alveolitis" OR "Infection" OR "Cellulitis" OR "Abscess" OR "Recovery" OR "Healing" OR "Wound" OR "Outcomes" OR "Efficacy" OR "Morbidity" OR "Comparison" OR "Complications" OR "Edema" OR "Mouth Opening"
	#3 "PRF" OR "CGF" OR "PRP" OR "Platelet Rich Fibrin" OR "Platelet-Rich Fibrin" OR "IPRF" OR "Leukocyte and Platelet Rich Fibrin" OR "Concentrated Growth Factor" OR "Platelet-Rich Plasma" OR "Platelet Rich" OR "Platelet-Rich" OR "Hyaluronic Acid" OR "Cryotherapy" OR "Cold Therapy" Or "Phytotherapy" OR "Laser Therapy" OR "Low-Level Light Therapy" OR "Drain" OR "Brief Hypnotic Induction" OR "Green Tea" OR "Propolis" OR "Suture Techniques" OR "Piezosurgery" OR "Acupuncture" OR "Herbal Medicine" OR "Curcumin" OR "Bromelain" OR "Arnica" OR "Photobiomodulation" OR "LLLT" OR "PBM" OR "Autologous Conditioned Plasma" OR "A-PRF" OR "T-PRF" OR "Cryotherapy" OR "Ozone" OR "Therapy" OR "Ozonated Water" OR "Minimal" or "Transcutaneous Electrical Nerve Stimulation" OR "TENS" OR "Ultrasound" OR "Kinesio Taping" OR "PRGF" OR "Plasma Rich in Growth Factors" OR "Collagen Membrane" OR "Collagen Resorbable Membrane" OR "Chitosan" OR "Pulsed Electromagnetic Field" OR "Probiotic"
	#1 AND #2 AND #3

Eligibility Criteria

The study included the 100 most cited articles that investigated the performance of complementary therapies in controlling inflammatory signs, symptoms, and complications after lower third molar extraction. There was no restriction on the year or language of publication.

Selection Process

Two independent researchers (VLA and DCF) assessed title and abstract readings, as well as full texts when necessary. A third investigator (LRP) was consulted in cases of discrepancies.

Data Extraction from the Selected Studies

The following data were extracted from each included article: the year of publication, the number of citations, position in the list of citations, citation density, the number of general citations, title, authors, institution, country, journal, impact factor (IF) according to the Journal Citation Reports (Clarivate Analytics), keywords, study design, open access policies, and other topics of interest. Study designs were categorized into systematic reviews, systematic reviews with meta-analyses, umbrella reviews, narrative reviews, literature reviews, clinical practice guidelines, prospective articles, clinical trials, observational studies (cohort, cross-sectional, and case-control), and *in vitro*/animal studies. The collected data from countries and institutions were based on information from the corresponding authors. International collaboration considered the institution of origin of each author and co-author. Two evaluators (VLA and DCF) analyzed the data independently to minimize error. The topic of interest evaluated in this bibliometric analysis was the performance of complementary therapies in controlling inflammatory signs, symptoms, and complications after lower third molar extraction.

Data Analysis

A graphical bibliometric network was created in Power BI software (Microsoft, Redmond, Washington, USA). The data related to connections between authorship and keywords were clustered. Terms associated with clusters and larger fonts had higher occurrences, while terms associated with clusters or smaller fonts had lower occurrences. Connection lines were drawn between clusters to indicate relationships.

Spearman's correlation test was used to assess the correlation among the number of citations, journal impact factor, and the year of publication. Spearman's correlation coefficient (ρ) may be weak ($\rho > 0.30$), moderate ($\rho > 0.50$), high ($\rho > 0.70$), or very high ($\rho > 0.9$). All analyses were performed in R software (version 4.5 for Windows) at a 5% significance level.

Results

The search strategy in the WoS-CC database yielded 888 studies, which were classified by the number of citations. After screening, the 100 most cited articles were selected²⁰⁻¹¹⁹. Kaziro (1984) authored the first article to analyze the performance of complementary therapies in controlling inflammatory signs, symptoms, and complications after lower third molar extraction²⁰. It was published in the British Journal of Oral and Maxillofacial Surgery and received 54 citations. The most recent article, Elayah et al. (2023), was published in Frontiers in Endocrinology and received 21 citations²¹. A very weak positive correlation was found between journal impact factor and the number of citations ($\rho = 0.249$, $p = 0.01$).

The selected articles received 4,199 citations, covering the years 1983 to 2023. The highest number of publications occurred in 2016 ($n = 12$), as shown in Figure 1, which also presents citation trends. There was a moderate negative correlation between the year of publication and the number of citations ($\rho = -0.597$, $p < 0.001$). Article citations ranged from 10 to 125, with an average of 41.99 citations per article. The most cited article, a randomized clinical trial published in the *International Journal of Oral and Maxillofacial Surgery* in 2007 by Markovic and Todorovic, had 125 citations²². The most frequent Keywords Plus terms, considering more than five occurrences, automatically generated by WoS-CC were "removal" (1,698 citations), "pain" (1,256 citations), "surgery" (1,079 citations), and "trismus" (1,006 citations), as seen in Figure 2. The main keywords defined by the authors, considering more than five occurrences, were "pain" (1,400 citations), "swelling" (900 citations), and "trismus" (800 citations), as shown in Figure 3.

Regarding geographical distribution, Asia had the highest number of publications and citations (50% of articles, 1,929 citations), followed by Europe (33 articles, 1,518 citations), Latin America (9 articles, 370 publications), Africa (6 articles, 275 publications), and Anglo-Saxon America (2 articles, 107 citations). Turkey stood out with 22% of publications and 857 citations. Italy (13%, 718 citations), India (11%, 448 citations), Brazil (9%, 370 citations), Iran (9%, 316 citations), Spain (6%, 226 citations), and Nigeria (5%, 212 citations) individually exceeded 200 citations, as seen in Figure 4. Figure 5 illustrates the international collaboration network of countries. Among the 100 most cited articles, only nine countries collaborated, with Italy having the highest number of international collaborations and consequently more citations (6 articles, 237 citations).

The randomized clinical trial was the most prevalent study type (87% of selected articles) and obtained the highest number of citations (3,548 citations), followed by quasi-randomized clinical trials (11% of articles, 571 citations). Only one article was identified for case-control (48 citations) and observational (32 citations) study designs, as shown in Figure 6.

Among the 100 most cited articles, only two were published by a single author^{20,23}. The radar plot (Figure 7) shows the authors with two or more occurrences and 80 or more citations: Aras MH and Gungormus M (129 citations), Mozzati M (126 citations), Uyanik LO (124 citations), and Ezirganli S (116 citations).

Regarding authors' affiliations, the Aster plot in Figure 8 shows the five main institutions, considering only those with two or more occurrences and 80 or more citations. The University of Turin stood out with four articles and 211 citations, followed by Bezmialem Vakif University (3 articles, 152 citations), Federal University of Pernambuco (2 articles, 143 citations), Inonu University (4 articles, 130 citations), and Istanbul University (3 articles, 130 citations).

Discussion

Developing complementary therapies for controlling inflammatory signs, symptoms, and complications after lower third molar extraction is a trend in contemporary dentistry⁵. This bibliometric analysis is the first study to analyze the top 100 most cited articles on this topic.

In this study, the article that received the most citations was by Markovic and Todorovic (2007)²², with 125 citations, while the study by Momeni et al. (2022)¹¹⁹ received only 10 citations. Factors such as methodological quality, journal impact factor, and collaboration research network may influence citation metrics (Tahamtan et al., 2016)¹²⁰. However, the article that received the fewest citations (Momeni et al., 2022)¹¹⁹ was published in *BMS Oral Health*, whose impact factor is 3.1, which is higher than the impact factor of the study with the most citations (Markovi and Todorovic, 2007)²² published in the *International Journal of Oral and Maxillofacial Surgery*. This difference may be linked to factors that influence citation metrics, such as the novelty of the researched theme and the time of article publication¹²¹. It is worth noting that Spearman's test presented a very weak positive correlation between journal impact factor and the number of citations ($\rho = 0.249$, $p = 0.01$).

Randomized clinical trial (RCT) was the most frequent study type, representing 87% of the selected articles. This study design randomly selects patients to receive the intervention or control, ensuring the balance of potential known and unknown confounding factors at the time of randomization¹²². Moreover, the RCT may provide strong evidence for research evaluating the effectiveness of a clinical intervention, aiding evidence-based decision-making¹²³. However, although most selected studies were RCTs, the comparison of interventions presents methodological flaws, as some studies lack sample calculation, parallel and split-mouth designs, and heterogeneous positioning of third molars in the mandible. These points are outside the protocol suggested by the Consolidated Standards of Reporting Trials (CONSORT) and may influence the interpretation, inference of results, and decision-making (Butcher et al., 2022)¹²⁴.

Asia and Europe contributed the highest number of articles among the 100 most cited on complementary therapies for controlling inflammatory signs, symptoms, and complications after lower third molar extraction. This data contrasts with Huang et al. (2025)¹²⁵, whose bibliometric analysis showed that Brazil contributed the highest number of articles among the top 100 most cited, including research on pain control and drug use after lower third molar extraction. This difference may be attributed to the larger number of therapies analyzed and the broader scope of research lines and groups included in this study. Although Brazil does not rank in a prominent position regarding the number of scientific publications among the top 100 most cited articles in this study, the Federal University of Pernambuco contributed two articles and 143 citations among the five most cited higher education institutions. The four

other most cited institutions are in Asia and Europe, corroborating the continents that contributed the most published articles on this subject.

Turkey and India are among the countries with the most scientific contributions in the top 100 most cited articles, and they stand out in the research on complementary therapies after lower third molar extraction, mainly addressing the application of laser therapy and blood concentrates. These countries have consolidated their presence in the global scientific research landscape through significant advances in production and infrastructure. India, which became the third country to publish the most scientific articles in 2022, with approximately 177,291 articles, registered a 19% growth compared to the previous year¹²⁶. Turkey has significantly expanded its presence in international scientific research, reflected by several bibliometric indicators. From April 1, 2024, to March 31, 2025, the country ranked 34th in the global ranking of scientific production by the Nature Index, and 4th in the Western Asia region, with emphasis on physical, health, biological, land, and environmental sciences¹²⁷.

Keywords are critical for the effectiveness of a literature search strategy, as they condense longer sentences or phrases and expand the ability to track articles¹²⁸. In the present study, the main keywords defined by the authors were “pain,” “swelling,” and “trismus.” Notably, these terms correspond to the most frequent inflammatory signs and symptoms after lower third molar extraction, which justifies the emphasis of such terms as the main keywords referring to the top 100 most cited articles. Although pain, edema, and difficulty opening the mouth are common after this surgical procedure, the intensity of these inflammatory signs and symptoms might be strongly related to the degree of surgical difficulty, individual tissue repair response, and the surgeon’s experience^{99,129}.

