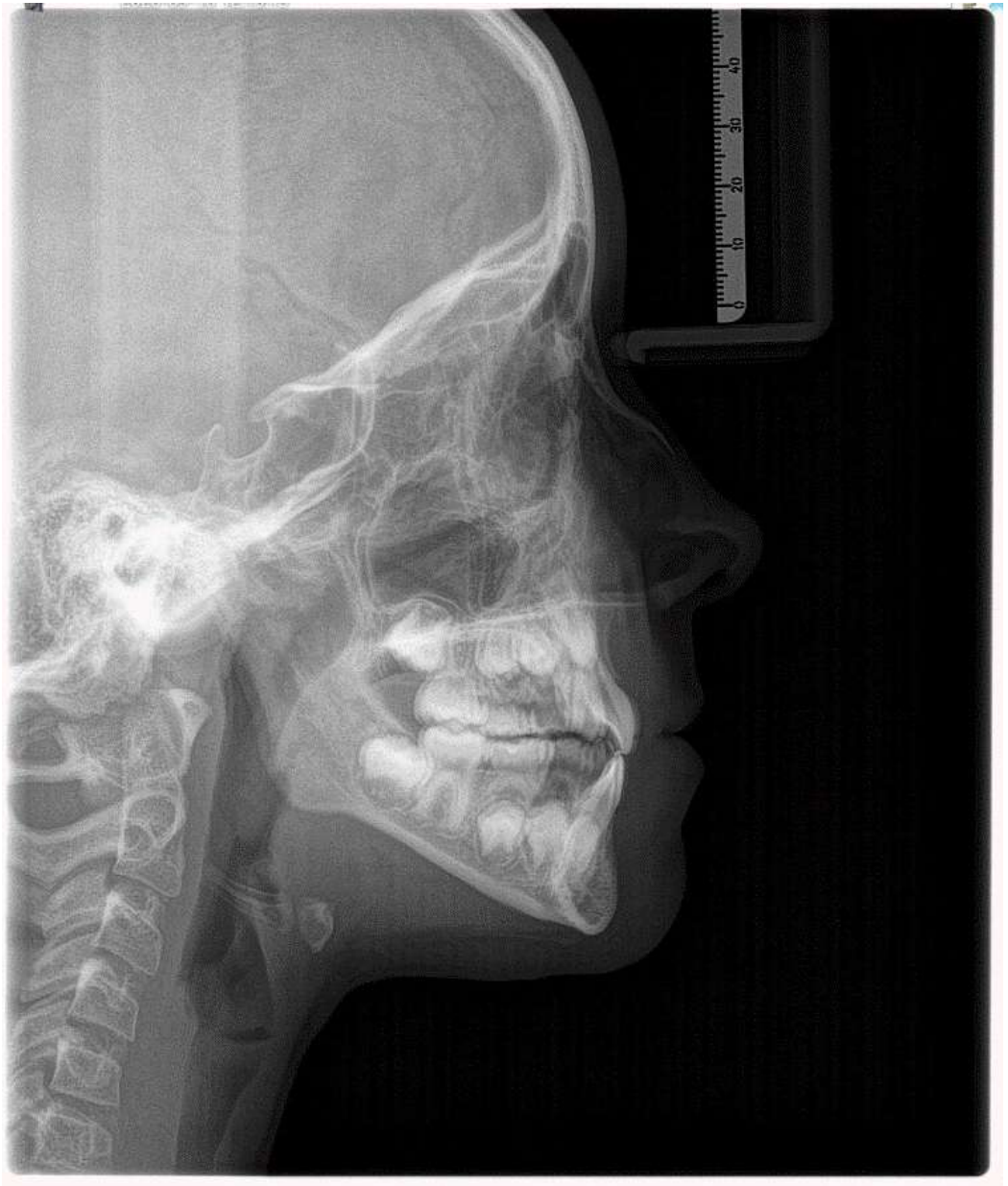
Immediate replantation

Gabriela Opolska



State before the injury

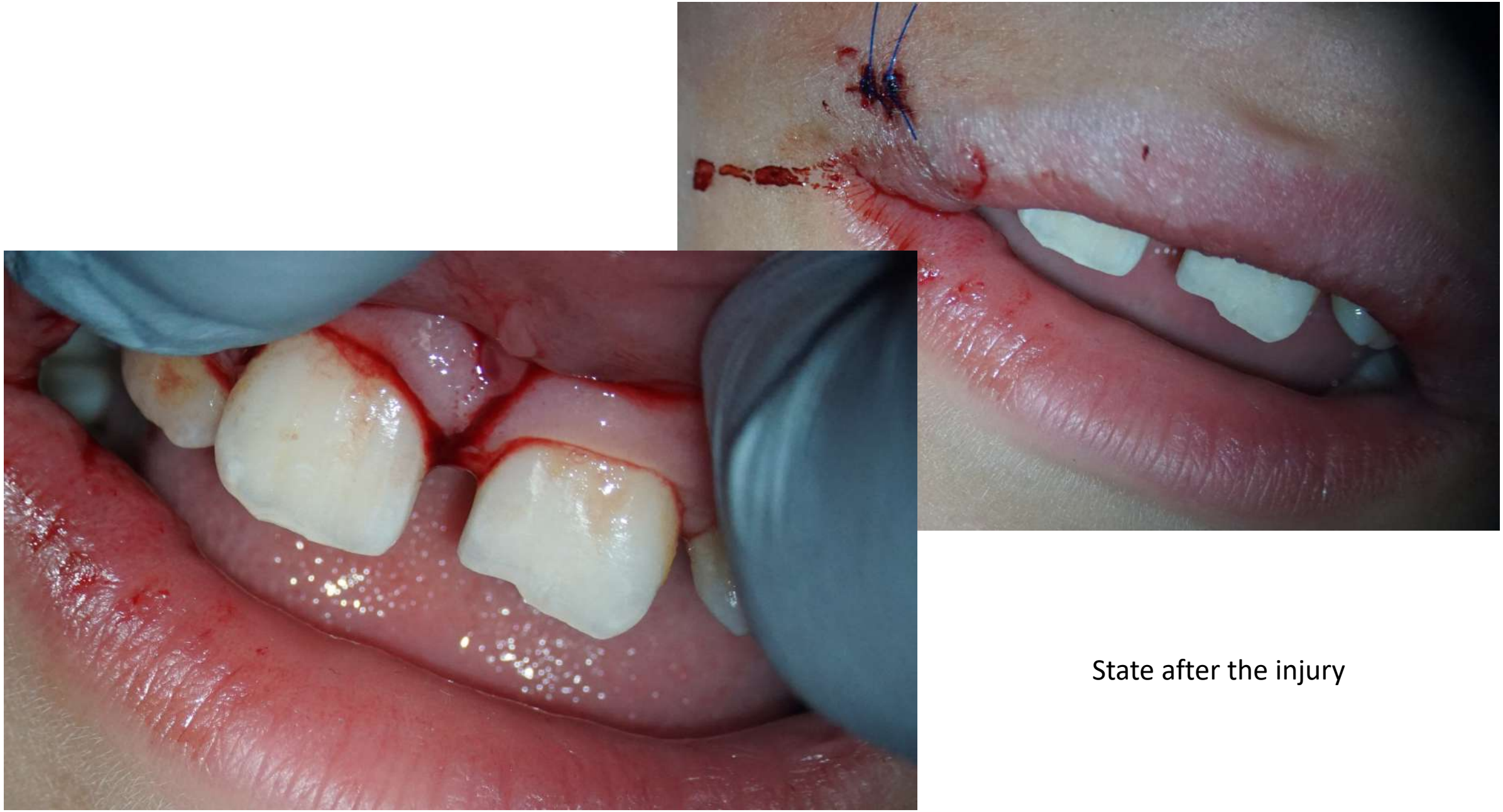
A 10-year-old patient , during orthodonttic treatment.

A face was injured as a result of the explosion of the fuse box.
As a result of the injury, tooth 11 was completely dislocated and the crown tooth 21 was fractured without the pulp being exposed, and tooth was partially dislocated.

