Last pedo sheet part 1

**Intrusion**

-Displacement of the teeth inside the socket.

-With axial force intrusion occurs and cause fracture and sometimes the apex of the root become embedded inside the apical area🡪 cause metallic sound.

-Rare to happen in permanent teeth, mostly in primary teeth.

-The commonest fracture in permanent teeth🡪 class2 fracture (enamel and dentine). In primary teeth🡪 displacement.

-2% of all other classes of trauma.

**Clinical finding:**

1. Difference in the level of incisal edge in the crown of the intruded tooth, it seems to be higher. Most of the fracture occurs in the maxilla.
2. High metallic sound.
3. No mobility.
4. No lamina dura in the apical area (no PDL space).
5. Pulp necrosis in immature root🡪60 % (2/3), in closed apex🡪100% so always we have to expect to have pulp necrosis in intrusion or severe extrusion and avulsion, and loss of vitality.

**How to differentiate between intrusion due to trauma or normal eruption in mixed dentition?**

1. X-ray: if the level of the apical area is the same 🡪normal eruption.
2. Lamina dura in the apical area: if there is loss of lamina dura in the apical area (no PDL space) 🡪trauma.
3. Percussion: in normal eruption no metallic sound.

**According to the age of the patient:**

1. Open apex (below the age of 10)🡪 no intervention (no surgical o orthodontic extrusion) just leave it 🡪 re-eruption will occur within 3-6 months without any intervention.
2. Mature root (between 10-15 year0🡪we give chance for 2 months then :
3. If we have movement 🡪re-eruption of fully form apex without any intervention🡪 leave it.
4. If after 2 months no changes and no movement🡪 we have to interfere by :

-Surgical extrusion🡪 just little luxation (rotation).

-Orthodontic extrusion within 1 month🡪 which is better because it decrease external root resorption b 20%.

In follow up we have to warn the parents if there is any discoloration, swelling or pain then the patient should come back to the clinic.

**Management:**

We put bracket on central and lateral and rectangular wire, then we put bracket on the traumatized tooth and elastic bands🡪for movement axially (downward), then when the tooth non vital and after complete eruption of the traumatized tooth we leave the wire for 3-4 weeks for healing to occur before we remove the bracket (which consider a splint for the tooth).

**Good luck**

**Ruba Habaibeh**