Although it is relevant as an analysis method for mapping existing research and providing knowledge of the geographic distribution and influence of each continent regarding their scientific contribution, this bibliometric analysis has some limitations. Robust studies on the subject exist, but they may not have been included due to the recent date of publication, which consequently yields few citations. The WoS-CC database is among the most reliable and widely used citation databases for bibliometric studies¹³⁰. However, as it was the only database used, other robust studies with a high number of citations may not have been retrieved. Thus, future studies should include more databases, such as Scopus.

Conclusion

This bibliometric analysis identified the 100 most cited articles on the performance of complementary therapies in controlling inflammatory signs, symptoms, and complications after lower third molar extraction. The article with the highest number of citations was published in Serbia. The Asian and European continents presented the highest number of studies, with Turkey and Italy accounting for the most publications and density of citations.

Although most included studies were randomized clinical trials, improving comparison and clinical evidence-based decision-making requires methodological standardization.

References

1. Wang J. Neutrophils in tissue injury and repair. *Cell tissue res.* 2018;371(3):531–9. <https://doi.org/10.1007/s00441-017-2785-7>
2. Cho H, Lynham AJ, Hsu E. Postoperative interventions to reduce inflammatory complications after third molar surgery: review of the current evidence. *Aust Dent J.* 2017;62(4):412-9. <https://doi.org/10.1111/adj.12526>
3. Dignam P, Ishafey M, Jeganathan A, Foo M, Park JS, Ratnaweera M. Prevalence and factors influencing post-operative complications following tooth extraction: a narrative review. *Int J Dent.* 2024;7712829. <https://doi.org/10.1155/2024/7712829>
4. Ribeiro H, Rodrigues I, Napoleão L, Lira L, Marques D, Veríssimo M, Andrade JP, Dourado M. Non-steroidal anti-inflammatory drugs (NSAIDs), pain and aging: Adjusting prescription to patient features. *Biomed Pharmacother.* 2022;150:112958. <https://doi.org/10.1016/j.biopha.2022.112958>
5. Falci SGM, Fernandes IA, Guimarães MTBA, Galvão EL, de Souza GM, Al-Moraissi EA. Complementary and alternative therapies for managing postoperative pain after lower third molar surgery: a systematic review and network meta-analysis. *Clin Oral Investig.* 2024;28(4):231. <https://doi.org/10.1007/s00784-024-05625-2>
6. Erismen AB, Uyanik LO, Donmezer CM. Comparison of the postoperative effect of low laser therapy and platelet rich fibrin on mandibular third molar surgery: a randomized study. *BMC Oral Health.* 2025;25(1):427. <https://doi.org/10.1186/s12903-025-05828-3>
7. do Nascimento-Júnior EM, Dos Santos GMS, Tavares Mendes ML, Cenci M, Correa MB, Pereira-Cenci T, Martins-Filho PRS. Cryotherapy in reducing pain, trismus, and facial swelling after third-molar surgery: systematic review and meta-analysis of randomized clinical trials. *J Am Dent Assoc.* 2019;150(4):269-77.e1. <https://doi.org/10.1016/j.adaj.2018.11.008>
8. Fang F, Hu YS. Efficacy of topical application of hyaluronic acid in reducing complications after mandibular third molar surgery: a systematic review and meta-analysis. *Eur Rev Med Pharmacol Sci.* 2023;27(8):3243-54. https://doi.org/10.26355/eurrev_202304_32096
9. Gil MLB, Marinho LMRF, de Moraes M, Wada RS, Groppo FC, Sato JE, de Sousa MLR. Effectiveness of acupuncture in dental surgery: a randomized, crossover, controlled trial. *J Acupunct Meridian Stud.* 2020;13(3):104-9. <https://doi.org/10.1016/j.jams.2020.03.063>
10. Camolesi GCV, El Kattan AS, Lopez-Lopez J, Blanco-Carrión A, García-García A, Gándara-Vila P, Pérez-Sayáns M. Pain, oedema and trismus responses following photobiomodulation therapy immediately after lower third molar extraction: results of a randomized, double-blind and split mouth clinical trial. *J Evid Based Dent Pract.* 2025;25(1):102080. <https://doi.org/10.1016/j.jebdp.2024.102080>
11. Chaudhry K, Rustagi N, Bali R, Khatana S, Kumar S, Kaur A, Kumar P. Efficacy of adjuvant ozone therapy in reducing postsurgical complications following impacted mandibular third-molar surgery: a systematic review and meta-analysis. *J Am Dent Assoc.* 2021;152(10):842-54.e1. <https://doi.org/10.1016/j.adaj.2021.05.006>

12. Firoozi P, Souza MRF, de Souza GM, Fernandes IA, Galvão EL, Falci SGM. Does kinesio taping reduce pain, swelling, and trismus after mandibular third molar surgery? A systematic review and meta-analysis. *Oral Maxillofac Surg.* 2022;26(4):535-53. <https://doi.org/10.1007/s10006-021-01025-y>
13. Liu S, Zhao H, Wang Y, Zhao H, Ma C. Oral Bromelain for the Control of Facial Swelling, Trismus, and Pain After Mandibular Third Molar Surgery: a systematic review and meta-analysis. *J Oral Maxillofac Surg.* 2019;77(8):1566-74. <https://doi.org/10.1016/j.joms.2019.02.044>
14. Almeida VL, Costa MDMA, Mesquita CM, Vieira WA, Lima RR, Lima LB, Rode SM, Paranhos LR. Performance of blood concentrates in controlling inflammatory signs and symptoms after lower third molar extractions: an overview. *Acta Cir Bras.* 2025a;40:e401825. <https://doi.org/10.1590/acb401825>
15. Costa MDMA, Paranhos LR, Almeida VL, Oliveira LM, Vieira WA, Dechichi P. Do blood concentrates influence inflammatory signs and symptoms after mandibular third molar surgery? A systematic review and network meta-analysis of randomized clinical trials. *Clin Oral Investig.* 2023; 27(12):7045-7078. <https://doi.org/10.1007/s00784-023-05315-5>
16. Almeida VL, Costa MDMA, Jesuino RD, Lima LB, Silva ZA, Lima RR, Rode SM, Paranhos LR. Blood concentrates for controlling postoperative complications from third molar surgeries: a scoping review. *Acta Cir Bras.* 2025;40:e405825. <https://doi.org/10.1590/acb405825>
17. Montazeri A, Mohammadi S, P MH, Ghaemi M, Riazi H, Sheikhi-Mobarakeh Z. Preliminary guideline for reporting bibliometric reviews of the biomedical literature (BIBLIO): a minimum requirements. *Syst Rev.* 2023;12(1):239. <https://doi.org/10.1186/s13643-023-02410-2>
18. Molleris JS, Petersen K, Mendes E. Towards understanding the relation between citations and research quality in software engineering studies. *Scientometrics* 2018;117(3):1453-1478. <https://doi.org/10.1007/s11192-018-2907-3>
19. Cai XJ, Zhang HY, Zhang JY, Li TJ. Bibliometric analysis of immunotherapy for head and neck squamous cell carcinoma. *J Dent Sci* 2023;18(2):872-882. <https://doi.org/10.1016/j.jds.2023.02.007>
20. Kaziro GSN. Metronidazole (Flagyl) and Arnica Montana in the prevention of post-surgical complications, a comparative placebo controlled clinical trial. *Br J Oral Maxillofac Surg.* 1984;22(1):42-9. [https://doi.org/10.1016/0266-4356\(84\)90007-x](https://doi.org/10.1016/0266-4356(84)90007-x)
21. Elayah SA, Younis H, Cui H, Liang X, Sakran KA, Alkadasi B, Al-Moraissi EA, Albadani M, Al-Okad W, Tu J, Na S. Alveolar ridge preservation in post-extraction sockets using concentrated growth factors: a split-mouth, randomized, controlled clinical trial. *Front Endocrinol.* 2023;14:1163696. <https://doi.org/10.3389/fendo.2023.1163696>
22. Markovic A, Todorovic Lj. Effectiveness of dexamethasone and low-power laser in minimizing oedema after third molar surgery: a clinical trial. *Int J Oral Maxillofac Surg.* 2007;36(3):226-9. <https://doi.org/10.1016/j.ijom.2006.10.006>
23. Zandi M. Comparison of corticosteroids and rubber drain for reduction of sequelae after third molar surgery. *Oral Maxillofac Surg.* 2008;12(1):29-33. <https://doi.org/10.1007/s10006-008-0096-6>

