DENTAL EMERGENCIES IN PAEDIATRIC DENTISTRY

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Introduction

- Most oral emergencies relate to pain, bleeding, or orofacial trauma and should be attended to by a dental practitioner.
- However, in the absence of access to dental care, a medical practitioner may be called upon to help.
- Jaw fractures require the attention of maxillofacial surgeons.

Dental Pain

- Pulpal pain is spontaneous strong, throbbing, exacerbated by temperature and outlasts the evoking stimulus.
- Localization of pain is poor and it radiates to the ipsilateral ear and temporal region.
- Mx; Anaelgesics, Refer to a dental practitioner for either RCT or XLA

Odontogenic Infections

- Periapical Periodontitis

➢ Pain is spontaneous, severe and persists for hours. It is well localized and exacerbated by biting.

➢ Adjacent gum is tender.

➢ Abscess (gum boil) and sometimes with facial swelling and fever.

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- Fascial space infections

➢ These are fortunately rare.

➢ They threaten the airway.

➢ Refer patient to specialist.

➢ In the absence of a specialist perform IND and give appropriate antibiotic and anaelgesic.

➢ Advise the patient to seek dental advice for treatment of the causative tooth.

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- Chronic abscesses, however, may be asymptomatic apart from a discharging sinus.
- Rarely this may open on the skin.

Bleeding

- Most oral bleeding results from gingivitis or trauma or tooth extraction but if prolonged the patient should be evaluated for bleeding tendency.
- Tooth extraction (XLA):

➢ After XLA the socket normally bleeds for a few minutes then clots.

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- If the socket continues to bleed, the patient should be asked to bite on a gauze pad for 15 to 30 minutes.
- If it continues a haemostatic agent eg. surgicel should be placed in the socket.
- If bleeding continues then the socket should be sutured and consideration given to bleeding tendency.

Surgical Complications

- **Post extraction pain:**

➢ Pain &swelling is common after XLA but eases off after a few hours.

➢ Pain from complex procedures could last longer and controlled by anaelgesics.

➢ If pain persist then refer to dentist to exclude a pathologic disorder (eg. Dry socket or iatrogenic jaw fracture).

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- **Infection**

➢ Localized osteitis (dry socket) occasionally follows tooth extraction especially lower molar.

➢ After 2 or 4 days there is increasing pain, halitosis, an empty socket and tenderness.

➢ Clinician should rule out RR, jaw fractures, osteomyelitis especially if there is high fever.

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- Infection is treated by irrigation with warm saline or aqueous chlorhexidine.
- Prescribe anaelgesics and antibiotics (metronidazole).

Contd.....

- **Antral complications:**

➢ Tooth/root in antrum; Give the patient antimicrobial agent and nasal decongestant. Localize the tooth by radiography. Refer to Maxillofacial surgeon.

Contd.....

- Oroantral fistula: Patient advised not to blow their nose. Antimicrobial agent and nasal decongestant prescribed. Refer for primary repair.

Fractured Teeth

- Injuries to primary teeth may be of little consequence with regards to emergency care, but even seemingly mild injuries can damage successor teeth.
- Enamel # of permanent teeth requires no emergency care, but dental care should be sought later.

Contd……

- Injuries affecting dentine should be treated as urgent. A suitable dentine lining agent can be placed onto the #ed dentine before referral to a dentist preferably on the same day.
- Fractured roots require dental advice.

Avulsed Teeth

- Avulsed permanent anterior teeth can be replanted successfully in a child, particularly if the root formation is not complete.
- Hold the tooth with the crown, rinse with normal saline and insert it into the socket.
- Splint the tooth with foil or tissue adhesive.
- Dentist should be seen within 72 hours.

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- If immediate replantation is not possible then the tooth should be placed in:

➢ Isotonic fluid.

➢ Cool fresh pasteurized fresh milk.

➢ Saline solution.

➢ Contact lens fluid.