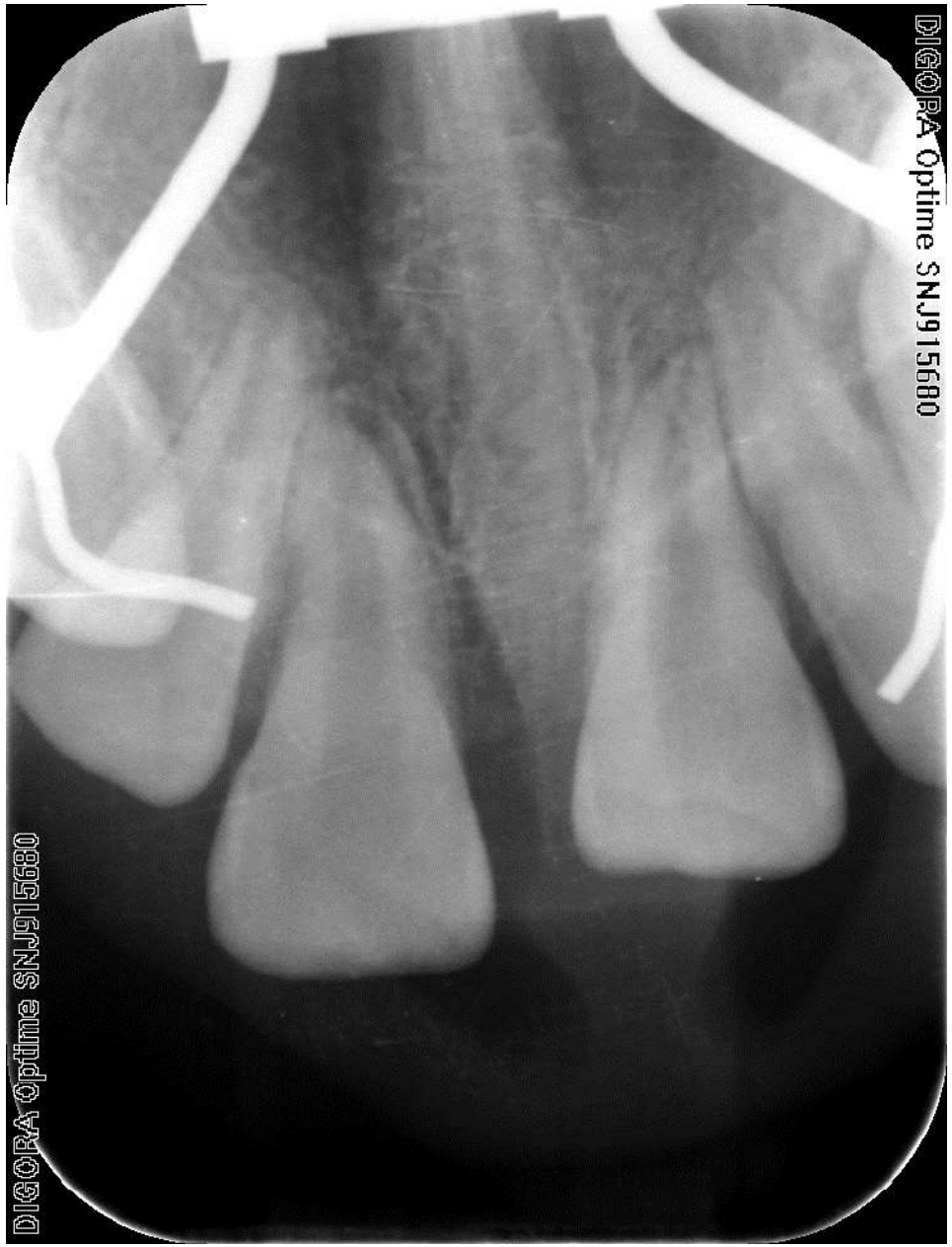
The patient’s father immediatly rinsed the tooth under running water and inserted it into the socket without applying pressure.

In this state, the patient came to my office half an hour after injury.

State before the injury



State after the injury



In such a state, the patient was brought to the office.

After reposition , a semi-rigid bond was established.

