**Please refere to the slides I only mentioned the extra notes**

**Epidemiology :-**

The oral region represents only 1% of the body surface area injuries to the oral region accounts for 5% of all body injuries .

-most of them dental injuries 92%

-Soft tissue injuries accounts 26%

-jaw fractures 6%

\* injuries might be multiple ( more than one injury at the same time )

It make sense that the anterior teeth , especially the maxillary central incisors are most commonly affected if you have ablow on your face or fall down they are affected first

\*dental trauma are very costy

\* we have 2 peaks incidence for primary dentition 2-4 years because the child start to walk and move around ,for permenant dentition 7-10 years because the child is active and the incisors are now erupted .

**Aetiology :-**

Some people are more prone to dental injuries than others, we suspect dental trauma in someone who had it before .

Risk factors:

* Age
* Gender (male)
* Socioeconomic status : deprived because they have less safe play surface while high socioeconomic classes have safer play surface and have more supervision so less trauma

Dental trauma can be devided in to

-direct (ablow to the tooth directly )

-indirect (trauma to the chin or jaw then the force transformed to the teeth and forcefully closes the dental arch causes fracture to the premolar and molar cusps

**The outcome of the injury is impacted by :-**

-force of impact (how strong is the force )

-resilience of the impacting object (there is a diffrence of the resultant trauma of the primary and permenant teeth >>> in primary teeth the bone that surround them is softer so there is laxation injuries more than fractures)

-shape of the impacting object

-the irection of the impacting force .

**Dental history :-**

\*important questions in dental trauma :-

-when >>> if the trauma is old the prognosis is bad ( if the pulp was exposed for along time we expect pulp necrosis ).

-what is the previous dental history >>> if he had a previous trauma in the same tooth the prognosis is poor .

**Extra oral examination :-**

-vital signs should be taken for pts. who looks tiered (bleeding patients)

**Intra oral examination :-** trauma site >>inspect the teeth in the trauma region for :-

-fracture

-tooth displacement

-mobility both vertical and horizontal gives grade 0-3

One is normal , zero reduced mobility , 2 mobility of the teeth mostly horizontaly , 3 highly mobile .

-response to percussion >>> pain and sound of percussion

- colour

**Radiographic examination :-**

Don’t depende on palpation only >>> if you see laceration take a soft tissue radiograph to visiualize the foreign body .

**Classification of dento-alvelar injuries**

* Injuries to dental tissues and pulp
* Injuries to periodontal tissue
* Injuries to the supporting bone
* Injuries to the gingiva and oral mucosa .

The most important are the first 2 injuries

**The dr. explain each type of classification by reading from the slides**

**( please refere to the slides )**

**The lecture ended at management of injuries to dental tissues and pulp .(slide 44)**

**Good luck .**