PAEDIATRIC ANAESTHESIA

DENTAL INJURY

Management of dental injury.

- 1. The avulsed primary tooth does not require treatment. The return of the avulsed primary tooth into its original socket can damage the underlying erupting permanent tooth.
- Early detection increases the chances of successful salvage of the avulsed permanent tooth. Re-implantation within 5 minutes results in a healing rate of 85–97%. Healing rarely occurs if the tooth is re-implanted after 60 minutes.
- 3. Pick up the tooth by the crown and put it back in the socket. Avoid touching the root of the tooth. Hold it in place manually or by securing it to the neighboring tooth with aluminum foil. If the patient is awake, ask her / him to bite on a gauze to keep the tooth in the socket until review by dental.
- 4. If one is unable to re-implant the permanent tooth within 5 minutes, it should be stored in cold fresh milk or saline to preserve the vitality of the peridontal ligament fibres. The avulsed tooth should not be kept in dry tissue or cloth.
- 5. The dental officer on duty should always be consulted immediately for a crown fracture, an avulsed or luxated tooth, or when in doubt. Convey the following information: the age of the child, type of injured tooth (primary or permanent), type of injury and if the child is still under general anaesthesia.