

Dental Trauma

Nearly 50 percent of children will have some type of injury to a tooth during childhood, many of which are preventable. Mouth injuries are also common. Tooth and mouth injuries often occur after a fall, sports injury, or fight.

In most cases, tooth and mouth injuries are not life threatening. Rarely, a child may develop serious complications. Injuries to the teeth and mouth can also have long-lasting effects on the child's appearance and self-confidence.

When to seek help- Many parents wonder if their child should receive medical attention after a dental injury? If he or she has been knocked unconscious or has bleeding from the ear or nose, they should go straight to A&E.

A dentist should evaluate children with any of the following symptoms, if unsure of any symptoms then also contact your dentist.

- If there is pain, tenderness, or sensitivity (to hot/cold or pressure) in a tooth
- If there is a broken, loose, or missing tooth after trauma (the tooth could have been inhaled or swallowed)
- If there is bleeding that does not stop after applying pressure for 10 minutes

Dental injuries — The treatment for dental injuries depends upon the type of injury and whether the injured tooth is a primary (baby) or permanent (adult) tooth.

Parents often wonder if a child's permanent or primary teeth were injured. Permanent teeth are not usually present before six to seven years of age. Primary teeth look different than permanent teeth.

Dislocated or loose primary tooth — The most common injury to the primary teeth is dislocation of the front teeth. The management of these injuries focuses on preventing future damage to the permanent teeth.

A primary tooth that is loose may be left in place or, if interfering with the bite. In many cases, a loose tooth will heal without treatment. Injured teeth that are very loose may need to be removed if there is a possibility that the tooth could fall out easily or cause the child to choke.

If the primary tooth was knocked out completely, it should not be placed back into the gums because of the risk of damage to the permanent tooth to follow. Losing a primary tooth early does not typically affect the child's speech or the position of the permanent tooth.

Broken primary tooth — Children with broken teeth should see a dentist promptly. The dentist will determine if the tooth's nerves or blood vessels could be damaged. Treatment may include smoothing the rough edges of the tooth, repairing it with a tooth-colored resin material, leaving the tooth in place, or removing it.

Dislocated permanent tooth — A permanent tooth that is knocked out is a dental emergency that requires prompt treatment. The tooth should be placed back into the tooth socket as soon as possible, ideally within 15 minutes and up to one hour (or longer if stored in cold milk). At least 85 percent of teeth that are put back in the tooth socket within five minutes survive, compared to very few teeth that are stored dry and re-implanted after one hour.

Because of the importance of replacing the tooth quickly, the child, parent, or another adult can (and should) attempt to re-implant the tooth. The following steps are recommended:

- Handle the tooth carefully by the top (crown).
- Remove any debris by gentle rinsing the tooth with saline or tap water; the tooth should not be scrubbed or sterilized.
- Place the tooth by hand back into the socket.
- Keep the tooth in place by having the child bite on a clean towel.
- The child should see a dentist for treatment as soon as possible.

If it is not possible to replace the tooth in the gums, the tooth should be stored in a container of cold milk. If cold milk is not immediately available then place the tooth in a container of the child's saliva. Do **not** store the tooth in water or saline, because this will reduce the chances of successfully healing of the re-implanted tooth. The child should see a dentist or other healthcare provider as soon as possible to re-implant the tooth. The likelihood that the tooth will survive is reduced the longer the tooth is out of the mouth.

Loose permanent tooth — A loose permanent tooth that is interfering with the child's bite is also a dental emergency that requires prompt treatment. In most cases, the tooth can be returned to its correct position and monitored over time. However, it may be necessary to use anesthesia (to prevent pain) and stitches or splints (to hold the tooth in place). A dentist with experience in treating dental injuries in children is the best person to evaluate and treat children with loose permanent teeth.

Broken permanent tooth — Broken permanent teeth can usually be repaired successfully. For the best possible outcome, the child should see a dentist for treatment within two days from the time of the injury. Broken teeth that are sensitive to hot or cold need to be treated urgently. Tooth fragments should be saved, if possible, and stored in tap water as they can sometimes be reattached. If tooth fragments cannot be found or cannot be reattached, the tooth may be repaired with a material called composite resin, which can be matched to the color of the natural tooth.

Mouth injuries — The evaluation and management of mouth injuries depends upon how the injury happened, what areas are injured, and the severity of the injury.

Tears — Small wounds or tears of the mouth usually do not require stitches. Tears of the flap of skin under the upper lip (the frenulum) also heal without stitches.

Cuts to the tongue that are large, especially if near the tip of the tongue, may require

stitches. Wounds that involve the outer part of the lips and extend into the skin also frequently require stitches.

Home management of minor mouth injuries — Minor injuries to the mouth often bleed, which can be frightening for a child. To stop bleeding inside the lip, press the area against the teeth and hold for several minutes. To stop bleeding of the tongue, hold the injured area between the fingers with a piece of gauze or a clean cloth. Applying pressure should control the bleeding within 10 minutes. It is normal to have small amounts of blood-tinged saliva afterwards.

Small mouth wounds usually heal within three days. The area may appear pale or whitened; this is normal.

Hygiene and diet — After a tooth or mouth injury, it is important to continue keeping the teeth clean. This includes brushing twice per day with a soft bristled toothbrush. Occasionally, a mouthwash will be advised to keep the injured area clean if brushing is difficult.

If a child's tooth is loose or the mouth is sore, a soft diet is recommended for several days.

Potential Complications

Most children recover completely from mouth and dental injuries without complications. However, prompt treatment and regular follow up will help to ensure the best possible outcome.

In a small number of cases, complications can occur, including:

- **Damage to the permanent teeth** – This may include discoloration of the tooth, complete loss of the tooth, or sensitivity to heat/cold. Children who have a permanent tooth successfully replaced in the socket will often require a root canal and placement of a crown in the future.
- **Scarring** – Wounds to the lip, especially those that cross into the skin, may heal with a scar. Tears of the tongue that do not heal properly can affect speech and swallowing.
- **Infection** – This may include infection of the teeth and gums.

Prevention

One of the ways that parents can reduce the chances of mouth and dental injuries during recreational and sports activities is to have the child wear a mouth guard.

Teaching children not to put anything except food or drinks in their mouth can prevent mouth injuries. It is also important that children learn to sit while eating and drinking, particularly while using a straw.

Contact the Practice on 01753 623723 or at info@caidentalwindsor.co.uk