

## Trauma to anterior primary teeth.

Because your child has experienced an injury to the primary teeth, there are some things we would like for you to know in order to possibly avoid future complications. We have no reliable way of predicting what will happen. Hopefully, the tooth (or teeth) will tighten and remain until the permanent replacement erupts normally. However, there are four common reactions that can potentially occur:

- 1. Discoloration** A tooth discolors when blood from the pulp (nerve area) gets into the hard tooth structure. This can happen in two ways:
  - a.** The severe injury breaks the small blood vessels in the pulp. This causes rapid discoloration (3 weeks or less) after the injury. The tooth may survive this and lighten in color again.
  - b.** Sometimes, the injury causes the pulp to die (necrosis). This usually happens slowly, without pain, and the pulp gradually breaks down over several weeks or months after the injury releases blood into the tooth structure. These teeth may possibly abscess. It may abscess immediately, even before discoloration occurs or several months after. There is no way to predict this.  
If the pulp is dead, removing the non-vital pulp may decrease chances of abscess. This treatment is called a Pulpectomy.
- 2. Abscess** Pain is the LEAST reliable symptom of an abscessed primary anterior tooth. More reliable symptoms include: loosening of the tooth, swelling & discoloration over the root or the gum boil (draining abscess). The tooth should be treated as soon as possible to avoid damage to the permanent tooth. If the abscess has caused extensive root resorption, extraction (removing the tooth) may be the only option.
- 3. Premature Loss** The injury activates the cells which normally shorten the root of the primary tooth (so that the permanent replacement tooth can erupt), causing them to start functioning prematurely. We cannot reverse this process, and the primary tooth will be lost early.
- 4. Over Retention** The pulp may be replaced by hard tissue causing it to calcify and the cells that normally cause the root to shorten or resorb are destroyed. The tooth is therefore not lost when it should be, and is thus over-retained. The permanent tooth can be affected because it can't erupt normally, and may either be impacted or forced to erupt out of position.

Because of wide and unpredictable variations in reaction, injured teeth should be re-checked at recommended intervals. With severe subluxations of a primary anterior tooth (movement of the tooth resulting from trauma), damage to the permanent developing tooth may occur. This cannot be confirmed until its eruption.

Please look for the following changes, and report them to us as discussed during your appointment:

- CHANGE IN COLOR: PINK, GREY, OR YELLOW.
- MOBILITY
- PAIN
- SWELLING
- ABSCESS FORMATION (GUM BOIL)



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