

## *Trauma To Teeth: What To Do*

*During childhood years oral injuries are quite common. The best possible treatment, of course, is prevention. Infants and toddlers should not be allowed to toddle around with hard objects like soda-pop bottles, toys or drinking glasses in their mouths. Pacifiers are actually okay; they seem to serve as a mouth guard for toddlers. If at all possible, their play areas should be kept free of hard, unprotected surfaces that may find their way to a falling toddler's face. In my practice, coffee tables and fireplace hearths seem to be the most common culprits. Padded furniture items on carpeted flooring in those areas where infant and toddlers spend most of their is advisable. Remember, "before we walk, we must "fall."*

*Bathtubs and slippery bathroom floors also account for many traumatic injuries to toddlers. Slip resistant materials should be applied to these surfaces wherever possible. Of course, the parent should always be present when youngsters are in these areas. Also, young children learn better by visualizations; showing a child how an injury can be caused by improper use of toy, (i.e. a baseball bat) is the very best way to teach them how to prevent injuries to themselves and other. Demonstrating dangers to children is much more effective than statements or warnings yelled out across the yard.*

*The American Academy of Pediatric Dentistry recommends mouth guards for children participating in all contact sports. I can't remember in my 30 years of practice ever seeing a football injury to the teeth. In fact, all the contact sports injuries I have treated have occurred in sports other than football such as T-Ball, basketball, soccer, hockey and baseball. These sports, unlike football, often don't require mouth guards. I recommend to the parents of my patients that they insist their children wear mouth guards when participating in any contact sport. In short, the*

*fact that football injuries rarely occur to the teeth prove that mouth guards work so lets use them in all sports that the threat of mouth injury exist. Most sporting goods stores have these items. They are inexpensive and easily fitted at home according to directions. In some cases, it may be necessary for your child's dentist fit a custom mouth-guard.*

*When prevention fails, the next best thing is proper treatment administered in a timely fashion. When teeth or tissues around them are injured in any way, it is wise to call your child's dentist and describe what has happened. Often, damage can be more involved than it appears to the "non-dentist". Teeth can have hairline fractures: roots can be broken; foreign bodies can be lodged beneath the tissues. Dentists have the skill, experience and equipment to diagnose and treat injuries properly, including most lacerations inside the mouth and teeth.*

*Primary, or baby teeth, are treated differently from permanent teeth. The American Academy of Pediatric Dentistry no longer recommends that they be re-implanted; however, it is strongly recommended that the child's dentist be contacted as soon as possible after a mouth injury of any type. The dentist will help make the decision whether the child should be seen immediately or not. Sometimes it is necessary to place a space maintainer for the missing tooth.*

*Permanent teeth that have been knocked out, root and all, should if possible, be rinsed in cool; water (never scrub the tooth), and then replaced in the socket from which it came as soon as possible. The tooth should be held in place for at least four to five minutes to help settle in the socket and the child should be taken to the child's dentist immediately. If it is not possible to replace the tooth into the socket at the accident scene, take the tooth and the patient to the child's dentist's office as soon as possible. The best way to carry the tooth is in cold milk or water at the*

*very least, in a moist towel. Sometimes it is not possible to replace the tooth in the socket because of damage to the tooth or the socket, but those that can be replaced within the first hour and receive proper follow-up care over the next few months have a very good chance of being saved. After the first hour, the chances of saving the tooth decreases, but it is definitely worth re-implanting a tooth even several hours later. The child's dentist will make that determination.*

*Some chipped and fractured teeth require nothing more than smoothing of rough edges. Others may require some type of immediate treatment to prevent bacterial invasion of the tooth and possible loss of the tooth or its vitality. Teeth that have been knocked up into the gums (intruded) should always be x-rayed; there could be fractures, foreign bodies, or that root of the tooth could be impinging upon another tooth-bud.*

*In summary, all precautions should be taken to prevent trauma to your child's face and mouth. When this fails, you must provide proper emergency care. Contact your child's dentist immediately. A good rule of thumb: even if you are in doubt, call the dentist. If you wait it may be too late!*

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