THE ACUTE ORAL/DENTAL PROBLEM

Do not hesitate to contact the on call Oral Surgeon to discuss any emergency dental problems or facial injuries. They must be contacted for:

Avulsed teeth
Dog bites to the head and neck region
Lacerations involving lips, alar margins, eyelids and ears.
Intra-oral bleeding
Facial infection
Suspected bony injuries

- Available until 10pm Mon- Thurs via switchboard
- Weekends/After 10pm RSCH/St Georges
- Out of hours based at SPH
- OPD Clinics at ASH & SPH

Trauma

- Maxillofacial bony injuries are rare in children with the exception of condylar injuries
- Dental injuries common
- 8% 5yo have experienced dental trauma
- Upper permanent incisors erupt~ 6-7yrs +/- 12months
- Establish from parents/child if dealing with permanent teeth

KEY TO DIAGNOSIS LIES IN RECOGNITION OF TOOTH MOVEMENT AND CHANGES IN OCCLUSION (BITE). IF IN DOUBT SEEK ADVICE FROM O/C Oral Surgeon

Lacerations

- Clean and debride
- Use 4/0 or 5/0 vicryl deep
- 6/0 ethilon or PDS skin
- Not all lacerations require suturing. If well approximated clean and use topical antibiotic. This includes lips. If the vermillion not gaping then these can often be treated conservatively. Must be seen by Oral Surgeon if in doubt.
- NEVER use glue on lips

Avulsed teeth

- Wash the tooth with saline holding the tooth by the crown.
- If possible reimplant the tooth - it can be temporarily held in place with thick foil.

(Reimplantation within 1 hour of avulsion is 50% successful. Over 2hrs it is unlikely to be successful.) Contact the oral surgeon.

If the tooth cannot be reimplanted in Accident and Emergency or is very unstable then store it in a sterile container in milk until the oral surgeon can see the patient.

An intruded tooth is one, that has been pushed in apically. If the tooth is firm give antibiotics and refer to own dentist

Fractured tooth

- Check that the loose piece has not been inhaled
- If the fracture enters the pulp (a visible small red clot in the centre of the tooth) contact the oral surgeon.
If the fracture does not enter the pulp refer to own dentist.

**Bleeding socket**

- Local anaesthesia
- Wash out the mouth and/or suction the area to identify the bleeding point
- Get the patient to bit on a gauze pack for 20 mins sitting upright.
- After 20 mins remove the pack gently and inspect. Resist the temptation to inspect more frequently since this just disturbs the clot.

If bleeding continues pack the socket with Surgicel or Kaltostat and get them to bite on a pack again. This will usually be effective but if it isn't you will need to contact the oral surgeon to suture the socket.

**Infection**

Causes: Pulpitis
Pericoronitis
Periodontitis
Trauma
Rarely other causes – Skin, Parotid, TB etc

- Assume all facial swellings are dentally caused until proved otherwise.
- History of dental pain (toothache) and loss of sleep
- Beware pyrexia, dysphagia and trismus
- OPT screening radiograph
- Haematology/Biochemistry
- Consider admission for IV antibiotics/ Incision & Drainage

Antibiotic choice:
- Consider microbiology
- Ideally Augmentin