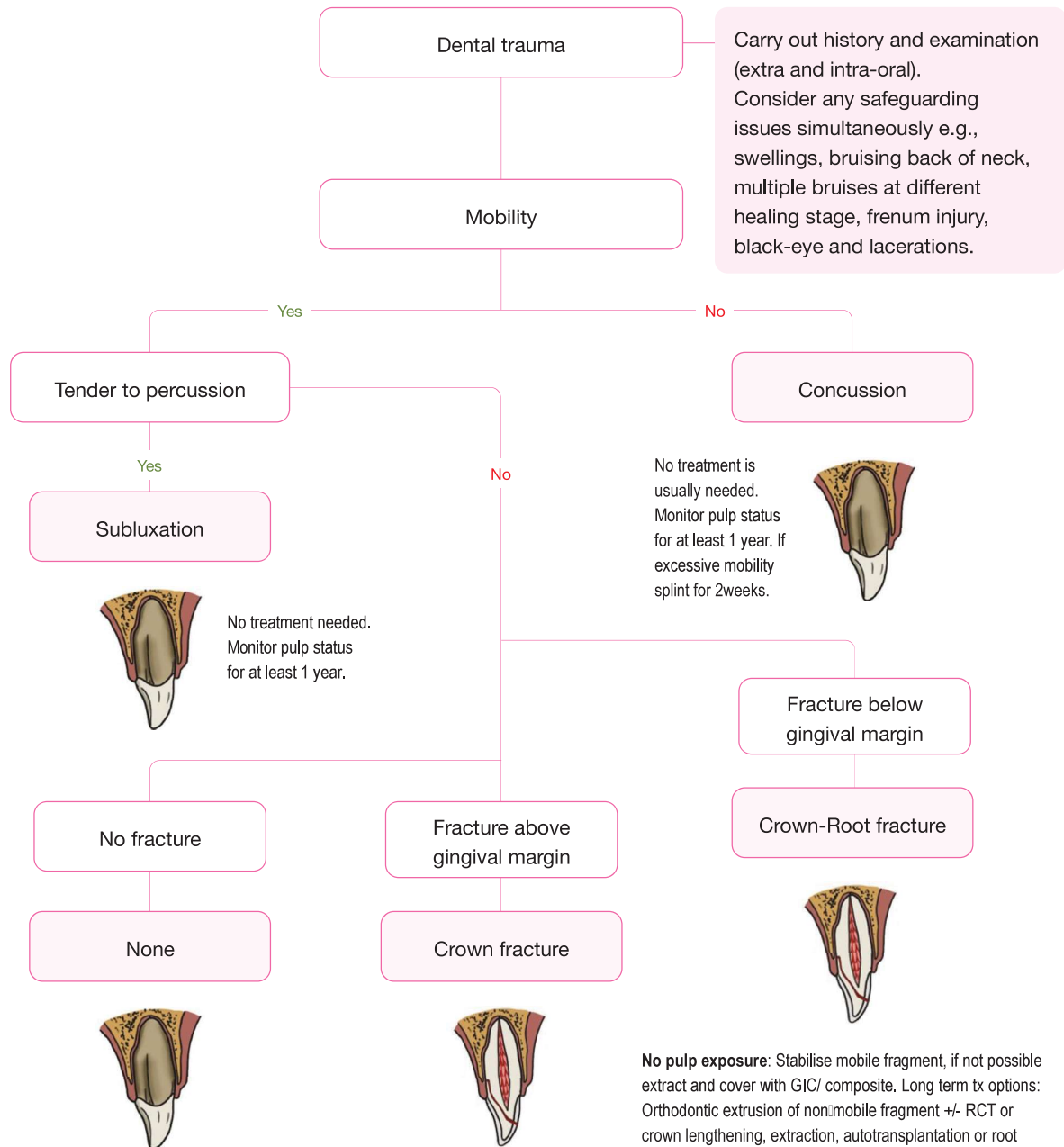


# Dental Trauma- No Displacement



**Enamel only:** Depending on fragment size, bond fragment back on or restore with composite resin. **Enamel-dentine:** If available, bond fragment back on after rehydrating in saline for 20 minutes. Or, restore with GIC/composite resin. If the exposed dentine is within 0.5 mm of the pulp (pink but no bleeding), place CaOH liner and restore with GIC. **Enamel-dentine-pulp:** Partial pulpotomy/pulp cap-followed by bonding rehydrated fragment or GIC/composite restoration. If post required for crown retention, then RCT first.

**No pulp exposure:** Stabilise mobile fragment, if not possible extract and cover with GIC/ composite. Long term tx options: Orthodontic extrusion of non-mobile fragment +/- RCT or crown lengthening, extraction, autotransplantation or root submergence. **Pulp exposure:** stabilise or extract mobile fragment. Immature roots – Carry out pulpotomy unless <1mm exposure & <24h, then perform partial pulpotomy. Mature roots- pulpectomy + GIC/composite restore. Long term: RCT and permanent restoration. Other management options include: Orthodontic/surgical extrusion, crown lengthening; Extraction; autotransplantation and root submergence.

Diagnosis is further confirmed via radiographs and sensibility testing

*Drawings by Dr Pippasha Khan (BDS)*