DENTAL AVULSION

INTRODUCTION

A tooth avulsion happens when you lose your permanent tooth. Accidents and injuries can knock out a tooth. You must seek immediate treatment to save your tooth. You can first reinsert your tooth yourself or save it in liquid. Then you should seek help from a dentist for further treatment.

DEFINITION

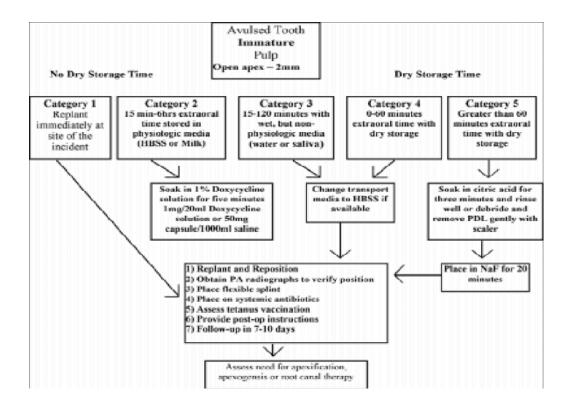
An avulsed tooth occurs when a tooth is completely dislodged from its socket.

CAUSES

- Falls.
- Bicycle accidents.
- Sports injuries.
- Traffic accidents.
- Assaults.

MANAGEMENT OF DENTAL AVULSION

- Pick up your tooth by the crown (white chewing surface).
- Rinse your tooth with water or milk to remove any dirt.
- Gently place your tooth back into the socket, root first.
- Bite on a napkin, gauze or handkerchief to anchor your tooth in place.
- Visit a dentist.



Treatment in the office

Emergency visit

- Place tooth in HBSS while exam is conducted and history is taken.
- Prepare socket for gentle repositioning of the tooth.
- Prepare the root.
- Extraoral dry time < 20 minutes: Closed apex—replant immediately after gentle washing. Open apex—soak in 1 mg doxycycline in 20 mg saline for 5 minutes.
- Extraoral dry time 20 to 60 minutes: Soak in HBSS for 30 minutes and replant.
- Extraoral dry time > 60 minutes: soak in citric acid, 2% stannous fluoride, and doxycycline and replant. Endodontics can be done extraorally.
- Semirigid splint for 7 to 10 days. (If alveolar fracture is present, rigid splint for 4 to 8 weeks). Suture soft-tissue lacerations, particularly in the cervical area.
- Administer systemic antibiotics (penicillin V potassium if possible)
- Chlorhexidine rinses and stringent oral hygiene while the splint is in place (7 to 10 days).
- Analgesics as required.
- Second visit after 7 to 10 days.

Endodontic treatment

- Tooth with open apex and extraoral dry time of < 60 minutes: No endodontic treatment initially. Recall every 3 to 4 weeks to examine for evidence of pathosis. If pathosis is noted, disinfect the pulp space and start apexification procedure.
- Tooth with open apex and extraoral dry time > 60 minutes: If endodontics was not completed in the emergency visit, start endodontics and follow apexification procedure.
- Tooth with closed apex: Endodontics should be initiated after 7 to 10 days. Careful chemomechanical instrumentation under strict asepsis.
- Splint removed at end of visit.

Obturation visit

- If endodontics was initiated 7 to 10 days after the avulsion, obturation can take place after short-term calcium hyroxide treatment.
- If endodontics was initiated more than 14 days after the avulsion or inflammatory resorption, long-term calcium hydroxide for 6 to 24 months, obturated when an intact lamina dura is traced.

Restorations

- Temporary restorations: Should be 4 mm deep. Reinforced zincoxide-eugenol, acid-etch composite resin, glass-ionomer cement.
- Permanent restoration: Placed immediately after obturation. Acidetch resin and dentin bonding agents.

Follow-up care

• Twice per year for 3 years and yearly for as long as possible. Late complications are common.

CONCLUSION

Although clinical forms of avulsed teeth and local injuries are diverse, most common cases include avulsed maxillary central incisors with intact crown and extra-alveolar period more than 60 minutes without proper storage media.

Reference

- 1. Grossman endodontic practices 5th ed
- 2. Ingle's textbook of endodontics.