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DAMAGE TO PERIODONTAL TISSUES. TREATMENT OF DAMAGE TO PERMANENT TEETH IN CHILDREN

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Abstract: The periodontium is responsible for keeping the teeth in the anatomical socket, supplying them with blood and nerve networks, correct distribution of pressure during chewing, local biological protection and other important functions. is a complex of tissues. It consists of alveolar processes, gingiva, cementum and periodontium. Often, when a child causes mechanical damage to a tooth, as a result of a fall or impact with a hard object, the periodontium is seriously damaged, which requires urgent treatment from a pediatric dentist.

Key words: Dislocation of tooth from anatomical socket, Complete luxation of permanent or primary tooth.

Bruising is the most common disorder of the periodontal condition and is accompanied by almost all types of mechanical damage to the teeth in children. It is considered an independent injury in cases where the patient has no consequences other than shock or fall. A concussion is usually manifested in the form of pain, which increases when biting the damaged tooth. The doctor diagnoses bruising with painful percussion. At the same time, the vitality of the pulp is preserved, which is confirmed by the results of electroodontodiagnostics (EDD).

Treatment of such injuries is carried out in the following ways:

Reducing the burden of the damaged tooth to a minimum by ensuring complete rest (not biting). Also, for this purpose, crushing of the antagonist is often carried out with subsequent remineralization therapy.

Exposing the affected area to permanent magnetic or low-intensity laser radiation to achieve analgesic, anti-edema and anti-inflammatory effects, as well as stimulation of natural regenerative processes.

Monitoring the condition of the pulp and surrounding tissues using EDI for 2-3 weeks. When aseptic necrosis occurs (enamel darkening, gray color of the crown), tooth trepanation, dead cord removal and canal filling are performed.

Tooth exit from the anatomical socket

This type of traumatic injury is characterized by a serious violation of the structure of the ligamentous apparatus that holds the tooth in the anatomical socket. In this case, partial extrusion and mobility of the II-III degree are usually observed. When percussing and palpating the periodontal tissues, as well as when biting a tooth that has come out of the socket, the patient feels severe, sharp pain. The gum surrounding the damaged tooth is usually significantly swollen and often fissured. There is a small amount of bleeding or a frozen blood clot around the edge of the hole. After conducting an X-ray examination, the specialist can observe the expansion of the periodontal crack in the damaged area and a significant increase in the distance between the bottom of the alveoli and the apex of the tooth root, which helps to determine its extent. the tooth comes out of the socket.

Displacement of the tooth in a direction other than axial

This type of traumatic injury is accompanied not only by breaking the integrity of the ligamentous apparatus, but also by rupture of the periodontal neurovascular bundle. As a result of mechanical displacement, the crown takes an oral or vestibular position. At the site of injury, slight bleeding and coagulation, swelling and cracking of the gums, mobility of third-degree teeth, tenderness of soft tissues during palpation are observed. Also, often, damage to the alveolar bone during displacement occurs with crepitus and the release of sharp edges.

Treatment of mild subluxations includes advising the patient to reduce the load on the injured area and to carefully monitor hygiene measures. If the tooth is significantly displaced, it is immobilized with a splint for 3-5 weeks. Loss of pulp vitality requires endodontic treatment in a pediatric dental clinic, followed by clinical follow-up until the end of root growth.

In particularly severe cases, for example, when the tooth penetrates deeply into the tissue, comes out of the socket and is severely displaced, usually accompanied by rupture and necrosis of the pulp, as well as damage to the root growth zone, the following tactics are used. used:

repeated "explosion" during the growth phase with partial impact of the tooth on the tissues;

orthodontic or surgical reposition with subsequent immobilization;

strengthening the tooth in the socket or in case of pulp death, endodontic treatment depending on the stage of root growth;

minimizing the occlusion load on the affected area;

clinical observation for several weeks/months;

removal of a damaged tooth.

Even with severe dislocations with compression, even if high-quality treatment is obtained, there is a possibility of root resorption and loss of fixation in the socket. Therefore, the patient is observed for 2-3 years or more after the injury.

Complete luxation of a permanent or primary tooth

This type of injury is very rare in dental practice. It is characterized by damage to the gum tissue of varying degrees of severity at the same time as the complete extraction of the tooth from the alveolar bone socket. In this case, treatment is carried out using the method of replantation. Moreover, this is possible only if the following conditions are met: the tooth has not been out of the socket for more than 0.5-1 hour and has been kept in milk, isotonic solution or in the oral cavity (not in water!).

Replantation is carried out in the following order:

x-ray to detect alveolar or fracture damage;

inspect the hole for the presence of root residues or foreign bodies;

evaluation of the root section for the presence of periodontal fibers;

wash the crown and root and then place it in an antibiotic solution;

fixing the tooth to the socket with a wire composite splint;

reduce the load on the damaged area and monitor for 6-8 weeks.

The connection of the root with the alveolar walls occurs periodontal, periodontal-fibrous and osteoid. In addition, regardless of the effectiveness and quality of the provided medical care, in most cases, the prognosis for saving a completely extracted tooth is unfavorable.

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