

The Pushed-up 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 crushed by the pressure of the pushed-up root during the accident.

Things that can cause this tooth to fail are:

- The depth the tooth has been pushed into the bone
- Infection leads to rapid resorption of the root (months to a year)
- The tooth can become part of the bone and simply dissolve over time (year(s))
- As children grow, pushed-up teeth may remain in the same position. Tooth will appear 'short' and have to be removed (year(s))
- Tooth can dissolve just below the crown and snap off...root must be extracted (years)

What do we know?

- Teeth pushed up less than 3mm will likely come back to place by themselves and survive.
- Teeth pushed up between 3-6mm will likely need help to return to their location and may need root canal treatment within the next year. Teeth pushed up more than 6mm will need to be repositioned and will need immediate root canal treatment.
- Dentists can prevent infection by completing root canal treatment on the intruded tooth before repositioning it.

Responsibilities of the dentist

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

Responsibilities of the patient/parent/caregiver

- Allow radiographs for diagnosis of damage
 - Approve treatment plan: surgical, active or passive repositioning
 - Cooperate for repositioning/splinting/root canal treatment
 - Comply with instructions if antibiotic coverage is required
 - Return for post-operative splint removal/radiographs at the appropriate times as described by the dentist before replantation. (Usually splint removal at 8 weeks and radiographs at that time then 8 weeks, 3 months, 6 months and then yearly)
- In the case of severe intrusions patients/parents should expect several visits during the first year.

The Toronto Dental Trauma Research Group

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