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Response from the authors

Dear Editor,

We have read the letter regarding our recently published article (1) with interest, and would like to respond to the comments.

The main issue in the letter is that we have used inappropriate statistical analyses, and that the results therefore have to be rejected. To our knowledge, the statistical methods used in the study are appropriate for this type and size of data. The material was small and did not allow multivariate analyses. When performing multivariate analyses, for every independent variable in the model at least 10 cases are needed (2). In this study, only six teeth developed external replacement resorption and thus multivariate analyses were not performed.

In the present retrospective study, we reported the type of immediate treatment and the type and frequency of healing complications. Awaiting re-eruption was the preferred type of immediate treatment in 37 of 51 intruded teeth. We therefore focused on complications after this treatment compared with teeth that had received surgical or orthodontic repositioning. The results are in line with previous results from Andreasen et al. (3) who studied a large sample of teeth with intrusive luxation. No repositioning and awaiting re-eruption in teeth with incomplete root formation resulted in the lowest probability of complications in that study.

Based on findings in this study, we concluded that awaiting re-eruption was the best treatment for intruded incisors in 6- to 12-year-old children. This is in line with the IADT treatment guidelines for intrusive luxations in children (4).

Evidence-based studies in dental traumatology are difficult to conduct because of ethical reasons. Most treatment recommendations are therefore based on observational studies of trauma patients (5).

In agreement with Dr Pohl, we would welcome clinical studies with larger materials allowing multivariate analyses.

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