24. Fernando S, Will CM, Walker R. A randomised double blind comparative study of low level laser therapy following surgical extraction of lower third molar teeth. *Br J Oral Maxillofac Surg.* 1993;31(3):170-2. [https://doi.org/10.1016/0266-4356\(93\)90118-g](https://doi.org/10.1016/0266-4356(93)90118-g)
25. Lao L, Bergman S, Langenberg P, Wong RH, Berman B. Efficacy of Chinese acupuncture on postoperative oral surgery pain. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod.* 1995;79(4):423-8. [https://doi.org/10.1016/s1079-2104\(05\)80121-0](https://doi.org/10.1016/s1079-2104(05)80121-0)
26. Rakprasitkul S, Pairuchvej V. Mandibular third molar surgery with primary closure and tube drain. *Int J Oral Maxillofac Surg.* 1997;26(3):187-90. [https://doi.org/10.1016/s0901-5027\(97\)80817-x](https://doi.org/10.1016/s0901-5027(97)80817-x)
27. Cerqueira PRF, Vasconcelos BCE, Bessa-Nogueira RV. Comparative study of the effect of a tube drain in impacted lower third molar surgery. *J Oral Maxillofac Surg.* 2004;62(1):57-61. [https://doi.org/10.1016/s0278-2391\(03\)00675-x](https://doi.org/10.1016/s0278-2391(03)00675-x)
28. Laureano Filho JR, Silva EDO, Batista CI, Gouveia FMV. The influence of cryotherapy on reduction of swelling, pain and trismus after third-molar extraction: a preliminary study. *J Am Dent Assoc.* 2005;136(6):774-8. <https://doi.org/10.14219/jada.archive.2005.0261>
29. Pasqualini D, Cocero C, Castella A, Mela L, Bracco P. Primary and secondary closure of the surgical wound after removal of impacted mandibular third molars: a comparative study. *Int J Oral Maxillofac Surg.* 2005;34(1):52-7. <https://doi.org/10.1016/j.ijom.2004.01.023>
30. van der Westhuijzen AJ, Becker PJ, Morkel J, Roelse JA. A randomized observer blind comparison of bilateral facial ice pack therapy with no ice therapy following third molar surgery. *Int J Oral Maxillofac Surg.* 2005;34(3):281-6. <https://doi.org/10.1016/j.ijom.2004.05.006>
31. Michalek-Sauberer A, Heinzl H, Sator-Katzenschlager SM, Monov G, Knolle E, Kress HG. Perioperative auricular electroacupuncture has no effect on pain and analgesic consumption after third molar tooth extraction. *Anesth Analg.* 2007;104(3):542-7. <https://doi.org/10.1213/01.ane.0000253233.51490.dd>
32. Bielsa JMS, Hernández-Bazán S, Diago MP. Flap repositioning versus conventional suturing in third molar surgery. *Med Oral Patol Oral Cir Bucal.* 2008;13(2):E138-42
33. Chukwuneke FN, Oji C, Saheeb DB. A comparative study of the effect of using a rubber drain on postoperative discomfort following lower third molar surgery. *Int J Oral Maxillofac Surg.* 2008;37(4):341-4.
34. Forouzanfar T, Sabelis A, Ausems S, Baart JA, van der Waal I. Effect of ice compression on pain after mandibular third molar surgery: a single-blind, randomized controlled trial. *Int J Oral Maxillofac Surg.* 2008;37(9):824-30. <https://doi.org/10.1016/j.ijom.2008.05.011>
35. Vivek GK, Rao BHS. Potential for osseous regeneration of platelet rich plasma: a comparative study in mandibular third molar sockets. 2009;8(4):308-11. <https://doi.org/10.1007/s12663-009-0075-y>
36. Aras MH, Güngörmüş M. The effect of low-level laser therapy on trismus and facial swelling following surgical extraction of a lower third molar. *Photomed Laser Surg.* 2009;27(1):21-4. <https://doi.org/10.1089/pho.2008.2258>
37. Aras MH, Güngörmüş M. Placebo-controlled randomized clinical trial of the effect two different low-level laser therapies (LLLT)--intraoral and extraoral--on trismus and facial swelling following surgical extraction of the lower third molar. *Lasers Med Sci.* 2010;25(5):641-5. <https://doi.org/10.1007/s10103-009-0684-1>

38. Arenaz-Búa J, Luaces-Rey R, Sironvalle-Soliva S, Otero-Rico A, Charro-Huerga E, Patiño-Seijas B, García-Rozado A, Ferreras-Granados J, Vázquez-Mahía I, Lorenzo-Franco F, Martín-Sastre R, López-Cedrún JL. A comparative study of platelet-rich plasma, hydroxyapatite, demineralized bone matrix and autologous bone to promote bone regeneration after mandibular impacted third molar extraction. *Med Oral Patol Oral Cir Bucal*. 2010;15(3):e483-9. <https://doi.org/10.4317/medoral.15.e483>
39. Barone A, Marconcini S, Giacomelli L, Rispoli L, Calvo JL, Covani U. A randomized clinical evaluation of ultrasound bone surgery versus traditional rotary instruments in lower third molar extraction. *J Oral Maxillofac Surg*. 2010;68(2):330-6. <https://doi.org/10.1016/j.joms.2009.03.053>
40. Inchingolo F, Tatullo M, Marrelli MM, Inchingolo AM, Picciariello V, Inchingolo AD, Dipalma G, Vermesan D, Cagiano R. Clinical trial with bromelain in third molar exodontia. *Eur Rev Med Pharmacol Sci*. 2010;14(9):771-4.
41. Mozzati M, Martinasso G, Pol R, Polastri C, Cristiano A, Muzio G, Canuto R. The impact of plasma rich in growth factors on clinical and biological factors involved in healing processes after third molar extraction. *J Biomed Mater Res A*. 2010;95(3):741-6. <https://doi.org/10.1002/jbm.a.32882>
42. Bello SA, Olaitan AA, Ladeinde AL. A randomized comparison of the effect of partial and total wound closure techniques on postoperative morbidity after mandibular third molar surgery. *J Oral Maxillofac Surg*. 2011;69(6):e24-30. <https://doi.org/10.1016/j.joms.2011.01.025>
43. Gelesko S, Long L, Faulk J, Phillips C, Dicus C, White Jr. RP. Cryotherapy and topical minocycline as adjunctive measures to control pain after third molar surgery: an exploratory study. *J Oral Maxillofac Surg*. 2011;69(11):e324-32. <https://doi.org/10.1016/j.joms.2011.03.059>
44. Ogundipe OK, Ugboko VI, Owotade FJ. Can autologous platelet-rich plasma gel enhance healing after surgical extraction of mandibular third molars? *J Oral Maxillofac Surg*. 2011;69(9):2305-10. <https://doi.org/10.1016/j.joms.2011.02.014>
45. Osunde OD, Saheeb BD, Adebola RA. Comparative study of effect of single and multiple suture techniques on inflammatory complications after third molar surgery. *J Oral Maxillofac Surg*. 2011;69(4):971-6. <https://doi.org/10.1016/j.joms.2010.05.009>
46. Rana M, Gellrich NC, Ghassemi A, Gerressen M, Riediger D, Modabber A. Three-dimensional evaluation of postoperative swelling after third molar surgery using 2 different cooling therapy methods: a randomized observer-blind prospective study. *J Oral Maxillofac Surg*. 2011;69(8):2092-8. <https://doi.org/10.1016/j.joms.2010.12.038>
47. Goyal M, Marya K, Jhamb A, Chawla S, Sonoo PR, Singh V, Aggarwal A. Comparative evaluation of surgical outcome after removal of impacted mandibular third molars using a Piezotome or a conventional handpiece: a prospective study. *Br J Oral Maxillofac Surg*. 2012;50(6):556-61. <https://doi.org/10.1016/j.bjoms.2011.10.010>
48. Hashemi HM, Beshkar M, Aghajani R. The effect of sutureless wound closure on postoperative pain and swelling after impacted mandibular third molar surgery. *Br J Oral Maxillofac Surg*. 2012;50(3):256-8. <https://doi.org/10.1016/j.bjoms.2011.04.075>
49. López-Ramírez M, Vilchez-Pérez MA, Gargallo-Albiol J, Arnabat-Domínguez J, Gay-Escoda C. Efficacy of low-level laser therapy in the management of pain, facial swelling, and postoperative trismus after a lower third molar extraction. A preliminary study. *Lasers Med Sci*. 2012;27(3):559-66. <https://doi.org/10.1007/s10103-011-0936-8>

50. Osunde OD, Adebola RA, Saheeb BD. A comparative study of the effect of suture-less and multiple suture techniques on inflammatory complications following third molar surgery. *Int J Oral Maxillofac Surg.* 2012;41(10):1275-9. <https://doi.org/10.1016/j.ijom.2012.04.009>
51. Singh A, Kohli M, Gupta N. Platelet rich fibrin: a novel approach for osseous regeneration. *J Maxillofac Surg.* 2012;11(4):430-4. <https://doi.org/10.1007/s12663-012-0351-0>
52. Abdeshahi SK, Hashemipour MA, Mesgarzadeh V, Payam AS, Monfared AH. Effect of hypnosis on induction of local anaesthesia, pain perception, control of haemorrhage and anxiety during extraction of third molars: a case-control study. *J Craniomaxillofac Surg.* 2013;41(4): 310-5. <https://doi.org/10.1016/j.jcms.2012.10.009>
53. Batinjan G, Zore IF, Rupić I, Jurič IB, Zore Z, Pandurić DG. Assessing health-related quality of life with antimicrobial photodynamic therapy (APDT) and low level laser therapy (LLLT) after third molar removal. *J Lasers Med Sci.* 2013;4(3):120-6
54. Ferrante M, Petrini M, Trentini P, Perfetti G, Spoto G. Effect of low-level laser therapy after extraction of impacted lower third molars. *Lasers Med Sci.* 2013;28(3):845-9. <https://doi.org/10.1007/s10103-012-1174-4>
55. Rullo R, Addabbo F, Papaccio G, D'Aquino R, Festa VM. Piezoelectric device vs. conventional rotative instruments in impacted third molar surgery: relationships between surgical difficulty and postoperative pain with histological evaluations. *J Craniomaxillofac Sug.* 2013;41(2):e33-8. <https://doi.org/10.1016/j.jcms.2012.07.007>
56. Sierra SO, Deana AM, Ferrari RAM, Albarello PM, Bussadori SK, Fernandes KPS. Effect of low-level laser therapy on the post-surgical inflammatory process after third molar removal: study protocol for a double-blind randomized controlled trial. *Trials.* 2013;14:373. <https://doi.org/10.1186/1745-6215-14-373>
57. Barrera-Núñez MC, Yáñez-Vico RM, Batista-Cruzado A, Heurtebise-Saavedra JM, Castillo-de Oyagüe R, Torres-Lagares D. Prospective double-blind clinical trial evaluating the effectiveness of Bromelain in the third molar extraction postoperative period. *Med Oral Patol Oral Cir Bucal.* 2014;19(2):e157-62. <https://doi.org/10.4317/medoral.19105>
58. Eshghpour M, Dastmalchi P, Nekooei H, Nejat AH. Effect of platelet-rich fibrin on frequency of alveolar osteitis following mandibular third molar surgery: a double-blinded randomized clinical trial. *J Oral Maxillofac Surg.* 2014;72(8):1463-7. <https://doi.org/10.1016/j.joms.2014.03.029>
59. Kazancioglu HO, Ezirganli S, Demirtas N. Comparison of the influence of ozone and laser therapies on pain, swelling, and trismus following impacted third-molar surgery. *Lasers Med Sci.* 2014a;29(4):1313-9. <https://doi.org/10.1007/s10103-013-1300-y>
60. Kazancioglu HO, Kurklu E, Ezirganli S. Effects of ozone therapy on pain, swelling, and trismus following third molar surgery. *Int J Oral Maxillofac Surg.* 2014;43(5):644-8. <https://doi.org/10.1016/j.ijom.2013.11.006>
61. Koray M, Ofluoglu D, Onal EA, Ozgul M, Ersev H, Yaltirik M, Tanyeri H. Efficacy of hyaluronic acid spray on swelling, pain, and trismus after surgical extraction of impacted mandibular third molars. *Int J Oral Maxillofac Surg.* 2014;43(11):1399-403. <https://doi.org/10.1016/j.ijom.2014.05.003>
62. Majid OW, Al-Mashhadani BA. Perioperative bromelain reduces pain and swelling and improves quality of life measures after mandibular third molar surgery: a randomized,

