**LAST LECTURE PART #4**

Now we will continue talking about primary teeth complications and treatment :

1-Subluxation: if the patient has subluxation, it's difficult to do splinting, so we just leave it, then it will either heal by itself or we will go through extraction. But the parents will refuse extraction so we give the tooth a chance and mostly it will heal by itself, so we just follow the patient up.

We have two colors after teeth trauma either:

\* DARK BROWN color this is an implication of tooth necrosis by being knocked out or trauma without any obvious fracture in the crown, or in case of sublaxation the pulp become necrotic and it will be dark in color.

\* PINK color like in the case of internal resorption there will be calcification in the canal.

2- lateral luxation : If the tooth is highly mobile we should extract it , to prevent other serious complications like swallowing the tooth, inhalation and chocking and this is really dangerous .

3-avulsion : Debate about the primary teeth ,some people say that in some conditions we do re-implantation for it, some say never do re-implantation of primary teeth the problem is the infection and if the child is not cooperative it needs a lot of work to do like splinting and so we do it under sedation or general anesthesia and at the end the prognosis is poor.

In trauma of primary teeth we care about :

-if any trauma ( luxation, extrusion, tilting palatly ) occurs, try not to move the teeth if it's not interfering with the child. (Little mobility, little extrusion just leave it) .
But if it interferes with the child and is causing discomfort, in this case we take it out and reassure the parents. We rarely do splinting in primary teeth .

-The worst thing can happen in primary teeth is **intrusion** and to a lesser extent Root Fracture.

In intrusion the tooth will look shorter than the the teeth adjacent to it, we also should know the position of the primary teeth is it labialy or palataly.

-If intrusion happen and the position of the primary tooth **PALATALY we should IMMEDIATELY REMOVE IT,** even without asking the parents.

NOTE : in extraction of intruded primary teeth, we should hold the beaks of forceps and catch the tooth in the PROXIMAL SURFACES of the Tooth, cause if you catch it palataly and buccaly you will intrude the tooth more and cause more damage to the permanent tooth.

-**But how we can know if the tooth is palataly or labialy?**

1-By palpation, we can feel if the tooth is in the labial side .

2-X-ray : we have two types of xray, **Lateral anterior** in open mouth technique, or by just looking to the **periapical xray** if the tooth is elongated then its palataly and causing damage to the permanent follicle teeth (as we know the follicles of permanent teeth are always palatal to the primary teeth ). if it is short in the xray the most probably its labial.

3- if you can't access to do x –ray or there is no x-ray and you see intrusion you should **EXTRACT THE TOOTH**.

Now if you **are sure** that the tooth is in the labial aspect leave it. it will erupt normally.

In case of ROOT FRACTURE we only remove **THE CORONAL PART of the root**  (the crown and coronal part of the root ) and we leave the apical part inside the ridge it will resorb gradually, cause if we try to remove the apical part of the root you will 100% damage the permanent tooth germ.

**Complication of primary teeth injuries on developing permanent teeth:**

* white or brown discoloration of the permanent tooth with or without hypoplastic defects.
* dilaceration of the crown of the tooth causing eruption disturbance or failure.
* dilaceration of the root of the tooth causing eruption disturbance or failure; odontome-like formation.
* partial or total failure of root development.

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Good Luck.