Trauma to the anterior facial hard and soft tissues causes fracture or displacement of the teeth which impairs the aesthetic and the function of the tissue. A dental injury causes impairment of not just the tooth but affects the supporting structures too. The frequency of dental traumatic injuries has substantially increased and is often encountered in routine dental practice. Road-side accidents, physical abuses, sports activities, are the major reasons accountable for such injuries\(^1,2\).

Luxated tooth has increased mobility along with displacement from its respective socket. There are about 5 varieties of luxation injuries; which are concussion, subluxation, lateral luxation, extrusion, intrusion, avulsion and the prognosis of these injuries is contingent on the factors such as the stage of root completion, amount of displacement from the socket, the time between the trauma and treatment received\(^3-5\). Extrusive luxation appears like a tooth below or above the occlusal plane depending upon the arch. Radiographically it may present with slightly increased periodontal space\(^6\). Ellis Class III fracture involves enamel dentin and pulp.

The line of treatment may vary as per the interval between the trauma and treatment received. The most commonly followed treatment is repositioning with forceps followed by splinting for stabilization and lastly, endodontic intervention. The patient may not consider getting treated and may ignore it for a prolonged period, for such cases the management changes. Replantation techniques have been carried out in such hostile cases\(^7\). Luxated tooth presents with impaired cementum, periodontal ligament, and pulp tissue. The luxated tooth ought to be splinted aiding to the periodontal healing. Splinting is an important aspect to be considered for the stabilization of the luxated tooth. Splinting of the luxated tooth should be carried out immediately to improve the prognosis. Some of the widely used techniques include splinting with Composite direct bonding, interdental wiring, and acrylic incisal splints\(^8,9\). Every splinting technique has its pros and cons. Splinting should be carried out as atraumatically as possible. The adjacent lacerated mucosa should be assessed and treated alongside\(^10\). The management of the traumatized tooth must always be coupled with regular follow-ups to track the progress of healing as there are chances of calcific metamorphosis. The damaged apical vessels may possess a threat to the concerned tooth and lead to pulp necrosis, which necessitates the need for endodontic treatment. The endodontic treatment is carried out as a preventive measure to elude the possibility of an infection\(^11\). Calcium hydroxide dressing is also given, as it is alkaline, which not only neutralizes the bacterial toxins but also stimulates an inflammatory reaction that initiates periapical healing\(^12\). Recurrent Calcium hydroxide dressings should be avoided as it causes obliteration of the pulp chamber depending upon the age of the patient and the aged pulp has more fibrous elements\(^13-15\).

The present case reports aims at presenting management of the traumatically luxated and fractured teeth. The line of treatment implemented is directed bonding with archwire for 8 weeks. Chlorhexidine was used for disinfection. Root canal treatment with calcium hydroxide dressing followed by veneers for luxated tooth and the adjacent tooth with Ellis Class III fracture. Periodic follow-ups were scheduled and on examination confirmed the success of the treatment with the reinstatement of the functional and aesthetic aspects of the teeth.
References


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