- double-blind, placebo-controlled clinical trial. *J Oral Maxillofac Surg.* 2014;72(6):1043-8. <https://doi.org/10.1016/j.joms.2013.12.035>
63. Mantovani E, Arduino PG, Schierano G, Ferrero L, Gallesio G, Mozzati M, Russo A, Scully C, Carossa S. A split-mouth randomized clinical trial to evaluate the performance of piezosurgery compared with traditional technique in lower wisdom tooth removal. *J Oral Maxillofac Surg.* 2014;72(10):1890-7. <https://doi.org/10.1016/j.joms.2014.05.002>
 64. Ordesi P, Pisoni L, Nannei P, Macchi M, Borloni R, Siervo S. Therapeutic efficacy of bromelain in impacted third molar surgery: a randomized controlled clinical study. *Quintessence Int.* 2014;45(8):679-84. <https://doi.org/10.3290/j.qi.a32237>
 65. Piersanti L, Dilorenzo M, Monaco G, Marchetti C. Piezosurgery or conventional rotatory instruments for inferior third molar extractions? 2014;72(9):1647-52. <https://doi.org/10.1016/j.joms.2014.04.032>
 66. Ristow O, Pautke C, Kehl V, Koerdt S, Hahnefeld L, Hohlweg-Majert B. Kinesiologic taping reduces morbidity after oral and maxillofacial surgery: a pooled analysis. 2014;30(6):390-8. <https://doi.org/10.3109/09593985.2014.891068>
 67. Ozgul O, Senses F, Er N, Tekin U, Tuz HH, Alkan A, Kocyigit ID, Atil F. Efficacy of platelet rich fibrin in the reduction of the pain and swelling after impacted third molar surgery: randomized multicenter split-mouth clinical trial. *Head Face Med.* 2015;11:37. <https://doi.org/10.1186/s13005-015-0094-5>
 68. Gay-Escoda C, Gómez-Santos L, Sánchez-Torres A, Herráez-Vilas JM. Effect of the suture technique on postoperative pain, swelling and trismus after removal of lower third molars: A randomized clinical trial. *Med Oral Patol Oral Cir Bucal.* 2015;20(3):e372-7. <https://doi.org/10.4317/medoral.20307>
 69. Gocmen G, Gonul O, Oktay NS, Yarat A, Goker K. The antioxidant and anti-inflammatory efficiency of hyaluronic acid after third molar extraction. *J Craniomaxillofac Surg.* 2015;43(7):1033-7. <https://doi.org/10.1016/j.jcms.2015.04.022>
 70. Koyuncu BÖ, Zeytinoğlu M, Tetik A, Gomel MM. Effect of tube drainage compared with conventional suturing on postoperative discomfort after extraction of impacted mandibular third molars. *Br J Oral Maxillofac Surg.* 2015;53(1):63-7. <https://doi.org/10.1016/j.bjoms.2014.09.021>
 71. Kumar N, Prasad K, Ramanujam L, K R, Dexith J, Chauhan A. Evaluation of treatment outcome after impacted mandibular third molar surgery with the use of autologous platelet-rich fibrin: a randomized controlled clinical study. *J Oral Maxillofac Surg.* 2015;73(6):1042-9. <https://doi.org/10.1016/j.joms.2014.11.013>
 72. Uyanık LO, Bilginaylar K, Etikan İ. Effects of platelet-rich fibrin and piezosurgery on impacted mandibular third molar surgery outcomes. *Head Face Med.* 2015;11:25. <https://doi.org/10.1186/s13005-015-0081-x>
 73. Alan H, Yolcu Ü, Koparal M, Özgür C, Öztürk SA, Malkoç S. Evaluation of the effects of the low-level laser therapy on swelling, pain, and trismus after removal of impacted lower third molar. *Head Face Med.* 2016;12(1):25. <https://doi.org/10.1186/s13005-016-0121-1>
 74. Arakji H, Shokry M, Aboelsaad N. Comparison of piezosurgery and conventional rotary instruments for removal of impacted mandibular third molars: a randomized controlled clinical and radiographic trial. *Int J Dent.* 2016;2016:8169356. <https://doi.org/10.1155/2016/8169356>

75. Bilginaylar K, Uyanik LO. Evaluation of the effects of platelet-rich fibrin and piezosurgery on outcomes after removal of impacted mandibular third molars. *Br J Oral Maxillofac Surg.* 2016;54(6):629-33. <https://doi.org/10.1016/j.bjoms.2016.03.016>
76. Bormann KH, Weber K, Kloppenburg H, Staude P, Koch A, Meiser P, Gellrich NC. Perioperative bromelain therapy after wisdom teeth extraction - a randomized, placebo-controlled, double-blinded, three-armed, cross-over dose-finding study. *Phytother Res.* 2016;30(12):2012-19. <https://doi.org/10.1002/ptr.5707>
77. Eshghpour M, Ahrari F, Takallu M. Is low-level laser therapy effective in the management of pain and swelling after mandibular third molar surgery? *J Oral Maxillofac Surg.* 2016;74(7):1322.e1-8. <https://doi.org/10.1016/j.joms.2016.02.030>
78. Eroglu CN, Tunc SK. Effectiveness of Single Session of Low-Level Laser Therapy with a 940 nm Wavelength Diode Laser on Pain, Swelling, and Trismus After Impacted Third Molar Surgery. *Photomed Laser Surg.* 2016;34(9):401-10. <https://doi.org/10.1089/pho.2016.4101>
79. Landucci A, Wosny AC, Uetanabaro LC, Moro A, Araujo MR. Efficacy of a single dose of low-level laser therapy in reducing pain, swelling, and trismus following third molar extraction surgery. *Int J Oral Maxillofac Surg.* 2016;45(3):392-8. <https://doi.org/10.1016/j.ijom.2015.10.023>
80. Madrazo-Jiménez M, Rodríguez-Caballero Á, Serrera-Figallo MÁ, Garrido-Serrano R, Gutiérrez-Corrales A, Gutiérrez-Pérez JL, Torres-Lagares D. The effects of a topical gel containing chitosan, 0,2% chlorhexidine, allantoin and despanthenol on the wound healing process subsequent to impacted lower third molar extraction. *Med Oral Patol Oral Cir Bucal.* 2016;21(6):e696-e702. <https://doi.org/10.4317/medoral.21281>
81. Pol R, Ruggiero T, Gallesio G, Riso M, Bergamasco L, Mortellaro C, Mozzati M. Efficacy of anti-inflammatory and analgesic of superpulsed low level laser therapy after impacted mandibular third molars extractions. *J Craniofac Surg.* 2016;27(3):685-90. <https://doi.org/10.1097/SCS.0000000000002523>
82. Sierra SO, Deana AM, Bussadori SK, Mota ACC, Ferrari RAM, Vale KL, Fernandes KPS. Choosing between intraoral or extraoral, red or infrared laser irradiation after impacted third molar extraction. *Lasers Surg Med.* 2016;48(5):511-8. <https://doi.org/10.1002/lsm.22488>
83. Singh T, More V, Fatima U, Karpe T, Aleem MA, Prameela J. Effect of proteolytic enzyme bromelain on pain and swelling after removal of third molars. *J Int Soc Prev Community Dent.* 2016;6(Suppl 3):S197-S204. <https://doi.org/10.4103/2231-0762.197192>
84. Asutay F, Yolcu Ü , Geçör O, Acar AH, Öztürk SA , Malkoç S. An evaluation of effects of platelet-rich-fibrin on postoperative morbidities after lower third molar surgery. *Niger J Clin Pract.* 2017;20(12):1531-6. <https://doi.org/10.4103/1119-3077.181400>
85. Chakravarthi S. Platelet rich fibrin in the management of established dry socket. *J Korean Assoc Oral Maxillofac Surg.* 2017;43(3):160-5. <https://doi.org/10.5125/jkaoms.2017.43.3.160>
86. Ghensi P, Cucchi A, Creminelli L, Tomasi C, Zavan B, Maiorana C. Effect of oral administration of bromelain on postoperative discomfort after third molar surgery. *J Craniofac Surg.* 2017;28(2):e191-e197. <https://doi.org/10.1097/SCS.0000000000003154>

87. Gülşen U, Şentürk MF. Effect of platelet rich fibrin on edema and pain following third molar surgery: a split mouth control study. *BMC Oral Health*. 2017;17(1):79. <https://doi.org/10.1186/s12903-017-0371-8>
88. Kahraman SA, Cetiner S, Strauss RA. The Effects of transcutaneous and intraoral low-level laser therapy after extraction of lower third molars: a randomized single blind, placebo controlled dual-center study. *Photomed Laser Surg*. 2017;35(8):401-7. <https://doi.org/10.1089/pho.2016.4252>
89. Raiesian S, Khani M, Khiabani K, Hemmati E, Pouretezad M. Assessment of low-level laser therapy effects after extraction of impacted lower third molar surgery. *J Lasers Med Sci*. 2017;8(1):42-5. <https://doi.org/10.15171/jlms.2017.08>
90. Afat IM, Akdoğan ET, Gönül O. Effects of leukocyte- and platelet-rich fibrin alone and combined with hyaluronic acid on pain, edema, and trismus after surgical extraction of impacted mandibular third molars. *J Oral Maxillofac Surg*. 2018;76(5):926-32. <https://doi.org/10.1016/j.joms.2017.12.005>
91. Sivalingam VP, Panneerselvam E, Raja KVB, Gopi G. Does topical ozone therapy improve patient comfort after surgical removal of impacted mandibular third molar? a randomized controlled trial. *J Oral Maxillofac Surg*. 2017;75(1):51.e1-51.e9. <https://doi.org/10.1016/j.joms.2016.09.014>
92. Tuk JGC, Wijk AJ, Mertens IC, Keleş Z, Lindeboom JAH, Milstein DMJ. Analgesic effects of preinjection low-level laser/light therapy (LLLTL) before third molar surgery: a double-blind randomized controlled trial. *Oral Surg Oral Med Oral Pathol Oral Radiol*. 2017;124(3):240-7. <https://doi.org/10.1016/j.oooo.2017.04.017>
93. Zandi M, Amini P, Keshavarz A. Effectiveness of cold therapy in reducing pain, trismus, and oedema after impacted mandibular third molar surgery: a randomized, self-controlled, observer-blind, split-mouth clinical trial. *Int J Oral Maxillofac Surg*. 2016;45(1):118-23. <https://doi.org/10.1016/j.ijom.2015.10.021>
94. Asutay F, Ozcan-Kucuk A, Alan H, Koparal M. Three-dimensional evaluation of the effect of low-level laser therapy on facial swelling after lower third molar surgery: a randomized, placebo-controlled study. *Niger Clin Pract*. 2018;21(9):1107-13. https://doi.org/10.4103/njcp.njcp_38_18
95. Daugela P, Grimuta V, Sakavicius D, Jonaitis J, Juodzbaly G. Influence of leukocyte- and platelet-rich fibrin (L-PRF) on the outcomes of impacted mandibular third molar removal surgery: a split-mouth randomized clinical trial. *Quintessence Int*. 2018;49(5):377-88. <https://doi.org/10.3290/j.qi.a40113>
96. Guazzo R, Perissinotto E, Mazzoleni S, Ricci S, Peñarrocha-Oltra D, Sivoilella S. Effect on wound healing of a topical gel containing amino acid and sodium hyaluronate applied to the alveolar socket after mandibular third molar extraction: a double-blind randomized controlled trial. *Quintessence Int*. 2018;49(10):831-40. <https://doi.org/10.3290/j.qi.a41157>
97. Koparal M, Kucuk AO, Alan H, Asutay F, Avci M. Effects of low-level laser therapy following surgical extraction of the lower third molar with objective measurement of swelling using a three-dimensional system. *Exp Ther Med*. 2018;15(4):3820-6. <https://doi.org/10.3892/etm.2018.5921>
98. Unsal H, Erbasar GNH. Evaluation of the effect of platelet-rich fibrin on the alveolar osteitis incidence and periodontal probing depth after extracting partially erupted mandibular third molars extraction. *Niger J Clin Pract*. 2018;21(2):201-5. https://doi.org/10.4103/njcp.njcp_1_17

