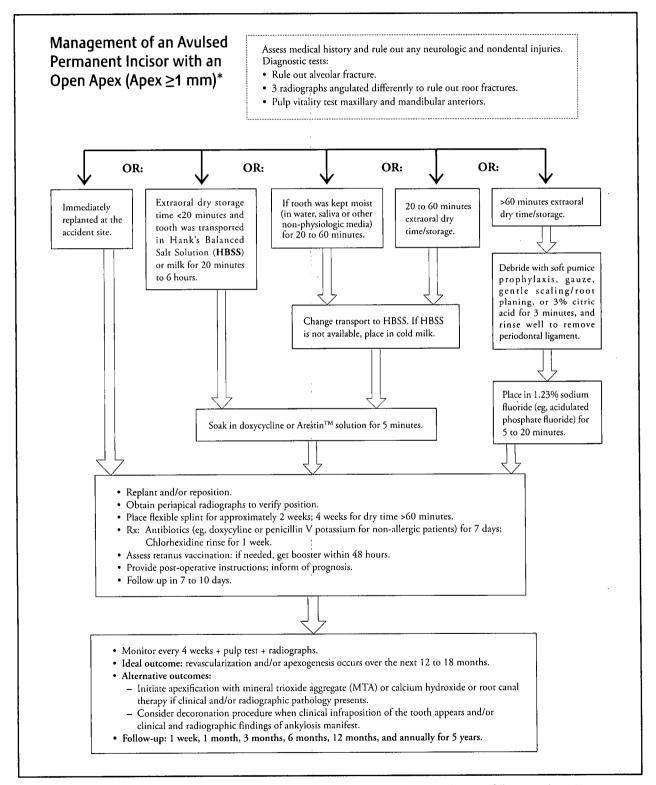
Decision Trees for Management of an Avulsed Permanent Tooth

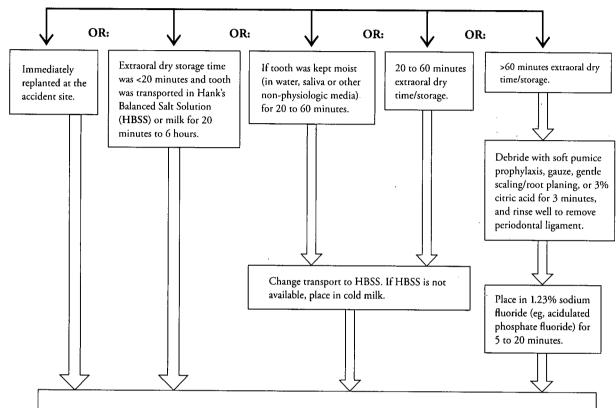


^{*} Adapted with permission from: McIntyre J, Lee J, Trope M, Vann WJ, Permanent tooth replantation following avulsion: Using a decision tree to achieve the best outcome. Pediatr Dent 2009;31(2):137-44.

Management of an Avulsed Permanent Incisor with an Closed Apex (Apex <1 mm)*

Assess medical history and rule out any neurologic and nondental injuries. Diagnostic tests:

- Rule out alveolar fracture.
- 3 radiographs angulated differently to rule out root fractures.
- Pulp vitality test maxillary and mandibular anteriors.



- Replant and/or reposition.
- · Obtain periapical radiographs to verify position.
- Place flexible splint for approximately 2 weeks; 4 weeks for dry time >60 minutes.
- Rx: Antibiotics (eg, doxycyline or penicillin V potassium for non-allergic patients) for 7 days; Chlorhexidine rinse for 1 week.
- · Assess tetanus vaccination: if needed, get booster within 48 hours.
- Provide post-operative instructions; inform of prognosis.
- · Follow up in 7 to 10 days.
- Initiate pulpectomy/debridement on all teeth within 7 to 10 days.



If root canal therapy was initiated, complete within 1 month.

OF

If patient does not present until >2 weeks after trauma and/or if radiographic resorption is present:

- Pulpectomy/debridement as soon as possible.
- · Long-term calcium hydroxide therapy/slurry and change every 3 months.
- Complete root canal therapy when periodontal ligament/lamina dura is observed/healthy.

Follow-up: 1 week, 1 month, 3 months, 6 months, 12 months, and annually for 5 years.

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