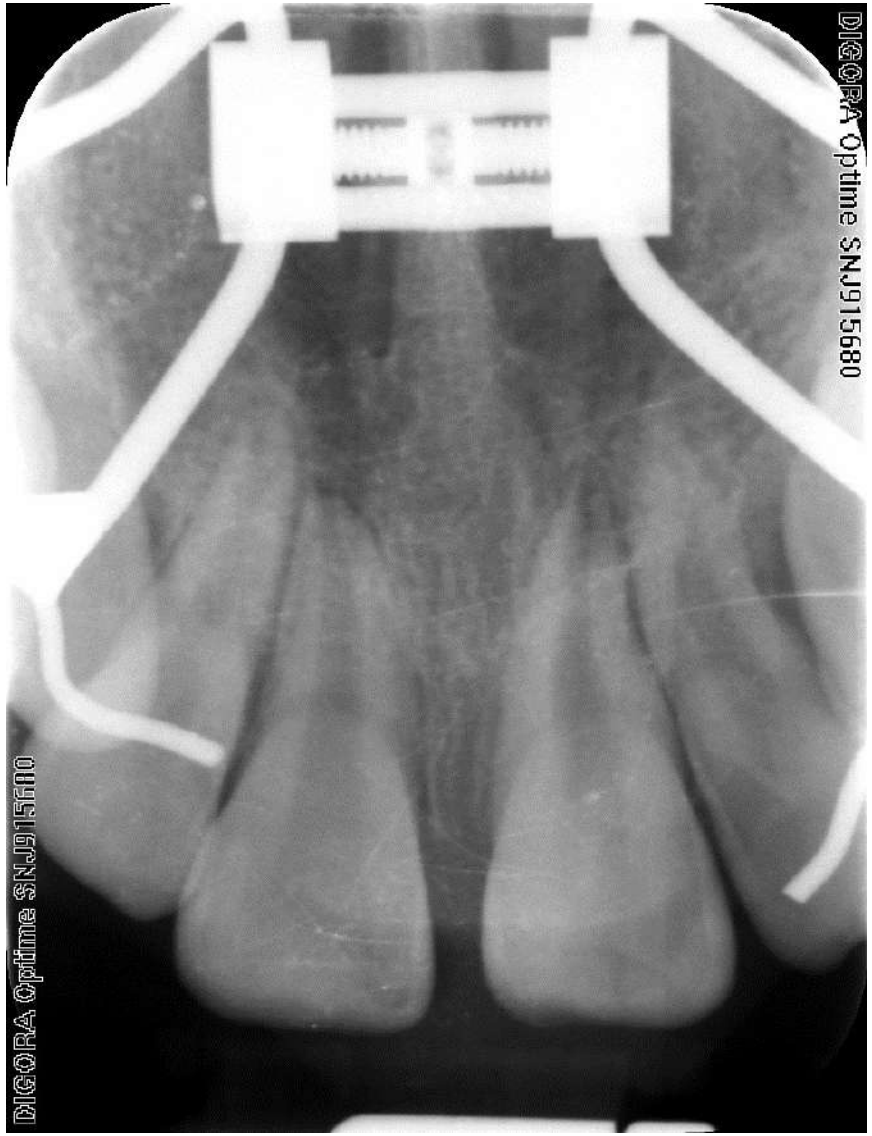
Immediately after surgery.

Follow-up after 1 week

After a week, 6,0 sutures were removed.

After a week, the ligature was removed. Slight mobility of both central incisors.

1 month follow-up



2 months follow-up

Due to the quarantine for covid 19, the patient missed subsequent follow-up visits.