99. Afat IM, Akdoğan ET, Gönül O. Effects of leukocyte- and platelet-rich fibrin alone and combined with hyaluronic acid on early soft tissue healing after surgical extraction of impacted mandibular third molars: a prospective clinical study. *J Craniomaxillofac Surg.* 2019;47(2):180-6. <https://doi.org/10.1016/j.jcms.2018.11.023>
100. Armond ACV, Glória JCR, Santos CRR, Galo R, Falci SGM. Acupuncture on anxiety and inflammatory events following surgery of mandibular third molars: a split-mouth, randomized, triple-blind clinical trial. *Int J Oral Maxillofac Surg.* 2019;48(2):274-81. <https://doi.org/10.1016/j.ijom.2018.07.016>
101. Caymaz MG, Uyanik LO. Comparison of the effect of advanced platelet-rich fibrin and leukocyte- and platelet-rich fibrin on outcomes after removal of impacted mandibular third molar: a randomized split-mouth study. *Niger J Clin Pract.* 2019;22(4):546-52. https://doi.org/10.4103/njcp.njcp_473_18
102. Genc A, Cakarer S, Yalcin BK, Kilic BB, Isler SC, Keskin C. A comparative study of surgical drain placement and the use of kinesiologic tape to reduce postoperative morbidity after third molar surgery. *Clin Oral Investig.* 2019;23(1):345-50. <https://doi.org/10.1007/s00784-018-2442-x>
103. Isola G, Matarese M, Ramaglia L, Iorio-Siciliano V, Cordasco G, Matarese G. Efficacy of a drug composed of herbal extracts on postoperative discomfort after surgical removal of impacted mandibular third molar: a randomized, triple-blind, controlled clinical trial. 2019;23(5):2443-53. <https://doi.org/10.1007/s00784-018-2690-9>
104. Kapse S, Surana S, Satish M, Hussain SE, Vyas S, Thakur D. Autologous platelet-rich fibrin: can it secure a better healing? *Oral Surg Oral Med Oral Pathol Oral Radiol.* 2019;127(1):8-18. <https://doi.org/10.1016/j.oooo.2018.08.010>
105. Ritto FG, Pimentel T, Canellas JVS, Junger B, Cruz M, Medeiros PJ. Randomized double-blind clinical trial evaluation of bone healing after third molar surgery with the use of leukocyte- and platelet-rich fibrina. *Int J Oral Maxillofac Surg.* 2019;48(8):1088-93. <https://doi.org/10.1016/j.ijom.2019.01.020>
106. Singh V, Garg A, Bhagol A, Savarna S, Agarwal SK. Photobiomodulation alleviates postoperative discomfort after mandibular third molar surgery. *J Oral Maxillofac Surg.* 2019;77(12):2412-21. <https://doi.org/10.1016/j.joms.2019.06.009>
107. Heras ACTR, Oliveira DMS, Guskuma MH, Araújo MC, Fernandes KBP, Junior RAS, Andraus RAC, Maia LP, Fernandes TMF. Kinesio taping use to reduce pain and edema after third molar extraction surgery: a randomized controlled split-mouth study. *J Craniomaxillofac Surg.* 2020;48(2):127-31. <https://doi.org/10.1016/j.jcms.2019.12.003>
108. Koyuncu BÖ, Işık G, Yüce MÖ, Günbay S, Günbay T. Effect of concentrated growth factor (CGF) on short-term clinical outcomes after partially impacted mandibular third molar surgery: a split-mouth randomized clinical study. *J Stomatol Oral Maxillofac Surg.* 2020;121(2):118-23. <https://doi.org/10.1016/j.jormas.2019.07.002>
109. Torul D, Omezli MM, Kahveci K. Evaluation of the effects of concentrated growth factors or advanced platelet rich-fibrin on postoperative pain, edema, and trismus following lower third molar removal: a randomized controlled clinical trial. *J Stomatol Oral Maxillofac Surg.* 2020;121(6):646-51. <https://doi.org/10.1016/j.jormas.2020.02.004>

110. Yurttutan ME , Sancak KT. The effect of kinesio taping with the web strip technique on pain, edema, and trismus after impacted mandibular third molar surgery. 2020;23(9):1260-5. Niger J Clin Pract. https://doi.org/10.4103/njcp.njcp_23_20
111. Erdil A, Akbulut N, Altan A, Demirsoy MS. Comparison of the effect of therapeutic elastic bandage, submucosal dexamethasone, or dexketoprofen trometamol on inflammatory symptoms and quality of life following third molar surgery: a randomized clinical trial. Clin Oral Investig. 2021;25(4):1849-57. <https://doi.org/10.1007/s00784-020-03487-y>
112. Jaroń A, Preuss O, Grzywacz E, Trybek G. The impact of using kinesio tape on non-infectious complications after impacted mandibular third molar surgery. Int J Environ Res Public Health. 2021a;18(2):399. <https://doi.org/10.3390/ijerph18020399>
113. Jaroń A, Preuss O, Konkol B, Trybek G. Quality of life of patients after kinesio tape applications following impacted mandibular third molar surgeries. J Clin Med. 2021b;10(10):2197. <https://doi.org/10.3390/jcm10102197>
114. Gupta N, Agarwal S. Advanced-PRF: Clinical evaluation in impacted mandibular third molar sockets. J Stomatol Oral Maxillofac Surg. 2021;122(1):43-9. <https://doi.org/10.1016/j.jormas.2020.04.008>
115. Momeni E, Barati H, Arbabi MR, Jalali B, Moosavi MS. Low-level laser therapy using laser diode 940 nm in the mandibular impacted third molar surgery: double-blind randomized clinical trial. BMS Oral Health. 2021;21(1):77. <https://doi.org/10.1186/s12903-021-01434-1>
116. Trybek G, Rydlińska J, Aniko-Włodarczyk M, Jaroń A. Effect of platelet-rich fibrin application on non-infectious complications after surgical extraction of impacted mandibular third molars. Int J Environ Res Public Health. 2021;18(16):8249. <https://doi.org/10.3390/ijerph18168249>
117. Elayah SA, Liang X, Sakran KA, Xie L, Younis H, Alajami AE, Tu J, Na S. Effect of concentrated growth factor (CGF) on postoperative sequel of completely impacted lower third molar extraction: a randomized controlled clinical study. BMC Oral Health. 2022;22(1):368. <https://doi.org/10.1186/s12903-022-02408-7>
118. Hadad H, Santos AFP, Jesus LK, Poli PP, Mariano RC, Theodoro LH, Maiora na C, Souza FA. Photobiomodulation therapy improves postoperative pain and edema in third molar surgeries: a randomized, comparative, double-blind, and prospective clinical trial. J Oral Maxillofac Surg. 2022;80(1):37.e1-37.e12. <https://doi.org/10.1016/j.joms.2021.08.267>
119. Momeni E, Kazemi F, Sanaei-Rad P. Extraoral low-level laser therapy can decrease pain but not edema and trismus after surgical extraction of impacted mandibular third molars: a randomized, placebo-controlled clinical trial. BMC Oral Health. 2022;22(1):417. <https://doi.org/10.1186/s12903-022-02461-2>
120. Tahamtan I, Safipour Afshar A, Ahamdzadeh K. Factors affecting number of citations: a comprehensive review of the literature. Scientometrics 2016;107:1195–225. <https://doi.org/10.1007/s11192-016-1889-2>
121. Ahmad P, Dummer PMH, Chaudhry A, Rashid U, Saif S, Asif JA. A bibliometric study of the top 100 most-cited randomized controlled trials, systematic reviews and meta-analyses published in endodontic journals. Int Endod J. 2019;52:1297–316. <https://doi.org/doi:10.1111/iej.13131>

122. Caruso D, Ferreira JC. Ensaio clínico randomizado: vantagens e armadilhas no estudo da causalidade. *J Bras Pneumol.* 2024;50(1):e20240052 <https://dx.doi.org/10.36416/1806-3756/e20240052>
123. Sharma N, Srivastav AK, Asir John Samuel. Randomized clinical trial: gold standard of experimental designs - importance, advantages, disadvantages and prejudice. *Journ Bahiana.* 2020;10(3):512-9. <https://doi.org/10.17267/2238-2704rpf.v10i3.3039>
124. Butcher NJ, Monsour A, Mew EJ, Chan AW, Moher D, Mayo-Wilson E, Terwee CB, Chee-A-Tow A, Baba A, Gavin F, Grimshaw JM, Kelly LE, Saeed L, Thabane L, Askie L, Smith M, Farid-Kapadia M, Williamson PR, Szatmari P, Tugwell P, Golub RM, Monga S, Vohra S, Marlin S, Ungar WJ, Offringa M. Guidelines for Reporting Outcomes in Trial Reports: The CONSORT-Outcomes 2022 Extension. *JAMA.* 2022;328(22):2252-64. <https://doi.org/10.1001/jama.2022.21022>.
125. Huang J, Gan Y, Xu H, Zhu H, Han S, Li N, Li D, Cai Z. Acute pain management following mandibular third molar exodontia: a bibliometric analysis of randomized controlled trials. *Int Dent J.* 2025;75(2):939-48. <https://doi.org/10.1016/j.identj.2024.09.018>
126. Agência Brasil; Bori; Elsevier. India had 177 291 scientific articles in 2022 (3rd highest globally), a 19% increase from 2021. *SciVal/Elsevier;* 2023.
127. Nature Index. Turkey – Country/territory outputs [Internet]. 2025 [cited 2025 Sep 13]. Available from: <https://www.nature.com/nature-index/country-outputs/Turkey>
128. Khan AS, Rehman SU, Ahmad S, AlMaimouni YK, Alzamil MAS, Dummer PMH. Five decades of the International Endodontic Journal: bibliometric overview 1967-2020. *Int Endod J.* 2021;54:1819–39. <https://doi.org/10.1111/iej.13595>
129. Karaca GT, Duygu G, Er N, Ozgun E. Comparative investigation of anti-inflammatory effect of platelet-rich fibrin after mandibular wisdom tooth surgery: a randomized controlled study. *J Clin Med.* 2023;12(13):4250. <https://doi.org/10.3390/jcm12134250>
130. Usta SN, Betancourt P, Ceylan A, Keskin C. The cutting-edge roles of lasers in endodontics: A bibliometric and scientometric analysis of the 100 most-cited articles. *Lasers Med Sci.* 2024;39(1):219. <https://doi.org/10.1007/s10103-024-04163-3>

