



Awareness about Emergency Management of Avulsed Tooth among Intern Dentists

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INTRODUCTION

Dental traumatic injury, a common occurrence in both children and adults, encompasses a spectrum of injuries affecting the teeth, surrounding tissues, and supporting structures. Whether resulting from accidents, sports-related incidents, or interpersonal violence, dental trauma can have far-reaching consequences, necessitating prompt recognition, intervention, and follow-up care to mitigate its impacts. Acts of physical violence, whether intentional or unintentional, can result in traumatic injuries to the oral structures, including teeth, gums, and supporting tissues. Certain occupations or work environments, such as construction sites or industrial settings, pose inherent risks of dental trauma due to exposure to blunt force trauma or mechanical injuries.

DESCRIPTION

Dental traumatic injuries can arise from various etiological factors, including accidental falls, collisions, motor vehicle accidents, and other mishaps can exert considerable force on the oral cavity, leading to fractures, luxations, or avulsions of teeth. Participation in contact sports or recreational activities without adequate protective gear can predispose individuals to dental trauma, ranging from minor bruises to severe dental fractures or dislodgement. The ramifications of dental traumatic injury extend beyond mere structural damage, encompassing functional, aesthetic, and psychosocial dimensions dental trauma can compromise the integrity of teeth, impairing their ability to perform essential functions such as chewing, biting, and phonetics, thereby impeding optimal oral function. Visible manifestations of dental trauma, including fractured, discolored, or missing teeth, can detract from the individual's smile aesthetics, eroding self-esteem and confidence. Untreated dental trauma can predispose affected teeth to complications such as pulp necrosis, periodontal pathology, or secondary caries, necessitating timely intervention to prevent further sequelae. The psychosocial impact of dental

trauma, characterized by anxiety, embarrassment, or social withdrawal, can exert a profound toll on the individual's quality of life and emotional well-being. The management of dental traumatic injury entails a systematic approach encompassing assessment, diagnosis, and appropriate therapeutic interventions. Prompt administration of first aid measures, including rinsing the mouth with saline solution, applying cold compresses to reduce swelling, and locating and preserving dislodged teeth, can mitigate the extent of injury and facilitate subsequent treatment. Comprehensive clinical and radiographic examination by a qualified dental professional is imperative to assess the extent of dental trauma, identify associated injuries, and formulate an individualized treatment plan. Restorative interventions such as composite bonding, crown placement, or root canal therapy may be indicated to repair fractured or traumatized teeth, restore their aesthetics and functionality, and preserve pulpal vitality. Periodontal therapy, including splinting of mobile teeth, gingival surgery, or periodontal regeneration, may be necessary to stabilize and rehabilitate the supporting tissues following dental trauma. Regular follow-up visits with the dentist are essential to monitor the healing process, assess treatment outcomes, and address any sequelae or complications arising from dental traumatic injury. The crown is the visible portion of the tooth above the gumline, encompassing the enamel, dentin, and pulp chamber. It serves to protect the underlying tissues and facilitate mastication. Enamel, the outermost layer of the tooth crown, is the hardest substance in the human body, providing strength and resistance to wear and tear. Dentin, located beneath the enamel, constitutes the bulk of the tooth structure. It is less mineralized than enamel but still contributes to the tooth's durability and resilience. The pulp chamber, situated at the center of the tooth, houses the dental pulp a soft tissue comprising blood vessels, nerves, and connective tissue. The pulp serves as the tooth's sensory organ, supplying nutrients and moisture to maintain its vitality [1-4]. Cementum is a specialized calcified tissue that covers the tooth roots,

Received:	29-November-2023	Manuscript No:	IPDPD-24-19784
Editor assigned:	01-December-2023	PreQC No:	IPDPD-24-19784 (PQ)
Reviewed:	15-December-2023	QC No:	IPDPD-24-19784
Revised:	20-December-2023	Manuscript No:	IPDPD-24-19784 (R)
Published:	27-December-2023	DOI:	10.36648/2471-3082.23.9.39

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Citation Prabhu M (2023) Awareness about Emergency Management of Avulsed Tooth among Intern Dentists. *Periodon Prosthodon*. 9:39.

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anchoring them to the surrounding alveolar bone via periodontal ligaments. The periodontium encompasses the supporting structures of the tooth, including the periodontal ligament, alveolar bone, and gingiva, which collectively maintain the tooth's stability and integrity within the oral cavity.

CONCLUSION

Dental traumatic injury poses significant challenges to oral health and overall well-being, necessitating a comprehensive and coordinated approach to care. By fostering awareness, implementing preventive measures, and delivering timely and effective interventions, dental professionals can empower individuals to navigate the complexities of dental trauma adeptly, restoring oral function, aesthetics, and quality of life.

ACKNOWLEDGEMENT

None.

CONFLICT OF INTEREST

The author's declared that they have no conflict of interest.

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