➢ If the child is cooperative the it can be carried in the buccal sulcus.

Maxillofacial Trauma

- **Dislocation or Subluxaxion of the mandible:**

➢ Commonly caused by a blow to the chin when the jaw is open.

➢ #s must be excluded.

➢ Reduction is done by facing the patient, placing thumbs over the molars and applying pressure with the fingers under the chin backward and upward.

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- Incase of muscle spasms the give midazolam HCL iv to facilitate muscle relaxation.
- Advice patient not to open the mouth wide.
- Recurrent dislocation is a feature of Ehlers-Danlos and Marfan's syndrome.

Contd.....

- **Jaw fractures:**

➢ A priority in patients with maxillofacial injury is the airway.

➢ For middle third facial #s a maxillofacial team should be involved at an early stage because of the associated cerebrospinal rhinorrhea and ocular damage.

Dental Indications for urgent admission to hospital

- **Trauma:**

➢ Middle third #s

➢ Mandibular #s unless simple or undisplaced'

➢ Zygomatic #s where there is danger of ocular damage.

Contd.....

- **Inflammatory lesions and infections:**

➢ Cervical or facial fascial space infections.

➢ Oral infections in which the patients condition is toxic or severely compromised.

➢ TB

➢ Severe viral infections.

➢ Vesiculobullous conditions eg pemphigus and Stevens-Johnson syndrome.

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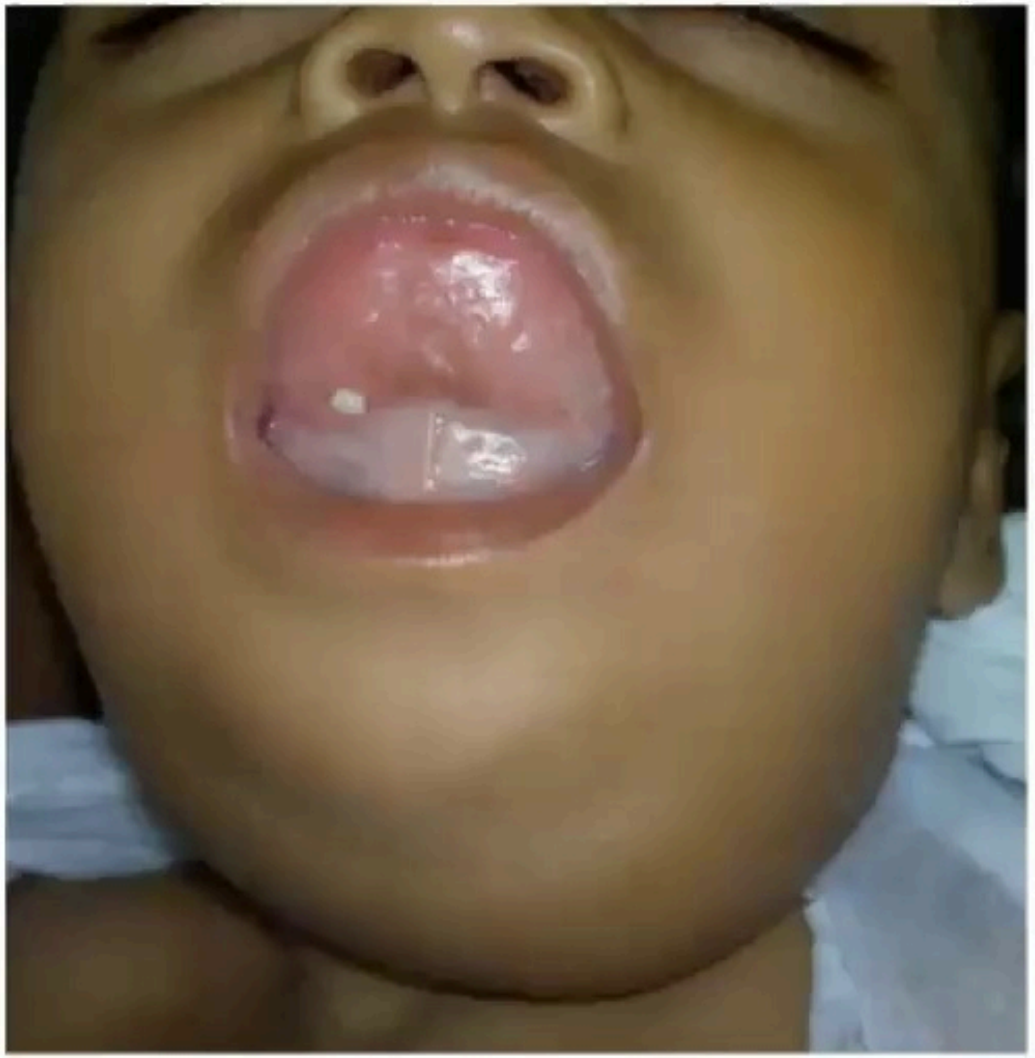
- **Blood loss:**

