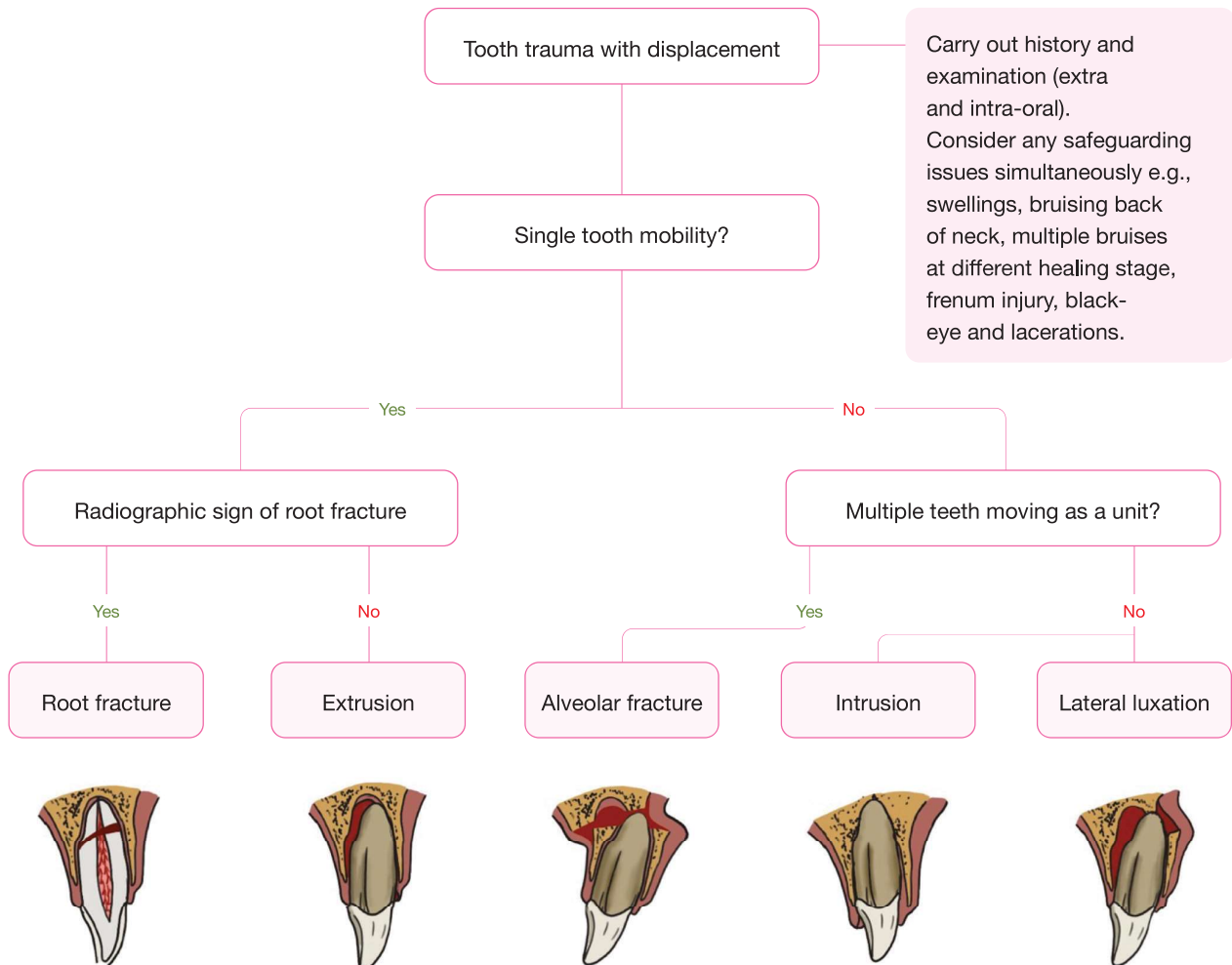


Dental Trauma- Displacement



If coronal fragment is displaced- reposition and confirm radiographically. Stabilize for 4 weeks with passive and flexible splint (a cervical fracture may need up to 4 months). Do not start pulp therapy but monitor pulp status up to 1 year. In mature teeth if the fracture is above the alveolar crest consider extraction of the segment and post core crown. Other treatment options include orthodontic/surgical extrusion, crown lengthening or extraction.

Reposition under LA and splint for 2 weeks, extra 4 weeks if fracture of the marginal bone. Monitor pulp status.

Reposition segment and splint with passive flexible splint for 4 weeks. Suture gingival lacerations and do not start root treatment. Monitor pulp status at follow up visits.

Incomplete root formation- allow for re-eruption without intervention for 4 weeks. No re-eruption-orthodontic repositioning. Monitor pulp status, RCT if needed.

Complete root formation- <3mm- allow for re-eruption. If no eruption at 8 weeks, then surgical repositioning and splint. 3-7mm- reposition surgically/ orthodontically. >7mm surgical repositioning. Pulp death is likely, initiate RCT at 2 weeks or when tooth position allows. Use a corticosteroid-antibiotic cream or calcium hydroxide as an intra-canal medicament to prevent external resorption.

Reposition under LA and splint 4 weeks using a passive and flexible splint. Additional splinting may be required. If fracture of the marginal bone/ alveolar socket wall. Assess need for pulpal intervention at 2 weeks, therapy should be based on root formation. If carrying out endodontic therapy use a corticosteroid-antibiotic or calcium hydroxide as an intra-canal medicament to prevent external resorption.