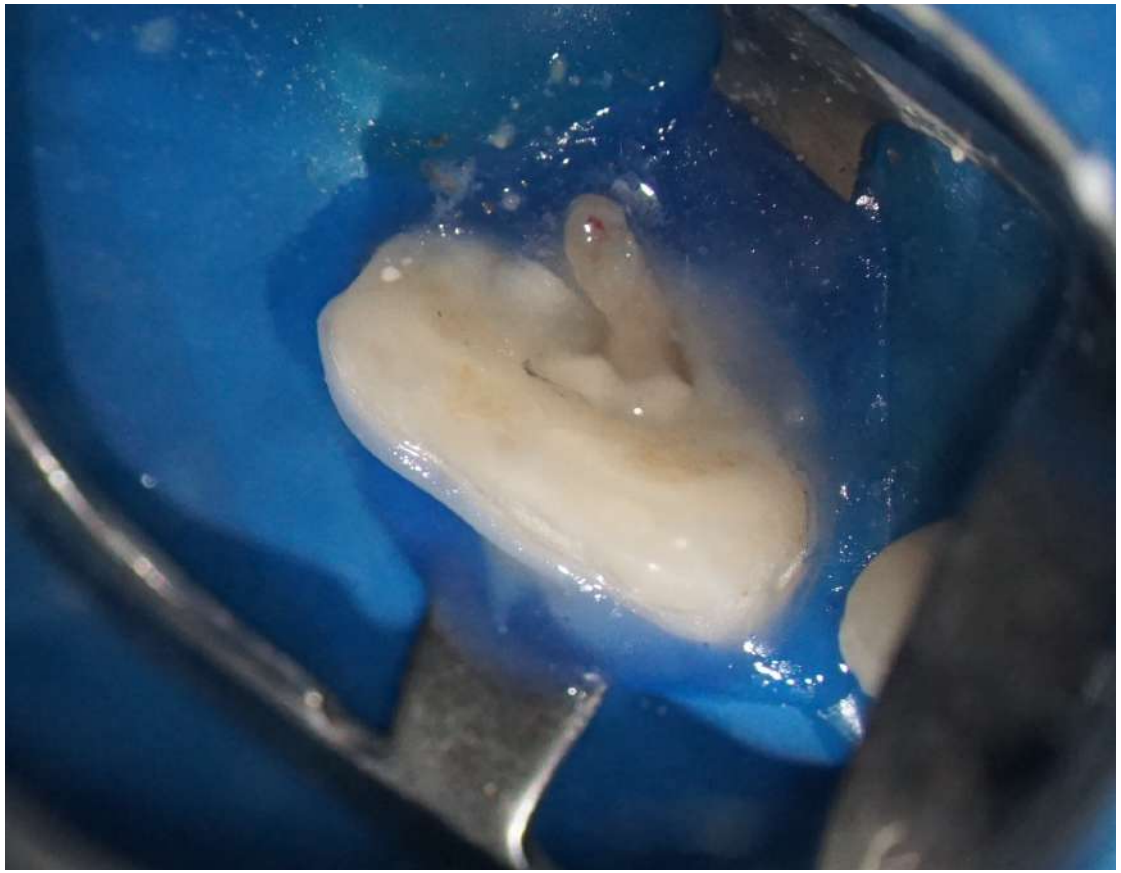
She came back 2 months later, that is 4 months after the injury.

Pulp viability testing with pulptester was at a sililar level of 5-6.

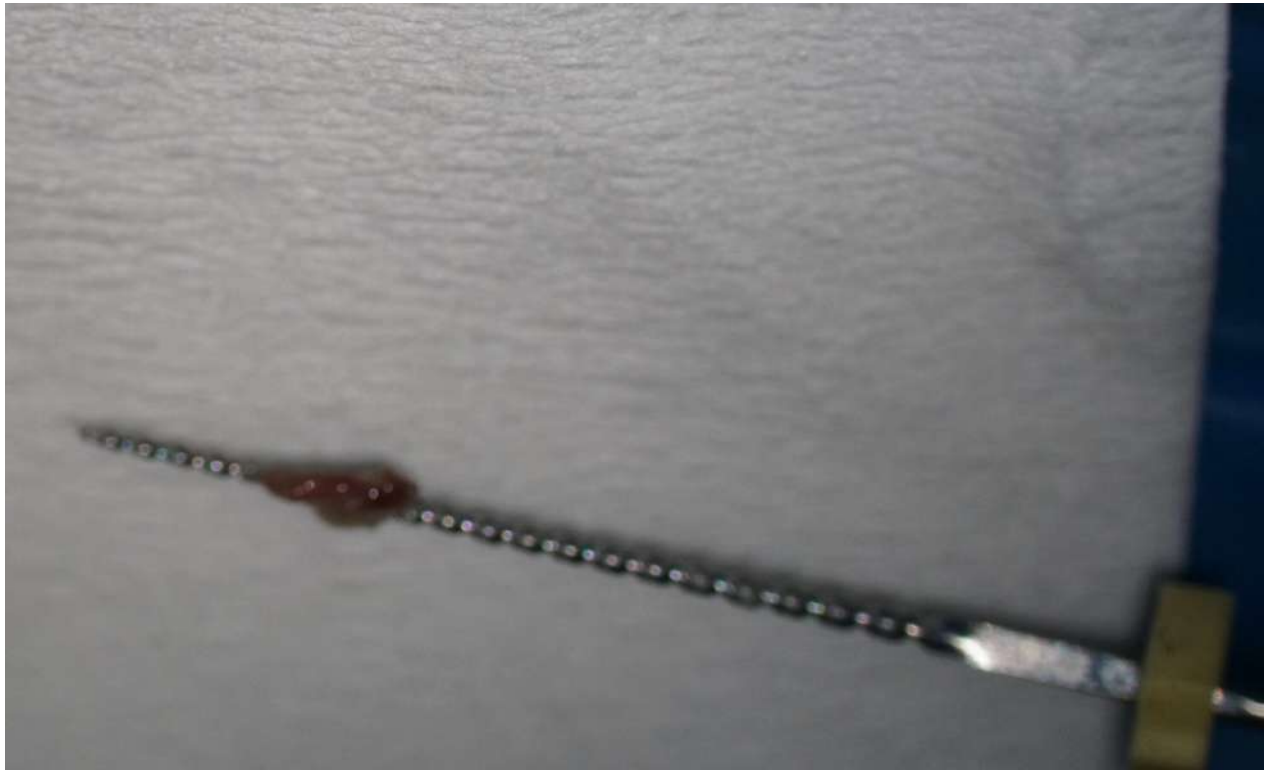
Cold test was positive in all teeth.

