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Response from the author

Dear Editor,

Allow me, please, with the following text to provide an answer to the letter that you have received concerning incorrect citations in our article:

Tzigkounakis V, Merglova V, Hecova H, Netolicky J. Retrospective clinical study of 90 avulsed permanent teeth in 58 children. *Dent Traumatol* 2008; 24:598–602.

Indeed in our article (1) is stated: 'The most critical factor for a successful replantation is the transport medium in which the avulsed tooth is stored until the transport of the child to the dentist and the extraoral time interval. Extraoral period is the time duration between the traumatic avulsion of the tooth until its replantation and it should be ideally be up to 20–30 min (2–8). In our study, only one tooth was replanted 30 min after the injury and in one case the child replanted the tooth itself at the place of the accident'.

In the authors' article (6–8) is stated: 'Dry storage of isolated teeth rapidly leads to cell death in the PDL adhering to the root (for overview, see 10). This process is slowed down by storage in certain media (milk, saline, saliva) but progressive and inevitable and therefore the storage in these conditions is limited to short periods (8–17)'.

We used the above sentence as a reference, to support our experience and opinion concerning extraoral time. Please, allow us to apologize to authors of (6–8) for incorrect citation of their article. Instead, we should have used as references the ones that were used by authors of (6–8), such as: (9–11).

Concerning extraoral dry time, several studies have been published. Most of them agreed that 20 or – in other cases – 30 min is the maximum time limit that could allow us to expect better tissue healing after tooth replantation. What we really wanted to emphasize in our study, it was the fact that among 90 avulsed teeth, only one was replanted within 30 min, indicating poor knowledge on management of dental avulsions.

Concerning the second point: in our article is stated among all: 'Concerning the transport media, it has been proved that the ideal one is the Hanks Balanced solution in which the avulsed tooth could be stored even up to 24 h and the vitality of the periodontal ligaments will be saved (12, 13). The citations that are used to support this sentence are indeed 6 and 10 years old review studies. There is no reason for us to question the above citations, even if they are relatively old, as implied by the authors of (6–8).

Finally, concerning the third point of opposition: in our article (1) it is stated: '…… Endodontic treatment should be performed only when clinical and X-ray controls of the tooth with incomplete root development indicate a necrotic pulp'.

In the article (6–8) is described in the introduction part: 'Immature teeth may be revasculated following replantation. Depending on the width of the apical foramen and on the length of the pulp the chance of revascularisation was about 10–50% in avulsed and replanted teeth (17). In case of pulp necrosis the instillation of calcium hydroxide is used to treat the endodontic infection and to induce the formation of an apical hard tissue barier (apexification)…'.

The authors of (6–8) supported the above sentence, using references (14, 15). Instead of using as a reference the articles of authors (6–8), we should have used the same references (14, 15) that the authors of (6–8) have used.

Yours sincerely,

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