

## • maintenance of a normal anterior dentition

\*\*\* The question of whether to replant primary teeth has been a focus of debate and controversy in the dental literature. **However**, most dental textbooks uniformly recommend that **primary teeth** not be replanted. Replantation of a primary tooth is **not** recommended because of the potential danger to the permanent successor from sequelae of trauma (*e.g., infection, ankylosis, or damage due to manipulation during procedure itself*).

Proper management of an **avulsed permanent tooth** that has been **replanted within 1 hour** of the accident:

- 10 days to 2 weeks after replantation, the root canal is prepared (*cleaned and shaped*) and a **calcium hydroxide paste** is placed into the canals
- This paste is **replaced every 3 months** for 1 year
- If **after 1 year**, it appears that resorption has reversed or stopped, obturation with gutta-percha filling can be done

**Important:** If a tooth is out of the mouth for **more than 1 hour**:

- **Ankylosis** and **external root resorption** will probably result within 2 years. **Ankylosis** resulting from replacement would give a better prognosis than **external resorption**, which will lead to failure.
- Root canal therapy is performed in its entirety **prior to** replantation.
- The tooth is soaked in a **2.4% fluoride solution acidulated at pH 5.5** for 5 to 20 minutes. The fluoride will slow the resorptive process.
- Suction the alveolar socket carefully to remove the clot and irrigate with saline.
- **Rinse tooth with saline**, replant into socket, and **splint for 4 weeks**.

**Note:** **Resorption** is the **most frequent** sequela to replantation. Three different types of resorption have been identified: surface, inflammatory, and replacement (*ankylotic resorption*).

**Replacement resorption** refers to resorption of the root surface and its substitution by bone, **resulting in ankylosis**.