Lec # 11

peadiatrics

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Dental trauma 2

Managment of injuries to dental tissue and pulp

Please refer to the slides this sheet contain extra notes only

**Slide # 91**

Enamel infarction ; only in marked cases when the pt complains discoloration or sensitivity here etching and sealing with resin restorations or fissure sealant is needed , otherwise no treatment is needed.

Prognosis usually very good , almost 100% of teeth don’t become necrotic.

**Slide #94**

Emergency treatment : You don’t really have to provide the permanent restoration in that visit especially if there were other injuries ,you just need to stabilize the tooth and seal the dentinal tubules by emergency GI or resin bandage without shaping or finishing.

**Slide #97**

After the initial reattachment, to increase the retention of fragment reattachment you can prepare a tunnel at the fracture line of 1mm width & 0.5mm depth with irregular finish line then reetch, bond, restore and finish.

**Slide #99**

Uncomplicated enamel-dentin fracture prognosis : less than 5% will lose vitality , if open apex it's going to be lesser

**Slide #100**

The best treatment of choice is partial pulpotomy.

**Slide #103**

Definitive treatment depends on : 1. Status of the tooth in terms of root development

2.severity of the injury

\* in case of subgingival fracture I have to do endo treatment to put post then core build up because I don’t have enough tooth structure to attach the restoration to it .

Here you'll not benefit from rebonding the detached fragment because we can't bond it to cementum , and the peridontium won't heal around it .

**Slide #104**

Instead of gingivectomy we can extrude the tooth to elevate the fracture line above the gingival margin which can be done in one of the 2 ways : **1.** Orthodontic extrusion which require time

2. surgical repositioning

\* it's a clinical decision, it depends on multiple factors :

1)root developments of the tooth :

 If you haven’t lost the pulp vitality then orthodonticaly extrude the tooth especially in open apex cases you have to do anything to keep the pulp vital ( partial pulpotomy )

 If you lost the pulp vitality then you can surgically extrude it.

2)severity

Shallow fracture line 3-4mm is indicated for ortho. Extrusion

If deep then surgery.

**Slide #105**

In surgical repositioning we rotate the tooth when we reposition it to put the fracture line buccaly for better healing .

90 degree in case of mesial or distal fracture

180 degree if the fracture line was palataly

 **Slide #109**

The follow up of complicated crown – root fracture is same as uncomplicated

 **Slide #111**

The closer the fracture line to the crown the longer tooth stabilization period is needed

Cervical > mid-root > apical

**Slide #114**

We don’t depend on discoloration to judge that the pulp is necrotic for the decision of endo because it might be transient discoloration .

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