



Short Note on Dental Trauma

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EDITORIAL

Dental trauma refers to trauma injury to the teeth and/or periodontium gums, periodontal ligament, alveolar bone, and nearby soft tissues such as the lips, tongue, etc. The study of dental trauma is called dental traumatology. The soft tissues injuries are presented commonly in association with dental trauma and the areas normally affected are lips, buccal mucosa, gingivae, fraenum and tongue. The most common injuries are lips and gingivae. For lips, important to rule out presence of foreign objects in wounds and lacerations through careful examination. You can take X-rays to identify possible foreign objects. Small gingival injuries usually heal spontaneously and do not require intervention. However, this can be one of the clinical manifestations of alveolar fractures. Gingival bleeding, especially around the edges, may indicate damage to the periodontal ligament of the tooth. If the oral mucosa is affected, the facial nerve and parotid ducts should be examined for damage. Deep tissue wounds should be treated in layers with absorbent sutures. Injuries to deciduous teeth most commonly occur between the ages of 2 and 3 during the development of coordination. If a deciduous tooth is damaged, the resulting treatment should prioritize the safety of the adult's teeth and avoid the risk of damaging a permanent successor. This is because the root of the tooth of an injured baby is close to the germ of an adult tooth.

Therefore, if it is found to have invaded the developing adult tooth germ, the displaced deciduous teeth are removed. In this case, parents should be informed of possible complications such as enamel hypoplasia, hypo mineralization, crown / root dilation, or disruption of the tooth rash sequence.

Possible squeaks may include pulp necrosis, pulp obstruction, and root detachment. Necrosis is the most common complication and the assessment is generally based on colours supplemented by x-ray guidance. The colour change can mean that the teeth are still important, but if this continues, it probably isn't. Injured teeth can loosen due to damage to the periodontal ligament or fractures of the root. Splinting ensures that the tooth is held in the correct position within the

socket, ensuring that no further trauma occurs to enable healing. A splint can either be flexible or rigid. Flexible splints do not completely immobilise the traumatised tooth and still allow for functional movement. Contrastingly, rigid splints completely immobilise the traumatised tooth. The International Association of Dental Traumatology (IADT) guidelines recommend the use of flexible, non-rigid splints for a short duration by stating that both periodontal and pulpal healing is encouraged if the traumatised tooth is allowed slight movement and if the splinting time is not too long. Pulp necrosis usually occurs as ischemic necrosis caused by a disruption of blood supply to the apical foramen or as infection-related liquid necrosis after trauma.

The signs of pulp necrosis are:

- Persistent gray of non-fading teeth.
- X-ray signs of inflammation around the apex.
- Clinical signs of infection: tenderness, sinuses, suppuration, swelling.

Treatment options are extraction of deciduous teeth. Endodontic treatment can be considered for permanent teeth. Dental trauma is most common in young people and accounts for 17% of physical injuries in people aged 0 to 6 years, with an average of 5% in all age groups. It is observed more often in men than in women. Traumatic tooth damage is more common with permanent teeth than with deciduous teeth and usually affects the anterior teeth of the maxilla. The area of the mouth occupies 1% of the whole body area, but occupies 5% of all physical injuries. In preschool children, mouth injuries account for up to 17% of all physical injuries. The incidence of traumatic dental injuries is 1%-3%, and the prevalence is steady at 20%-30%. Almost 30% of the children in preschool have mostly experienced trauma to primary teeth. Dental injuries involving the permanent teeth happen to almost 25% of children in school and 30% of adults. The incident varies in different countries as well as within the country itself. Dental traumatic accidents depend on one's activity status and also the surrounding environment factor but these are the main

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predisposing risk factor compared to a person's age and gender. Trauma is the most common cause of loss of permanent incisors in childhood. Dental trauma often lead to the main complication such as pulpal necrosis, and it's nearly impossible to predict the long term prognosis of the injured tooth and often results in long term restorative problems.

Regular use of mouthguards during sports and other high-risk activities such as military training is the most effective preventive measure for trauma. It is mainly placed on the upper teeth because it has a higher risk of tooth injury than the lower teeth.

The mouthguard should ideally be comfortable for the user, easy to grip, odorless, and tasteless, and the material should be harmless to the body. However, studies in various high-risk populations of tooth damage have repeatedly reported poor compliance by individuals who regularly used mouthguards during activity. Also, normal use is not sufficient to prevent tooth injuries, and even using a mouthguard can cause injuries. This is because users do not always know the best brand or size, which inevitably results in a poor fit.