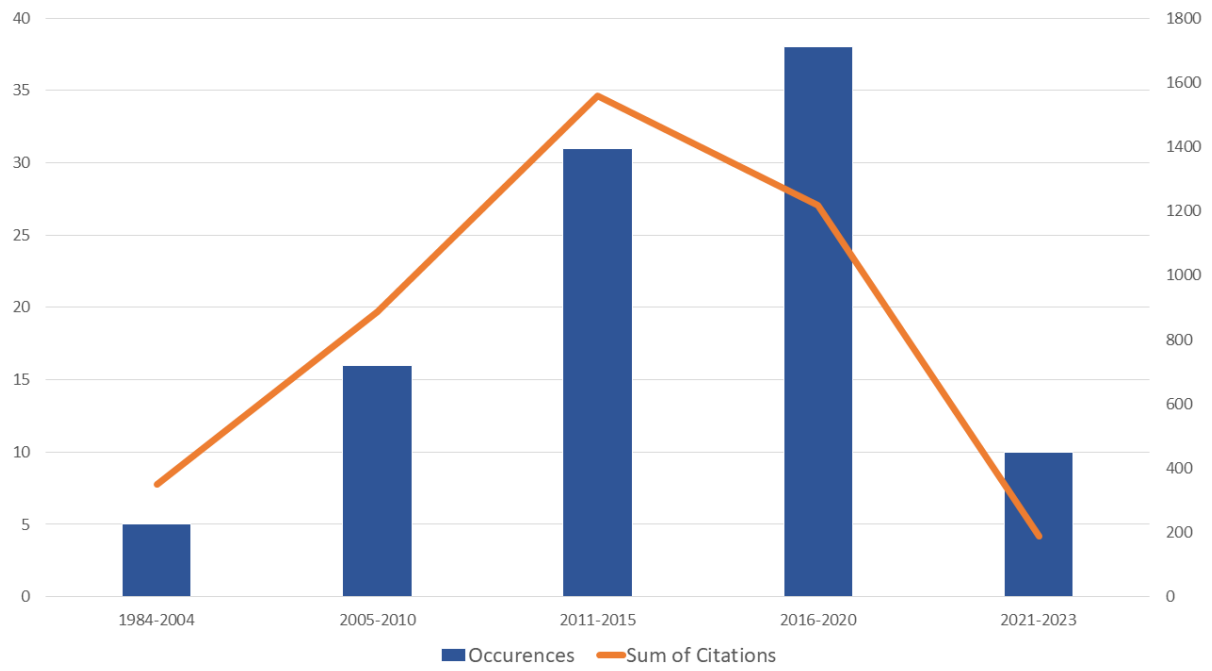


Figure 1- Trend in publications and citations over time.

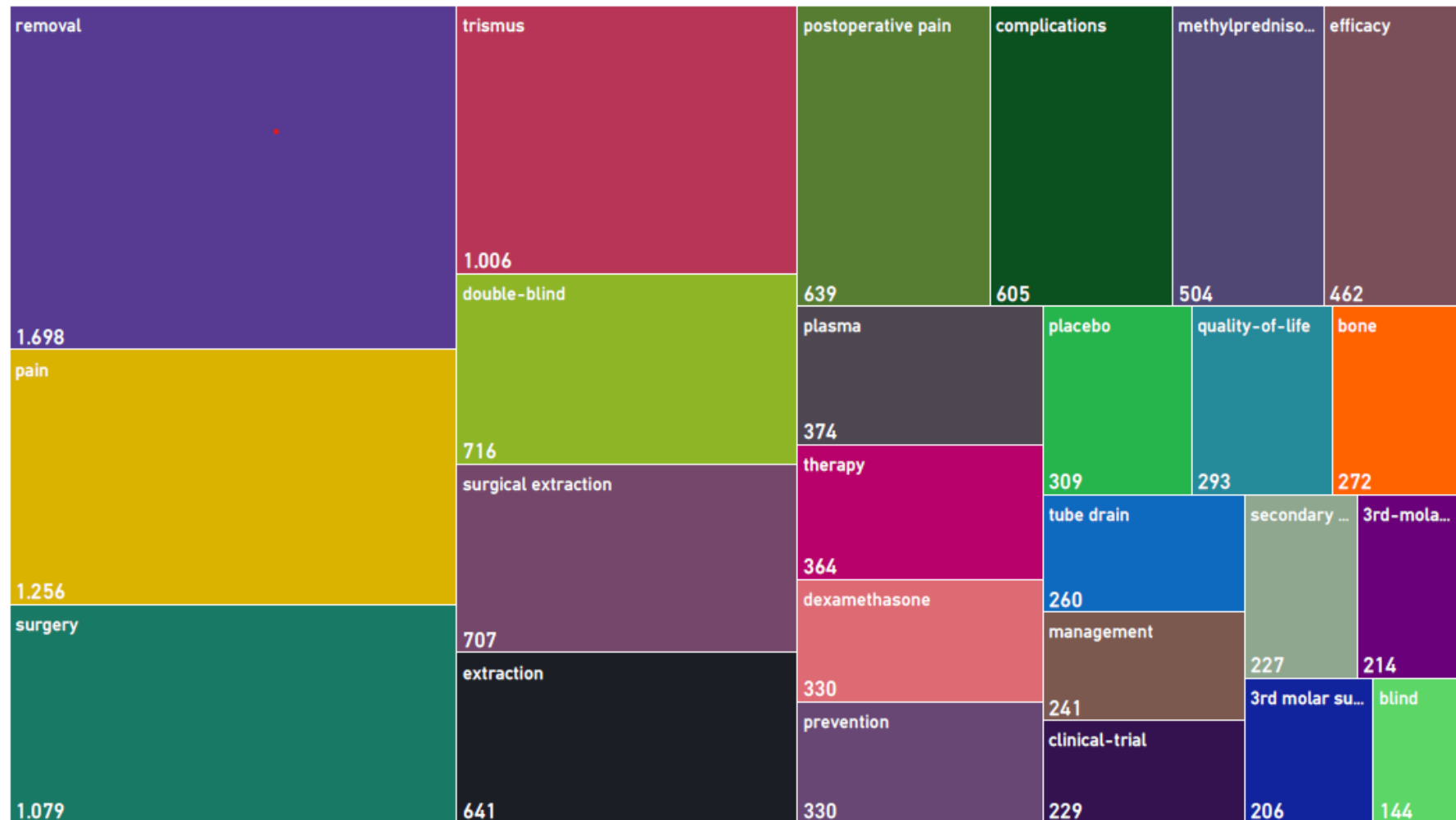


Figure 2- Tree map of Keywords Plus, which are the index terms automatically generated from the titles of cited articles in the WoS-CC database. Larger boxes indicate a higher sum of citations.

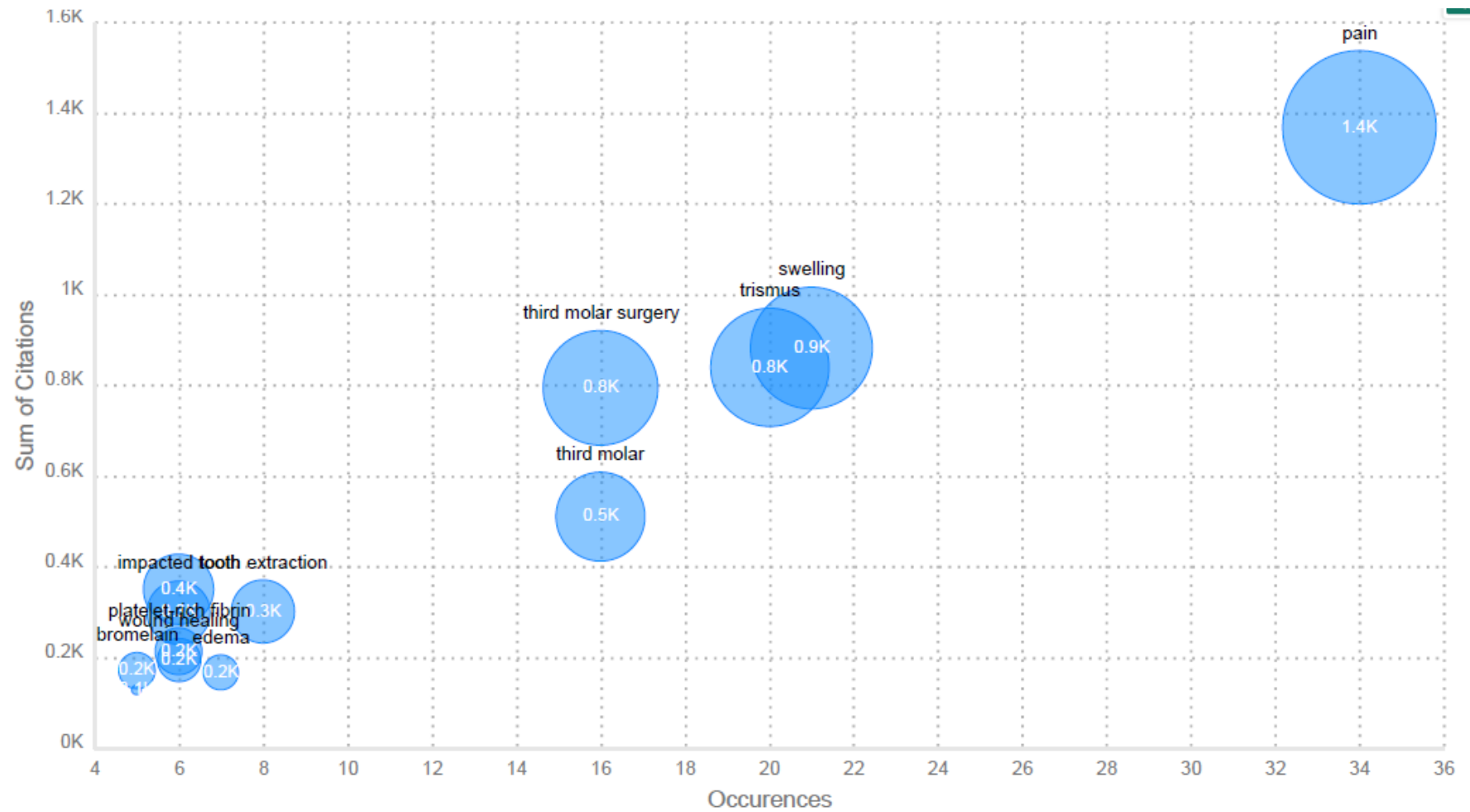


Figure 3- Keywords defined by the authors, considering more than five occurrences. A filter was applied to display only keywords with more than 5 occurrences.

