Letters to the Editor

fractured permanent teeth treated in a pediatric dentistry clinic' (1). The article troubles me because of the extremely high reported incidence of complications requiring endodontic treatment. When I look at the data, I can see that the authors have not taken concomitant luxation injuries into consideration. This in my opinion is a gross error in method. My own published research has demonstrated that this factor alone will significantly influence the final outcome (in my data: approx. 1% PN and 3% PCO). And it is this factor alone - ignoring concomitant luxations – that makes crown fractures (alongside root fractures) one of the most overtreated injury types. I think it is unfortunate that the reviewer did not pick up on this. But publication of such data promotes the misconception that crown fractures require endodontic therapy, when in fact it is the luxation injury that necessitates this treatment.

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Reference

1. Güngör HC, Uysal S, Altay N. A retrospective evaluation of crown-fractured permanent teeth treated in a pediatric dentistry clinic. Dent Traumatol 2007;23:211–7.

Response to A retrospective evaluation of crown-fractured permanent teeth treated in a pediatric dentistry clinic

I would like to express our gratitude to Dr Andreasen for her interest in our recent article (1). Dr Andreasen emphasizes on concomitant luxation injuries and expresses her concerns that these injuries have not been taken into consideration in the study protocol. In fact, as it is written in the 'Patients and methods' section of the article, 'only' uncomplicated (enamel-dentine) and complicated crown-fractured teeth were included in the study. However, this sentence could have been written more clearly to avoid misconceptions as stated by Dr Andreasen. The results of our study indicate a dramatic late referral rate. Only 53% of the study samples were referred to our clinics in less than 7 days after the traumatic injury. The delay in seeking dental care after a traumatic injury might have masked underlying concomitant luxation injury. Although the possibility of existing concomitant injury cannot be ruled out, it is sometimes impossible to make an accurate diagnosis of the exact clinical situation with respect to luxation injury especially in a late presenting case. This condition has been discussed as a contributing factor for the high rate of pulp necrosis observed in the study. I hope this information is useful to satisfy Dr Andreasen's concerns.

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Reference

1. Güngör HC, Uysal S, Altay N. A retrospective evaluation of crown-fractured permanent teeth treated in a pediatric dentistry clinic. Dent Traumatol 2007;23:211–7.

Development of Ankylosis in permanent incisors following delayed replantation and severe intrusion

Dear Editor,

The subject addressed in the article 'Development of ankylosis in permanent incisors following delayed replantation and severe intrusion' by Campbell et al. (1) is of extreme relevance as dental traumas are more likely to occur in children, and the practitioners should be able to treat such injuries. However, some questions have been raised.

We believe that the diagnostic methods used in that article, namely, Periotest[®] and Miller's index could be cited in the *objective* section. It seemed to us that the authors aimed to propose different and efficient methods for diagnosing those cases of trauma resulting in dental ankylosis and then compare them.

Regarding the first case report, however, it was not mentioned where the tooth had been stored during the extra-oral period, thus raising questions on both prognosis and indication for replantation. It is possible that ankylosis was an outcome expected by the authors, since teeth kept out of aqueous medium are more likely to be ankylosed (2).

Regarding the second case report, the authors had mentioned that they would await a further improvement of the periodontal ligament so that the root canal could be filled later. According to the literature (3, 4), however, dental ankylosis is well known to have no improvement process, thus making it difficult to identify when the root canals would be filled (5).

Finally, the device suggested by the authors for diagnosing ankylosis, namely, Periotest[®], is contraindicated in those cases of acute pulpitis, acute pericoronaritis, and dental traumas (6). Therefore, This document is a scanned copy of a printed document. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material.