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Diagnosis and Management for luxation Dental Injuries in Permanent Teeth

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Etiology: More agreement exists relative to the causes of dental injuries in children and the teeth most often involved. Falls are the most common cause of injuries in preschool and school-aged children, and most occur inside the home. Sports-related accidents and altercations are the next most common cause of dental injuries among teenager[^].[^] A seasonal variation that is statistically significant for sports injuries has been reported., Patients with mobility problems and physical disabilities, such as seizure disorders and cerebral palsy, are at greater risk for orodental

The maxillary central incisors are the most commonly injured teeth, followed by the maxillary lateral incisors and mandibular incisor.

Concussion: The tooth is not mobile and has not been displaced. The periodontal ligament may be inflamed, and the tooth may be tender to biting pressure.

Subluxation: The tooth is loosened but not displaced from its socket. Some periodontal ligament fibers are damaged and inflamed.

Intrusion: The tooth is driven into the socket, which compresses the periodontal ligament and causes a crushing fracture of the alveolar socket.

Extrusion: A central dislocation of the tooth from its socket is present. The periodontal ligament is lacerated and inflamed (Fig. 4A).

Lateral luxation: The tooth is displaced in a facial, lingual, or lateral direction. The periodontal ligament is lacerated, and fracture of the supporting bone occurs (Fig. 4B).

Avulsion: The tooth is completely displaced from the alveolar. The periodontal ligament is severed, and fracture of the alveolus may occur.

Classification of dentoalveolar injuries:



Figure 4. A. Extrusion injury of maxillary right central incisor and avulsion fracture of maxillary lateral incisor. B. Lateral luxation injury of maxillary right central incisor and avulsion fracture of maxillary lateral incisor.

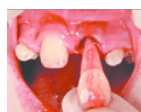
Management of traumatized teeth

Luxated and Avulsed Teeth

- Luxation injuries of permanent teeth constitute legitimate dental emergencies and should be managed immediately for the best possible outcome.
- Avulsed permanent teeth must therefore be immediately reimplanted by the first capable person, whether that be the injured child or a parent, teacher, coach, or pediatrician.

The procedure for reimplantation is as follows:

1. The tooth should be carefully held by the crown to prevent damage to the periodontal ligament.
2. It should be rinsed gently with saline or tap water to remove debris. No attempt should be made to scrub or sterilize the tooth.
3. The tooth should be manually reimplanted in the socket.
4. The child should keep the tooth in place with finger pressure or by biting on a gauze pad
5. Stabilize the tooth for 2 weeks using a passive flexible splint such as wire of a diameter up to 0.016" or 0.4 mm bonded to the tooth and adjacent teeth.



Biography

Ebtehal Alanquri has a graduate from King Abdulaziz University dental college 2011, work as general practitioner for 2 years, she completes her advance education in pediatric dentistry in 2018, she is consultant at Prince Sultan Military Medical City.

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