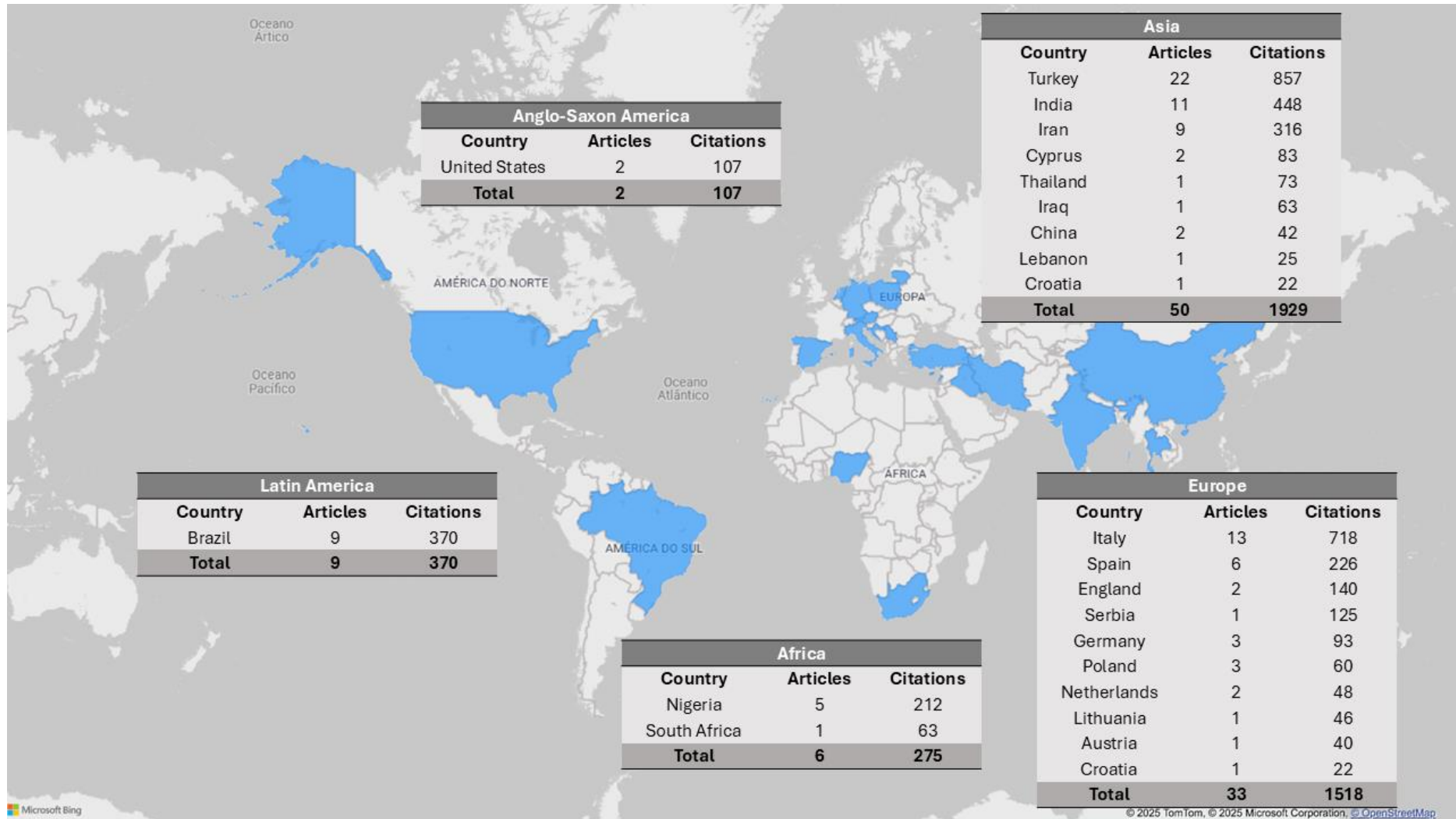


Figure 4- Distribution of publications and citations of the 100 most-cited articles across continents, based on corresponding authors.

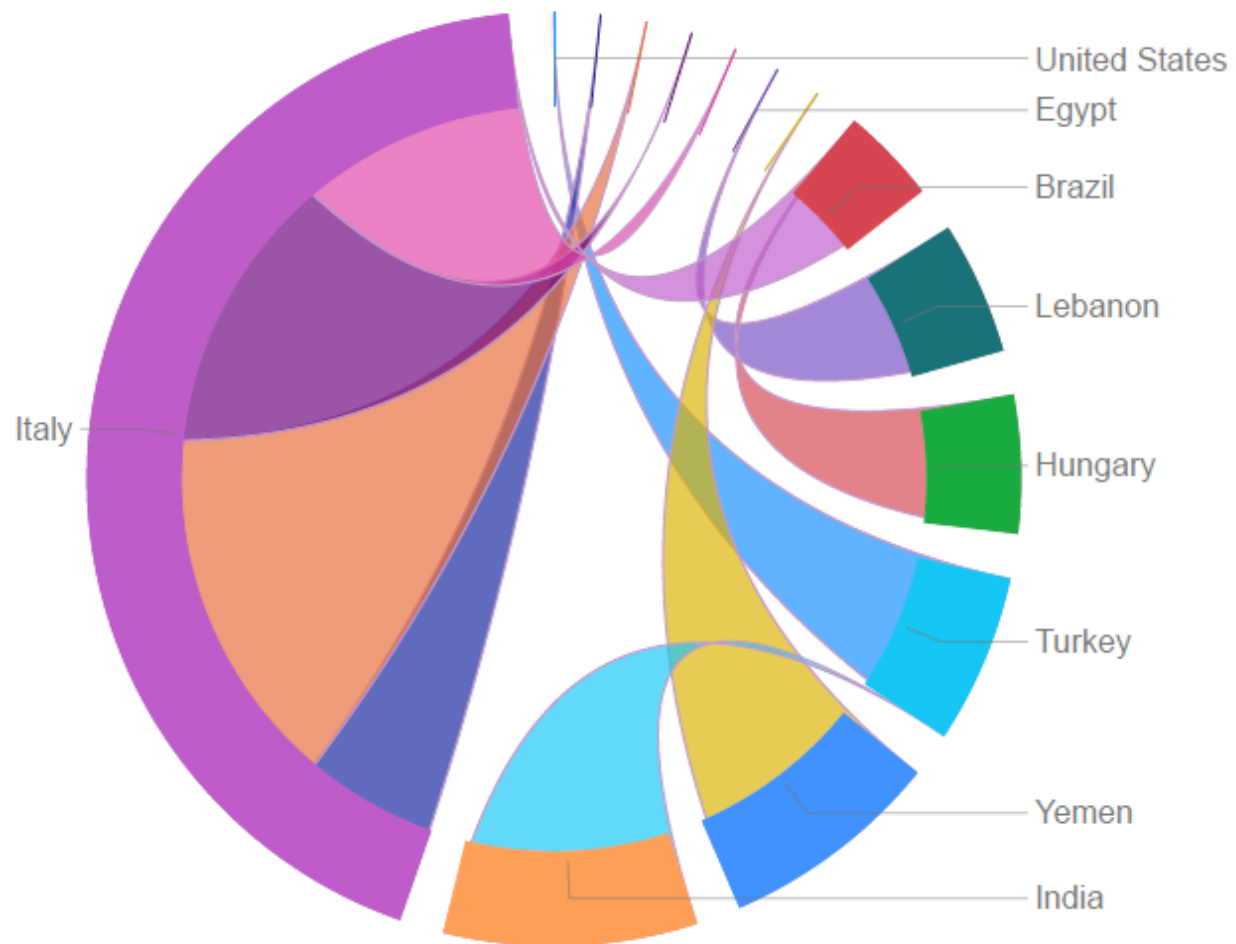


Figure 5- International collaborations are visualized through a chord diagram, reflecting affiliations of all contributing authors. The colors of the chords represent the destination of each collaboration.

