

## New guidelines for treatment of avulsed permanent teeth

### EDITORIAL

In this issue we publish the IADT Guidelines on how to treat avulsed permanent teeth (1). This is the injury where the prognosis is very much decided at the place of accident and the very first hour after the avulsion. There is no other condition in the field of dental traumatology where there has been so much research carried out. We have learned from numerous experimental *in vivo* studies very much about healing patterns and understand today how complications can be avoided or reduced, and clinical studies have given us some evidence-based knowledge on how to best treat avulsions in patients. Still we have a long way to walk on the road to evidence-based traumatology. The evidence level is still low for many treatments because of, for example, the difficulties of applying randomized controlled trials, which is even unethical to consider, in the emergency situation, but possible later in treatment (2). Our journal has therefore recently encouraged colleagues to do literature reviews in the field of replantation (3–6). Hopefully in another decade we have gained further evidence-based knowledge, but for many years IADT still have to rely on expert groups with experienced researchers and clinicians when compiling data from the literature and writing guidelines. The intention of guideline is, as the name says, to guide the clinician on how to act when facing patients subjected to tooth avulsion. However, we also hope that the guidelines also can stimulate interest in future areas of research. For this reason IADT has this time, at the end of the text of the avulsion guidelines, indicated particular areas in the field of tooth avulsion and replantation where we need further documentation

and research. Hopefully our readers will find these areas interesting enough to initiate new research projects worldwide, so our development in this important field can continue for the best of the trauma victims.

**Lars Andersson**

Editor in Chief

e-mail: dr.lars.andersson@gmail.com

### References

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