

The Extruded Permanent Tooth: information for patients/parents/caregivers

Before the accident your tooth was held in place by fibers and cells called the periodontal ligament. These fibers were torn apart and many of the cells were damaged as the tooth was torn from its location in the bone.

What do we know?

- When extruded teeth are repositioned they are quite likely to be retained for a lifetime.
- The longer the tooth has been extruded without repositioning, the more difficult repositioning becomes because a blood clot forms that makes repositioning less successful. By 48 hours it is unlikely the tooth can be repositioned to its original location.
- About 40% of extruded teeth require root canal treatment, usually within the first year (chance of dental pulp death increases with increased extrusion).
- The dental pulps ('nerves') of about 40% of extruded teeth become smaller with time but remain alive and do not require any treatment.
- The crown might become darker with time as the dental pulp ('nerve') becomes smaller.

Responsibilities of the dentist

- Inform patient/parent/caregiver of the prospects/outcomes of repositioning the tooth
- Attempt to reposition the tooth if the patient/parent/caregiver wishes
- Prevent/control infection
- Splint the tooth and remove the splint at the appropriate time
- Begin/complete root canal treatment if required

Responsibilities of the patient/parent/caregiver

- Allow radiographs for diagnosis of damage
- Cooperate for repositioning/splinting
- Comply with instructions if antibiotic coverage is required
- Return for post-operative splint removal/radiographs at the appropriate times as described by the dentist. (Usually splint removal at less than 2 weeks and radiographs at that time, 3 months, 6 months and then yearly)