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Let me ask you Doc?

What should I do when a child's tooth is knocked out?

by Dr. Bradley Selvan (BDS)



The incidence of dental trauma, to a child's front teeth (usually upper teeth) has increased over the last few years, due to accidents, sport related injuries and violence. Protruded upper incisors and insufficient lip closure may be predisposing factors. Knocked out (avulsed) upper front permanent teeth, account for up to 16% of all traumatic injuries to permanent teeth.

Both primary and secondary teeth are vulnerable and can be "knocked" right out of the mouth. It is not always easy to tell the difference between primary and secondary teeth and all avulsed teeth, should be replaced into their sockets. The dentist will advise you, if it's a primary or secondary tooth and whether or not it's worth splinting and trying to save. Trauma can result in teeth being forced inward, upward, or downward from their sockets, or in a combination of these directions. While these injuries need urgent attention by your dentist, they don't require immediate emergency treatment by you, the parent or responsible care giver.

Golden Rules for successful re-implantation:

1. **NB!** Teeth knocked out of the mouth, need to be found and pushed back into their socket/s as soon as possible! The quicker the tooth is replaced the greater the chance of success. Best results are obtained, if the tooth is replaced in the socket, in less than 20 minutes. It is important to find the tooth to make sure that it hasn't been swallowed or inhaled, into the bronchi or lungs.
2. The tooth must be grasped firmly between your clean fingers (try not to touch the root surface) and pushed gently back into their socket/s.
3. If it doesn't look like it's facing the right way around or doesn't fit well into the socket, then turn it around and try again, or try another socket.
4. If you are unable to replace the tooth or are too squeamish to try, then you will have to store the tooth in a clean container with the following liquids. Listed from best to worst: Hanks Balanced Salt Solution (biological medium) or milk which is found almost everywhere, sterile saline which may be difficult to find. The tooth can be stored in the child's mouth, but care must be taken that the tooth isn't swallowed or inhaled. This isn't ideal as saliva is a septic medium. Tap water may be used as a last resort.
5. The main aim is to replace the tooth quickly and cleanly so that there is minimal damage to the root cementum and periodontal (gum) tissues to try and prevent infection of the root canal.
6. Get to your dentist immediately. They will check that the tooth is positioned correctly and using a flexible splint will stabilize the tooth for at least 7-10 days and probably even longer.
7. The dentist will advise about the necessity of an anti-tetanus injection, mouth rinses and if necessary an antibiotic. A soft diet is recommended, with gentle tooth brushing after meals, with a soft brush.
8. Wearing a custom made bite plate can save your child's very valuable front teeth and smile. Bite plates can prevent fractures of the jaw and by preventing concussion, can save your child's life! Ask your dentist about these mouth guards.