➢ Severe or persistent haemorrhage especially in patients with bleeding disorders.

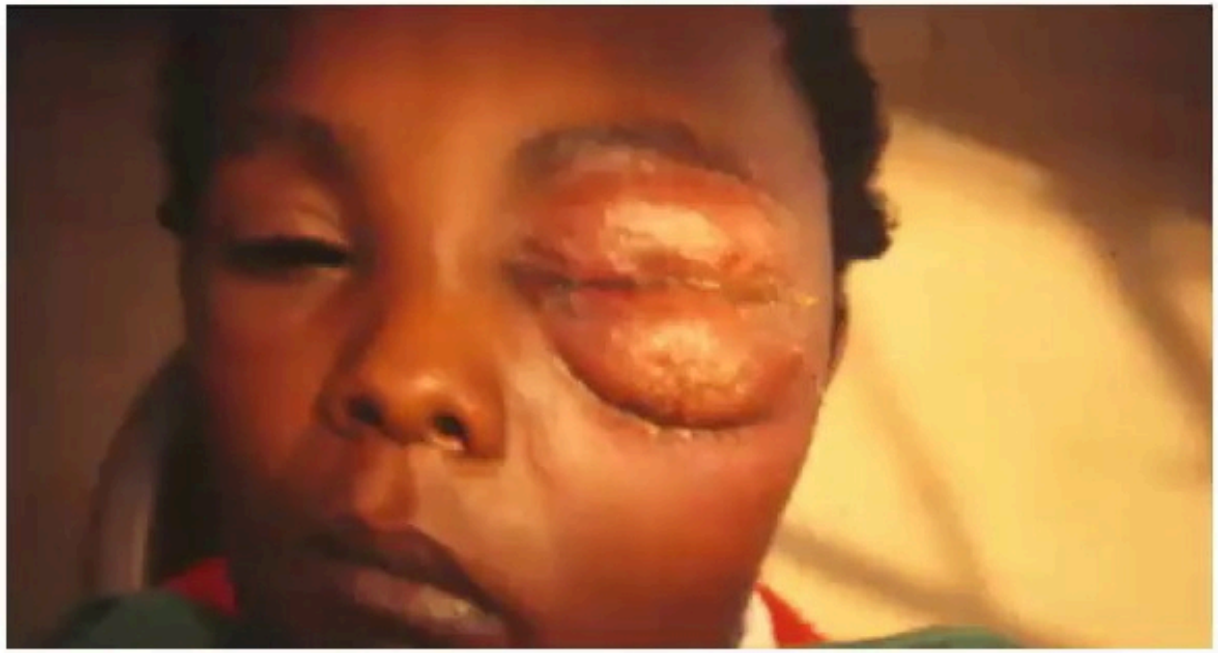
- **Others:**

➢ D. Mellitus under poor control.