However, radiographically, changes were visible in the apical area of the canal in tooth 11, wich may suggest the beginning of internal root resorption.

In addition,a strong discoloration of tooth 21 was visible in the intaoral examination. Therfore, it was decided to perfprm root cana treatment of both central incisors.



After opening the tooth chamber 11, the pulp was bleeding, shiny and expanded in the apical part, wich may suggest the beginning of the resorpive process.



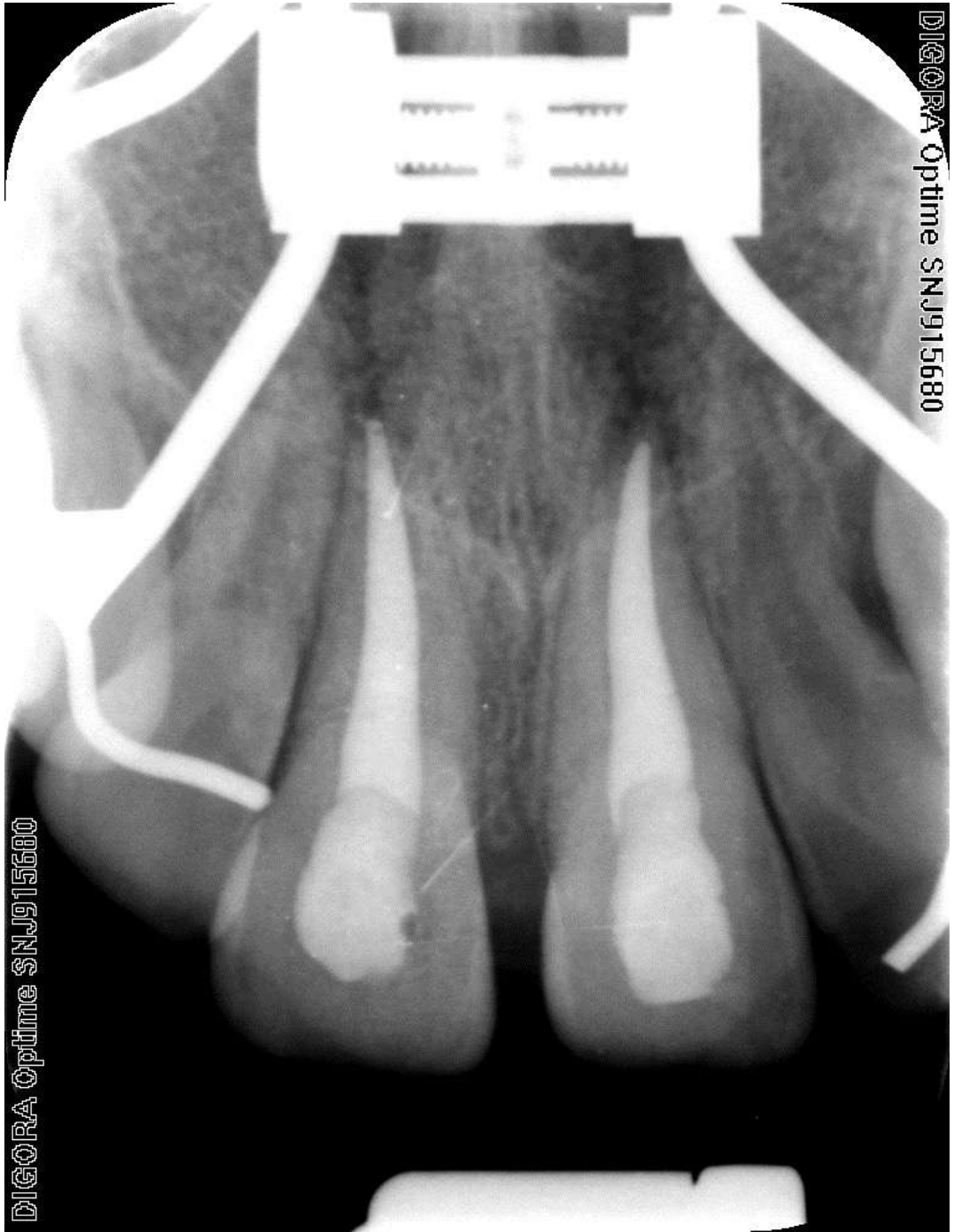
There was pulp necrosis in tooth 21. Both teeth were treated at the same visit. Working length 21mm, apical size 60. Abundant rinsing of 5,25% sodium hypochlorite was used, the canals were filled with calcium hydroxide. After 3 weeks, calcium hydroxide was reintroduced.

