



## Prevention and Determinance of Dental Trauma

Mario Nicola\*

Department of Biomedical, Surgical and Dental Sciences, University of Milan, Milan, Italy

\*Corresponding author: Dr. Mario Nicola, Department of Biomedical, Surgical and Dental Sciences, University of Milan, Milan, Italy, E-mail: Nicola@maria.it

Received date: December 09, 2021; Accepted date: December 23, 2021; Published date: December 30, 2021

Citation: Nicola M (2021) Prevention and Determinance of Dental Trauma. J Dent Pathol.Med 5.115.

Copyright: © 2021 Nicola M. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

### Description

High-performance Trauma to the teeth and/or periodontium (gums, periodontal ligament, alveolar bone), as well as adjacent soft tissues like the lips and tongue, is referred to as dental trauma. Dental traumatology is the study of dental trauma.

Dental trauma is more common in children, accounting for 17 percent of all body injuries in children aged 0–6, compared to an average of 5% across all ages. Males are more likely to experience it than females. Traumatic dental injuries are more common in permanent teeth than in deciduous teeth, and they mainly affect the upper jaw's front teeth.

"Although the mouth region accounts for only 1% of total body area, it accounts for 5% of all bodily injuries." Oral injuries account for up to 17% of all body injuries in preschool children. Traumatic dental injuries affect one percent to three percent of the population, with a prevalence of 20 percent to 30 percent.

Preschoolers account for over 30% of all children who have had first tooth damage. Dental injuries involving permanent teeth affect over a quarter of school-aged children and a third of adults. The incident differs throughout countries and even within the same country. Dental traumatic accidents are influenced by one's activity level as well as the surrounding environment, although these are the most important risk factors when compared to one's age and gender.

The most prevalent cause of permanent incisor loss in children is trauma. Dental trauma frequently results in the most serious condition, pulpal necrosis, and it's practically hard to anticipate the wounded tooth's long-term prognosis, which frequently leads to long-term restorative issues.

Risk factors are at age, particularly in young children. Primary dentition (2–3 years old, when children's motor skills are growing and they are learning to walk/run), Stage of mixed dentition (8–10 years old), Stage of permanent dentition (13–15 years old) Seasoning (Many trauma incidents occur more in summer compared to winter) Football, hockey, rugby, basketball, and skating, in particular, are contact sports, tongue and lips piercing, Military education, Significant risk factors include acute changes in barometric pressure, which can impact scuba divers and aviators, Class II malocclusion with enhanced overjet and Class II skeletal connection, and incompetent lips.

In general, prevention is tough since it is practically impossible to prevent accidents from occurring, especially in youngsters who are very active. The most efficient way to avoid dental injuries is to wear a gum shield during sports and other high-risk activities (such as military training). They are mostly used on the upper teeth since they have a higher risk of dental harm than the lower teeth. Gum shields should ideally be comfortable for users, retentive, odourless, and tasteless, with ingredients that do not hurt the body.

The treatment varies depending on the type of injury and whether the tooth is a baby or an adult tooth. Baby front teeth should not be replaced if they are entirely knocked out. The region should be gently cleaned, and the youngster should be taken to the dentist. Adult front teeth (which normally erupt at the age of six) can be replaced right away if they are kept clean.

Tooth if it's avulsed (primary teeth should not be replanted, and instead the injury site should be cleaned to allow the adult tooth to begin to erupt). A temporary splinting of the injured teeth may decrease pain and improve eating ability when the injured teeth are painful while functioning due to injury to the periodontal ligaments (e.g., dental subluxation). Splinting should be utilised only in specific circumstances. Splinting exhibited a worse prognosis in lateral and extrusive luxation than in root fractures. An avulsed permanent tooth should be gently cleaned under running water and re-planted in its original socket within the alveolar bone, followed by a dentist's temporary splinting.

However, studies in a variety of high-risk populations for dental injuries have consistently found limited compliance with routine mouthguard use during activities. Furthermore, even with regular usage, the effectiveness of mouthguards in preventing dental injuries is not full, and injuries can still occur when mouthguards are used because users are not always aware of the best brands or sizes, resulting in a poor fit. One of the most important measures is to increase knowledge and awareness about dental injury among those who participate in sports like boxing and schoolchildren who are at high risk of dental trauma through a comprehensive educational campaign that includes lectures, leaflets, and posters that are presented in an easily understandable manner.