COMMENTARY

SILICONE INDEX: AN ALTERNATIVE APPROACH FOR TOOTH FRAGMENT REATTACHMENT

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The restoration of anterior fractured teeth is a task that often presents challenges. When the fractured fragment is retrieved and brought with the patient to the dental appointment, an opportunity presents for that tooth fragment to be reattached to the fractured tooth. However, several requirements or requisites should be examined prior to attempting a tooth fragment reattachment. These requisites include:

1. The fragment must be relatively intact (i.e., in one piece).
2. The fractured margins should be supragingival, although slightly subgingival margins can be managed surgically.
3. The fragment should adapt with relative ease to the fractured tooth.

A common shortcoming of the tooth fragment reattachment technique relates to the last requisite, proper fragment-to-tooth adaptation. When the tooth fragment does not adapt easily to the fractured tooth—and sometimes even when it does—it can be reattached incorrectly, which results in a poor clinical outcome. One important advantage of the tooth fragment reattachment technique is that it allows for the restoration of the correct anatomy on the fractured tooth, which is only an advantage when the fragment is correctly positioned. The clinical report by Dr. Álvares and colleagues from Brazil suggests an alternative technique to ensure that the fractured fragment is correctly aligned for reattachment. This is an often overlooked step on the tooth fragment reattachment protocol, but one that is critical to ensure a proper result.

Dr. Álvares and colleagues recommend creating a silicone index prior to the actual reattachment. This is done, as described in the article, by positioning and stabilizing the fragment prior to the actual reattachment. It is imperative that the clinician correctly position the fragment prior to fabricating the index, so the potential for a poor reattachment still exists. However, the proper positioning of the fragment can be checked, and the fragment repositioned as needed, so that the correct alignment is achieved prior to making the index. This technique has the potential to make the actual reattachment step much less stressful than when simply trying to freely align the fragment on the fracture site without an index.

The article is superbly well illustrated, which undoubtedly will aid readers in grasping the technique. The authors should be congratulated on sharing this clever approach to tooth fragment reattachment.

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