After another 2 weeks, the final filling of the canals was started.

Due to the young age of the patient and the wide apical opening, it was decided to fill the canals completely with the bioceramic material - Well Root PT (Vericom CO.LTD.).

Condensate successive portions of material using paper points and gutta-percha points.

After filling the apical area, a control RVG was taken.

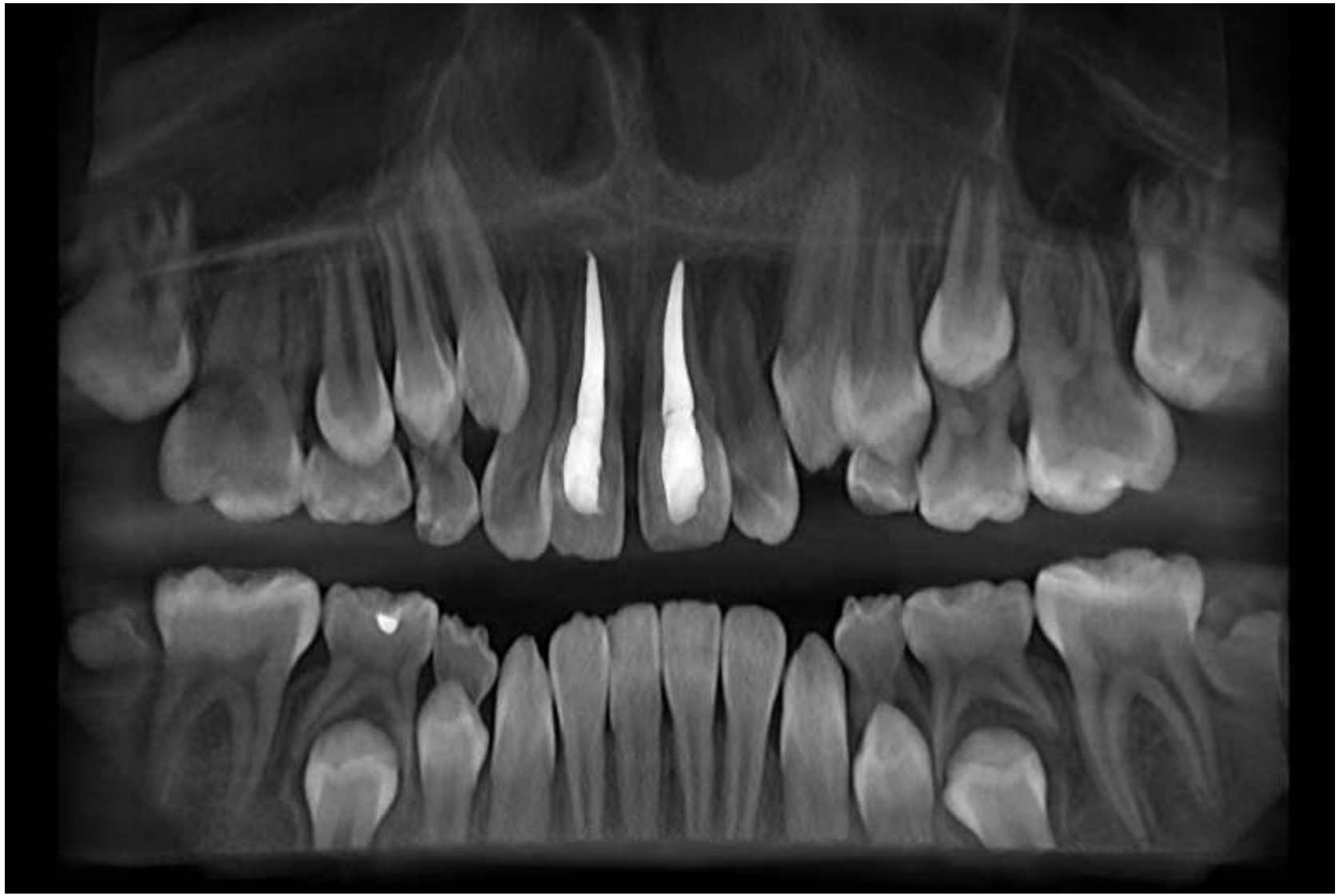


The remainder of the canals was also filled with bioceramic material due to its strong bond with tooth tissues and high pH

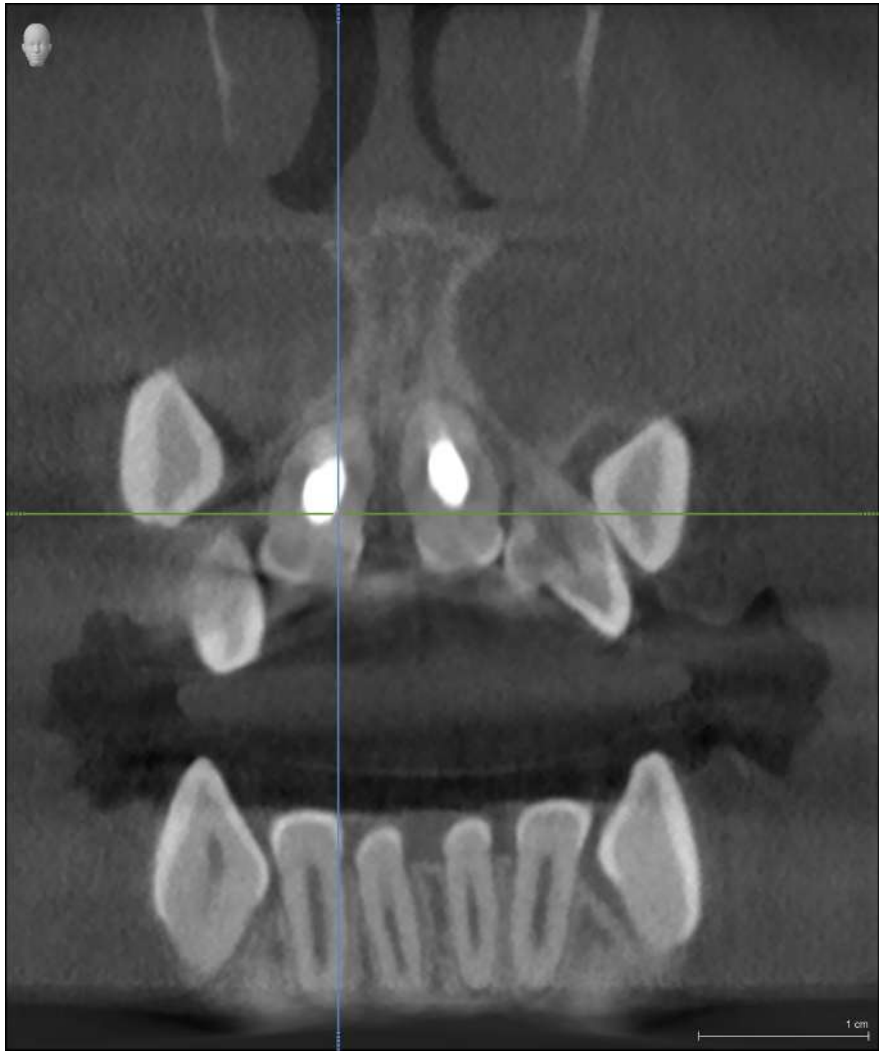
The chamber was filled with Ever-X, G-aenial A1.

The control photo shows a tight, homogenized filling along the entire length of the canals.

Follow-up after 1,5 year



CBCT FOV 5x5,5 cm Axoeos (Sirona)




1 cm