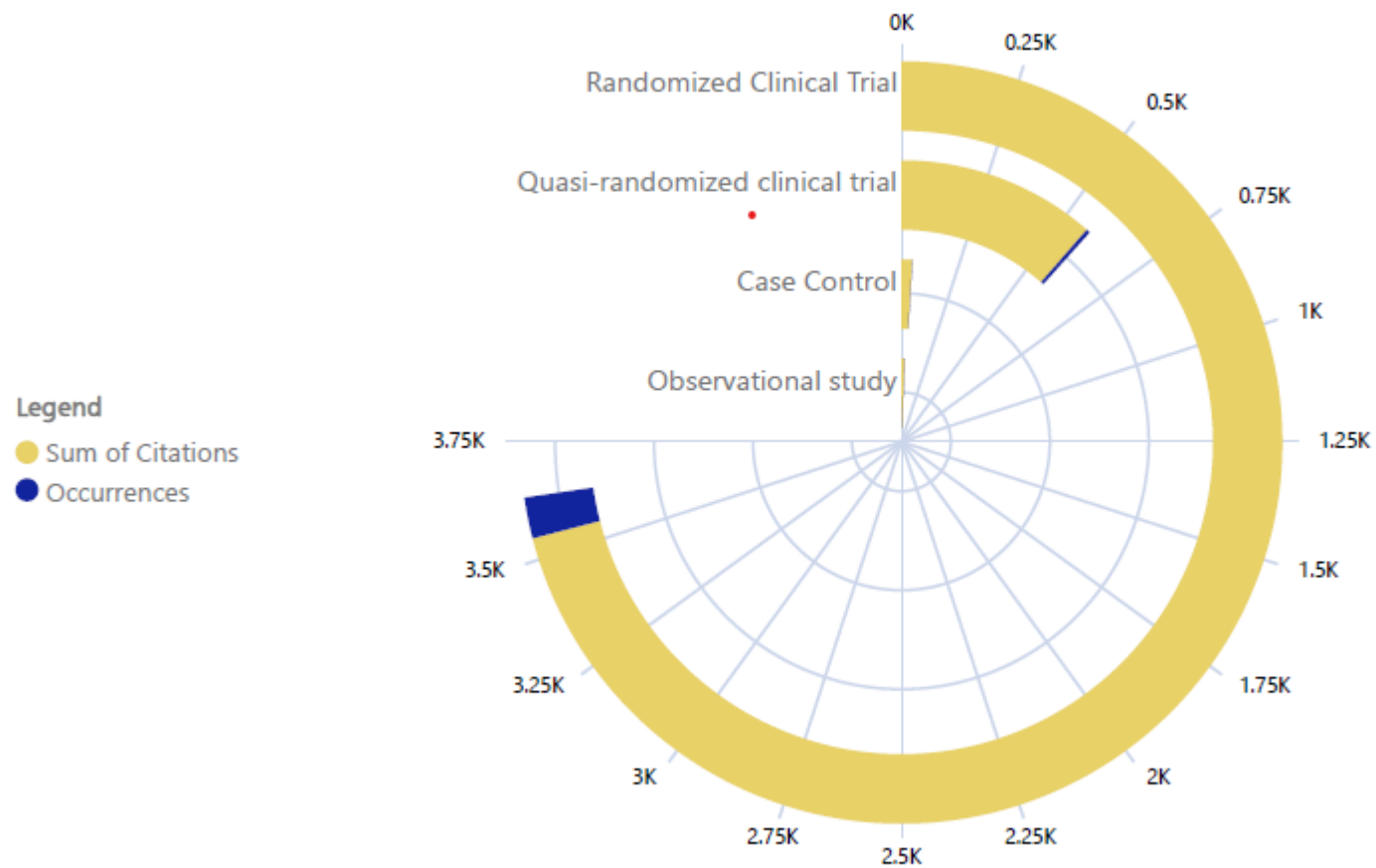


Figure 6- Prevalence of articles and citations across various study designs within the top100 studies.

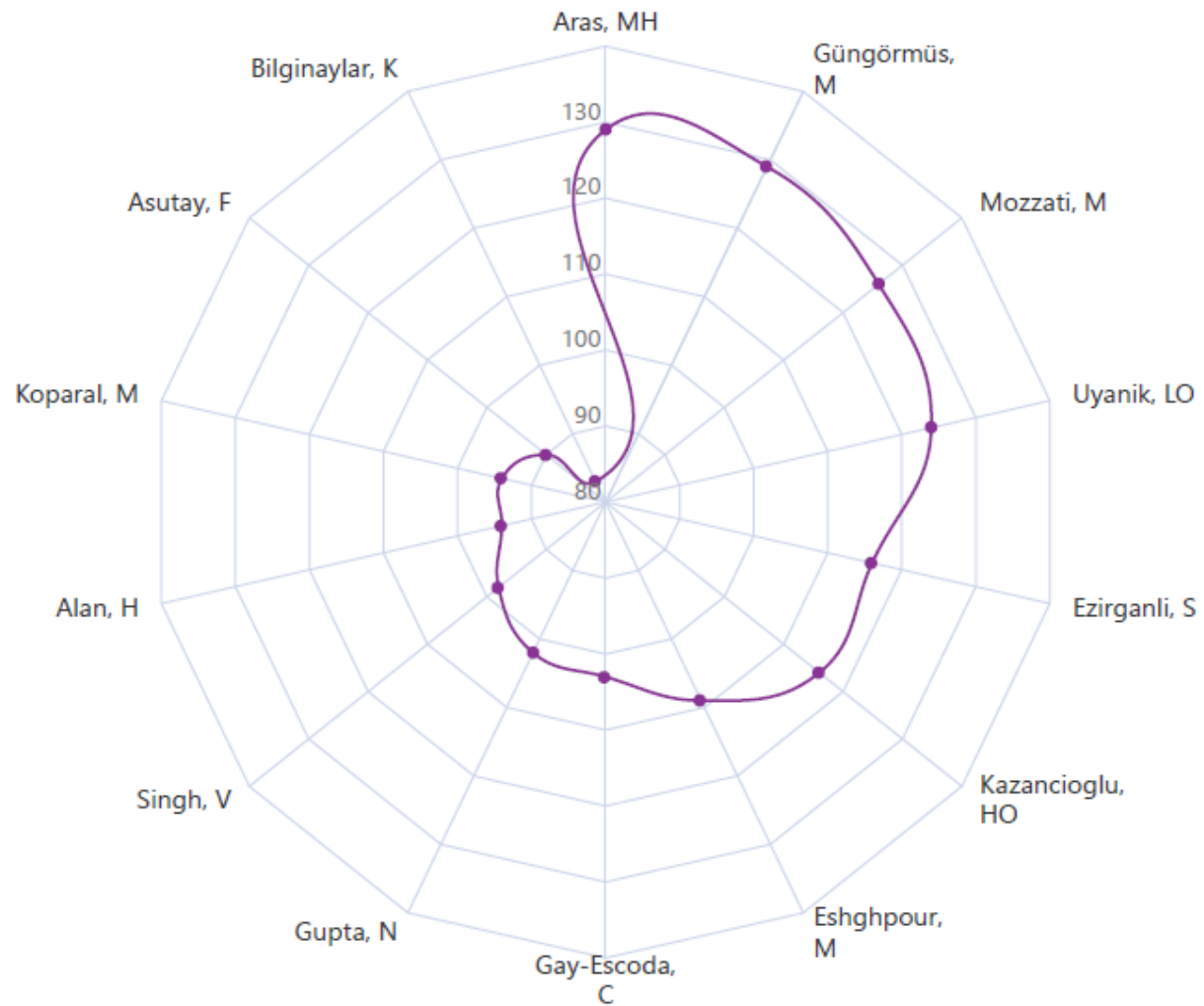


Figure 7- Radar chart showing authors with two or more occurrences and 80 or more occurrences.

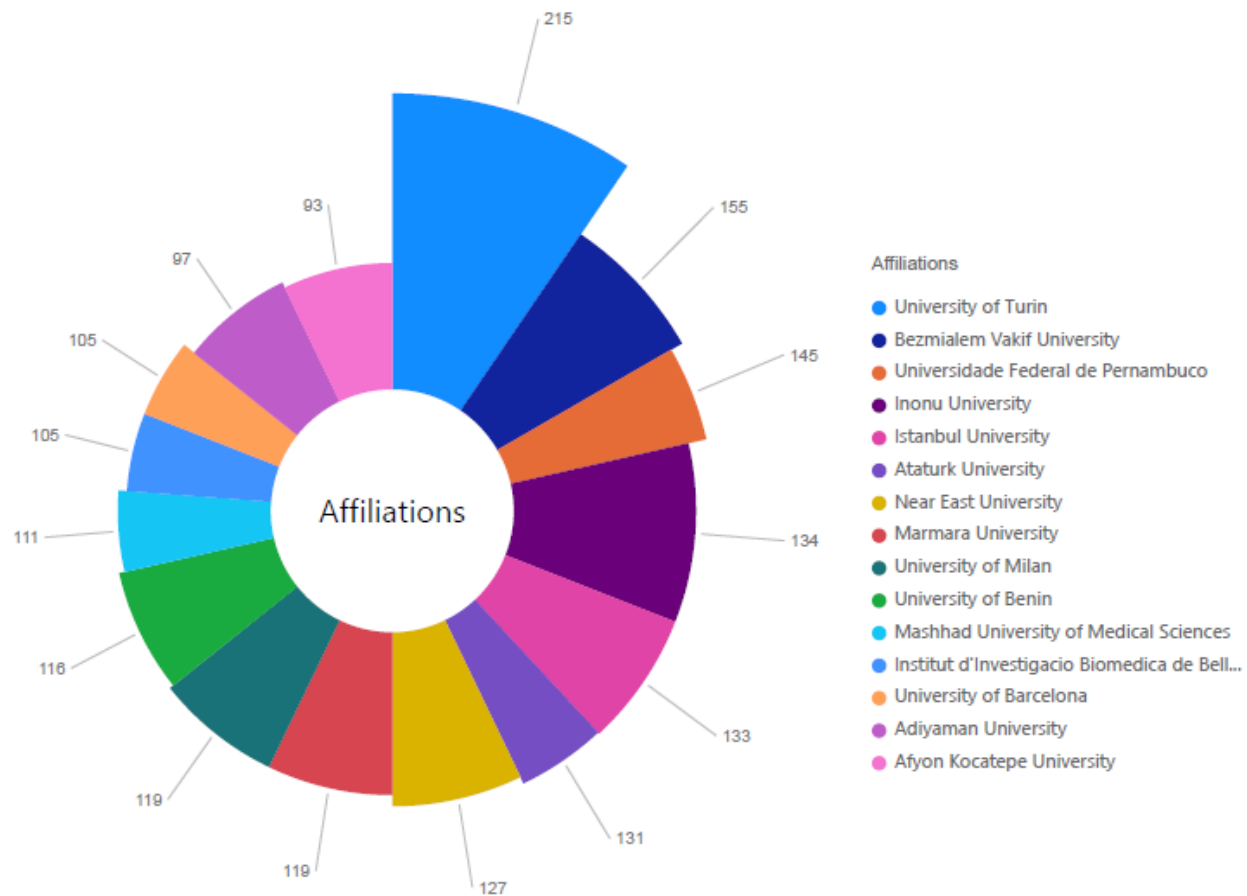


Figure 8- Aster diagram demonstrating author affiliations, considering those with two or more occurrences and 80 or more citations

Authors' Contribution Statement

Vinícius Lima de Almeida: Conception and design, data analysis and interpretation, manuscript drafting, final approval.

Danilo Cassiano Ferraz: Conception and design, data analysis and interpretation, manuscript drafting, final approval.

Giovanna Miranda Cabral: Data analysis and interpretation, manuscript drafting.

Arthur Henrique Gobbi: Data analysis and interpretation, manuscript drafting.

Walbert Andrade Vieira: Data analysis and interpretation, manuscript drafting, final approval.

Lívia Bonjardim Lima: Data analysis and interpretation, manuscript drafting.

Rafael Rodrigues Lima: Data analysis and interpretation, manuscript drafting.

Sigmar de Mello Rode: Data analysis and interpretation, manuscript drafting.

Luiz Renato Paranhos: Manuscript drafting (review), final approval.

Conflict of interest

The authors declare that they have no conflict of interest.

Research Data Availability Statement

The entire data set supporting the results of this study was published in the article itself.

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