## Editorial

## Tooth avulsion and replantation

Tooth avulsion is the most serious of all dental injuries. The moment the tooth is knocked out, blood supply to the pulp is interrupted and the periodontal ligament cells are exposed to injury from the external environment.

From all research which has been carried out in the past three to four decades, we know that complete healing is possible if the tooth can be immediately replanted. However, teeth are seldom immediately replanted at the place of accident. Delay in replantation will result in higher risk of complications, however, the results from the hard work of many research groups all over the world have enabled us to better understand healing and complications. Teeth replanted even after some delay can nowadays be saved and either successfully heal or at least fulfill function and/or contribute to a normal development of the jaw in a growing patient waiting for definitive treatment when the growth is completed.

The key person in a situation of tooth avulsion is of course the dentist. Ideally, every dentist should be able to manage such a situation in the emergency situation and in the time after the emergency phase, but cannot do this properly without being updated. And knowledge is continuously changing with new research findings.

The International Association of Dental Traumatology (IADT) has an expert group of researchers and clinicians who have developed a consensus statement after review of the dental literature and group discussions. The guidelines for tooth avulsion and replantation are published in this issue of *Dental Traumatology*.

I am convinced many avulsed teeth all over the world can be saved if the message in these guidelines can be spread to as many dentists as possible worldwide. Please help us in this important task.

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