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Characteristics and Causes of Dental Emergencies

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ABOUT THE STUDY

Dental discomfort is frequently brought on by dental caries, a bacterial disease of the teeth that causes the breakdown of enamel and dentine. When a carious lesion presses against the tooth pulp, pulpitis develops and eventually, pulp necrosis takes place. Necrosis that is left untreated could result in a localised abscess or a cellulitis-causing infection that spreads to the nearby soft tissue. While cellulitis necessitates immediate antibiotic therapy and possibly abscess drainage, ultimate treatment calls for either root canal therapy or tooth extraction. An inflamed soft tissue layer that covers a partially erupted tooth is known as pericoronitis. Irrigation helps localised situations. Surgery to remove the gum flap or the underlying tooth may be necessary for effective treatment. A permanent tooth that has been lost due to trauma is a serious dental emergency. The tooth should be immediately replaced, and the patient has to see a dentist right once for an antibiotic prophylaxis and splint. With routine dental care and precautions to reduce the risk of oral trauma, the majority of dental issues can be avoided.

Periodontal origin

Inflammation of the supporting alveolar bone and periodontal ligament causes periodontal disease. Bacterial plaque is the primary cause. Although several bacteria are suspected, gramnegative anaerobes increasingly dominate as the illness worsens. 5 patients with acute periodontal abscesses may also have chronic periodontal disease or have a foreign object buried in their gingiva. The damaged tissue will expand and erythema will accompany the throbbing discomfort. Normally, the tooth is more mobile and sensitive to pressure.

The abscess may rupture or, less frequently, develop to cellulitis if untreated. Within 24 hours, patients must be referred to a dentist for periodontal drainage and debridement. If debridement is successful, antibiotics are typically not necessary, but their application is still debatable.

Dental trauma

Dental injuries are rather typical, children are especially affected,

with one-third of five-year-olds experiencing primary tooth damage and one-fourth of 12-year-olds experiencing permanent tooth damage. 11 Fractures, lateral or extrusive luxation (loosening and displacement of the tooth), intrusion (displacement of the tooth vertically into the alveolar bone), and avulsion are different types of injuries to teeth and their supporting structures (complete displacement of the tooth out of its socket).

Because they specify the likelihood of concomitant injuries and the range of potential treatments, the mechanism of injury and timeframe are particularly crucial elements of the history. The focus of the examination should be on any associated soft tissue injuries that require suturing, indications of tooth fracture or loosening, as well as any evidence of biting disturbance or other alveolar fracture. In every situation, a dental radiograph is necessary for a full diagnosis.

All patients with damaged teeth eventually require follow-up care from a dentist for a thorough diagnosis and ongoing treatment. Pulp death, root resorption, displacement, and developmental flaws in the permanent tooth successors are examples of longterm consequences.

The pulp may be exposed in tooth fractures involving the crown, the root or both. Dentists should be consulted but immediate treatment may not be necessary for minor dentine and enamel fractures that do not cause pain. Patients who have fractures that expose the pulp must be quickly referred to a dentist because these injuries are frequently unpleasant. Keep tooth pieces moist because they might be reattached. End-of-life care may entail extraction or root canal treatments.

Prevention

By consuming fewer foods high in sugar, brushing your teeth regularly, and using fluoride as needed, you can prevent dental caries and periodontal disease. The risk of major problems can be significantly decreased with routine dental exams and early treatment of carious lesions.

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