Avulsion

The tooth is completely displaced *out* of its socket. Clinically the socket is found empty or filled with a coagulum.

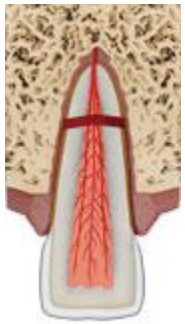
Avulsion

First aid for avulsed teeth

- If a tooth is avulsed, make sure it is a permanent tooth (primary teeth should not be replanted).
- Keep the patient calm.
- Find the tooth and pick it up by the crown (the white part). Avoid touching the root.
- If the tooth is dirty, wash it briefly (10 seconds) under cold running water and reposition it. Try to encourage the patient / parent to replant the tooth. Bite on a handkerchief to hold it in position.
- If this is not possible, place the tooth in a suitable storage medium, e.g. a glass of milk or a special storage media for avulsed teeth if available. The tooth can also be transported in the mouth, keeping it between the molars and the inside of the cheek. Avoid storage in water.
- Seek emergency dental treatment immediately.

Root fracture

fracture confined to the root of the tooth involving cementum, dentin, and the pulp. Root fractures can be further classified by whether the coronal fragment is displaced (see luxation injuries).



Root fracture

- Make arrangements to see your dentist immediately. If tooth is slightly displaced the patient can attempt to reposition it.
- If fractured tooth/root is avulsed (falls out) lightly clean with water and bring the fractured tooth with you.
- The dentist will rinse exposed root surface with saline before repositioning.>If displaced, he will reposition the coronal segment of the tooth as soon as possible.
- The dentist will then stabilize the tooth with a flexible splint for 4 weeks. Cervical fractures stabilization is indicated for a longer period of time (up to 4 months).

Patient instructions

Soft food for 1 week

Good healing following an injury to the teeth and oral tissues depends, in part, on good oral hygiene. Brushing with a soft brush and rinsing with chlorhexidine 0.1 % is beneficial to prevent accumulation of plaque and debris.

Root fracture

Follow-up

Splint removal and clinical and radiographic control after 4 weeks in apical third and mid-root fractures. However, if the root fracture is near the cervical area the splint should be kept on for up to 4 months.
Clinical and radiographic control after 6-8 weeks.
Clinical and radiographic control after 4 months. If the root fracture is near the cervical area the splint should be removed at this session.
Clinical and radiographic control after 6 months, 1 year and yearly for 5 years.
Follow-up may include endodontic treatment of the coronal fragment if pulp necrosis develops. The decision for endodontic treatment may be taken after three months of follow-up if the tooth still does not respond to electrometric or thermal pulp testing and if radiographs show a radiolucency next to the fracture line.