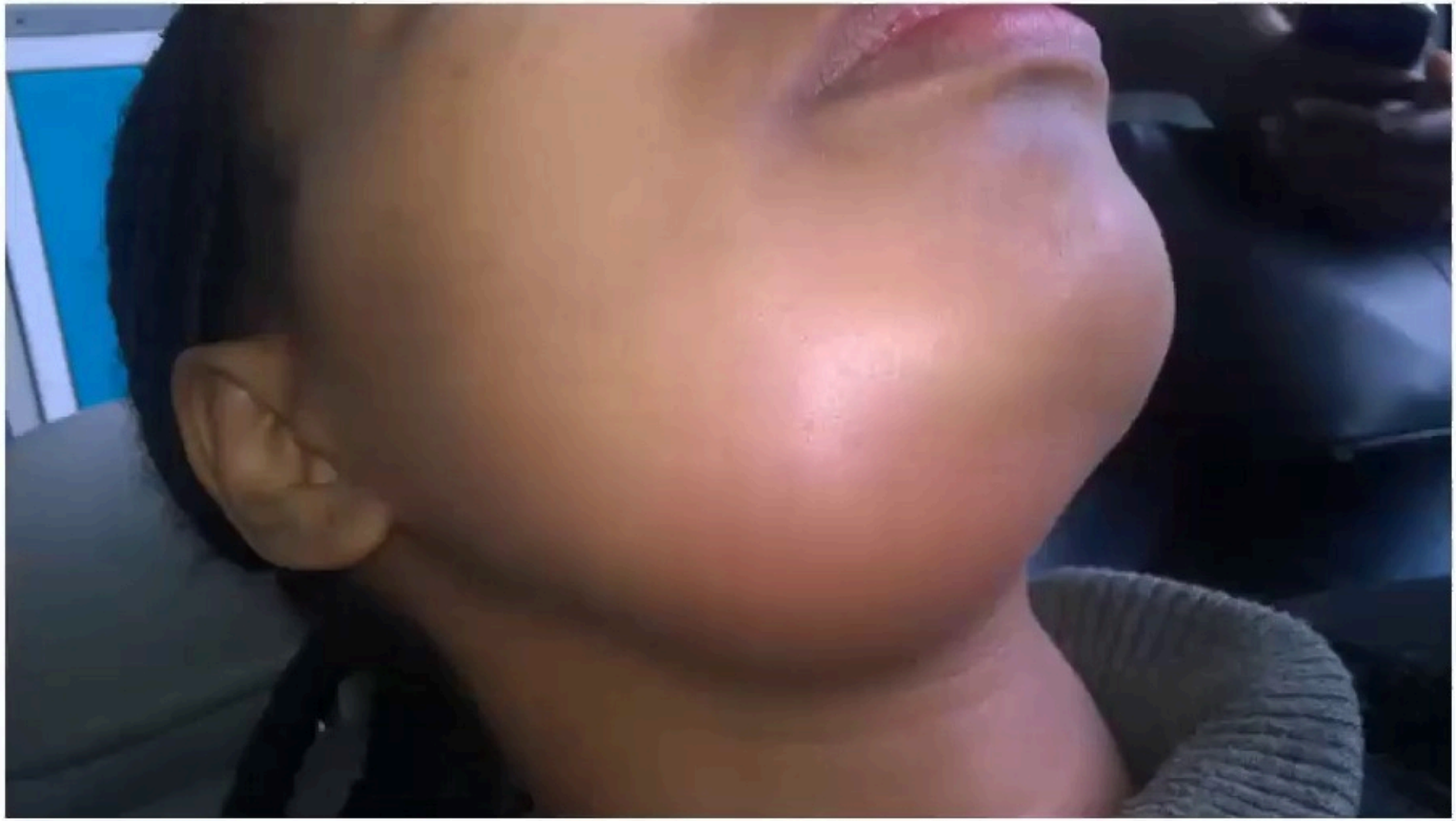
Ludwig's Angina



Periorbital cellulitis



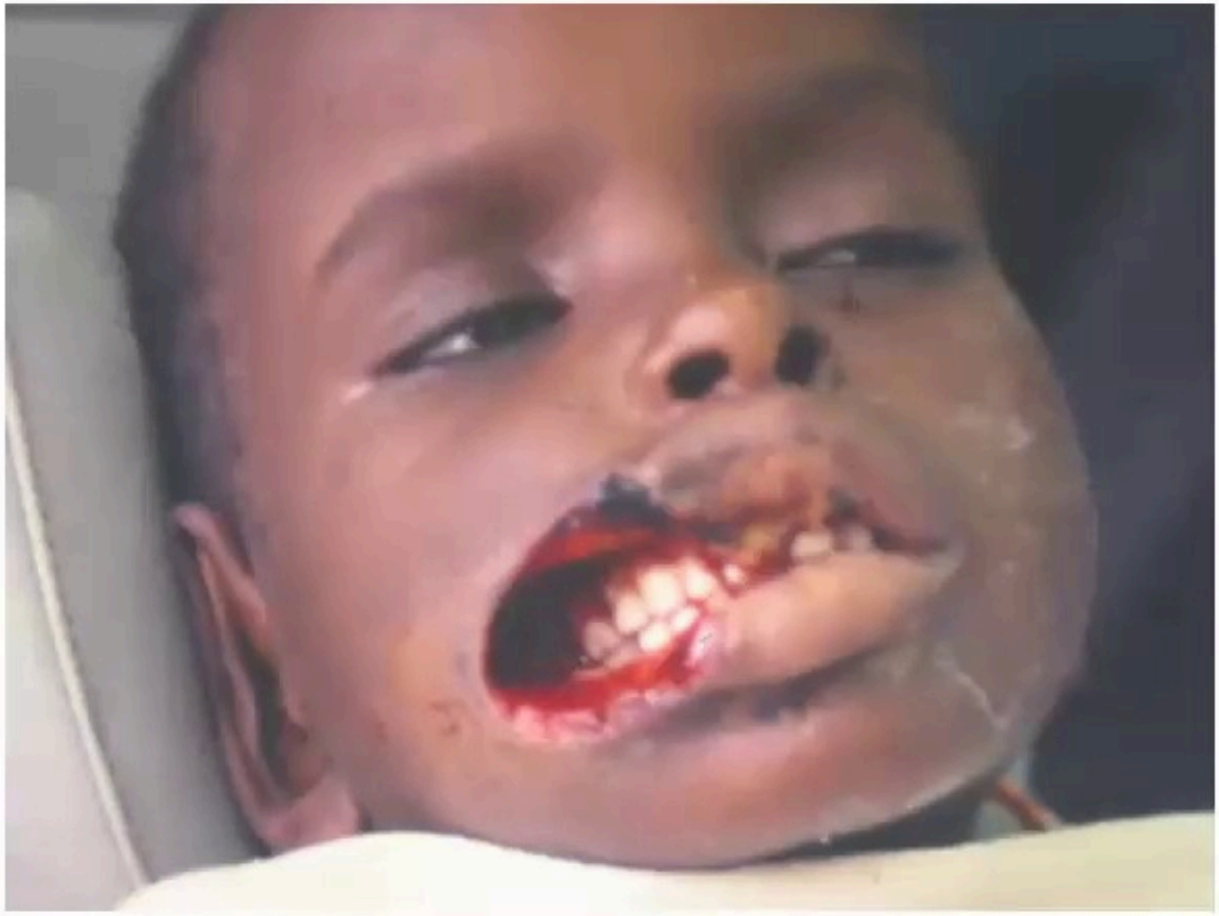
Unilateral submandibular cellulitis



Cervicofacial necrotising fascitis

Facial fascitis

Gangrenous stomatitis



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