

Luxation

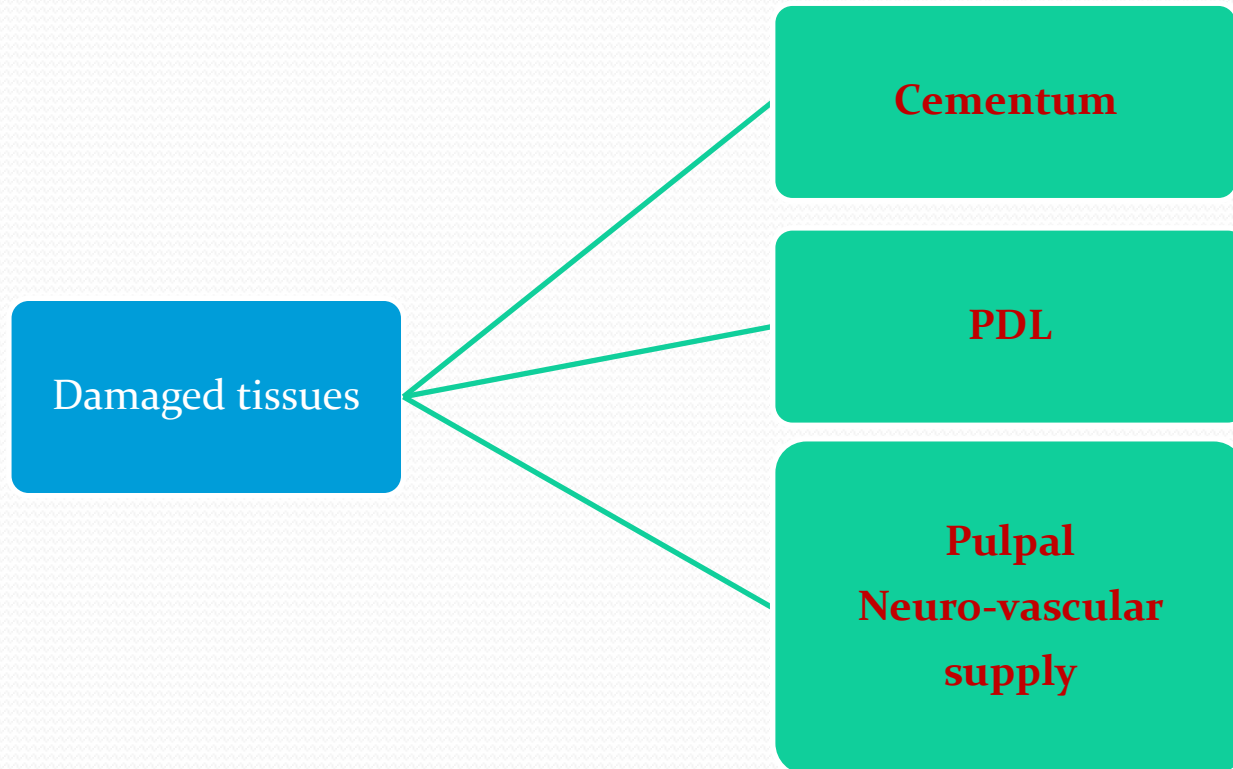
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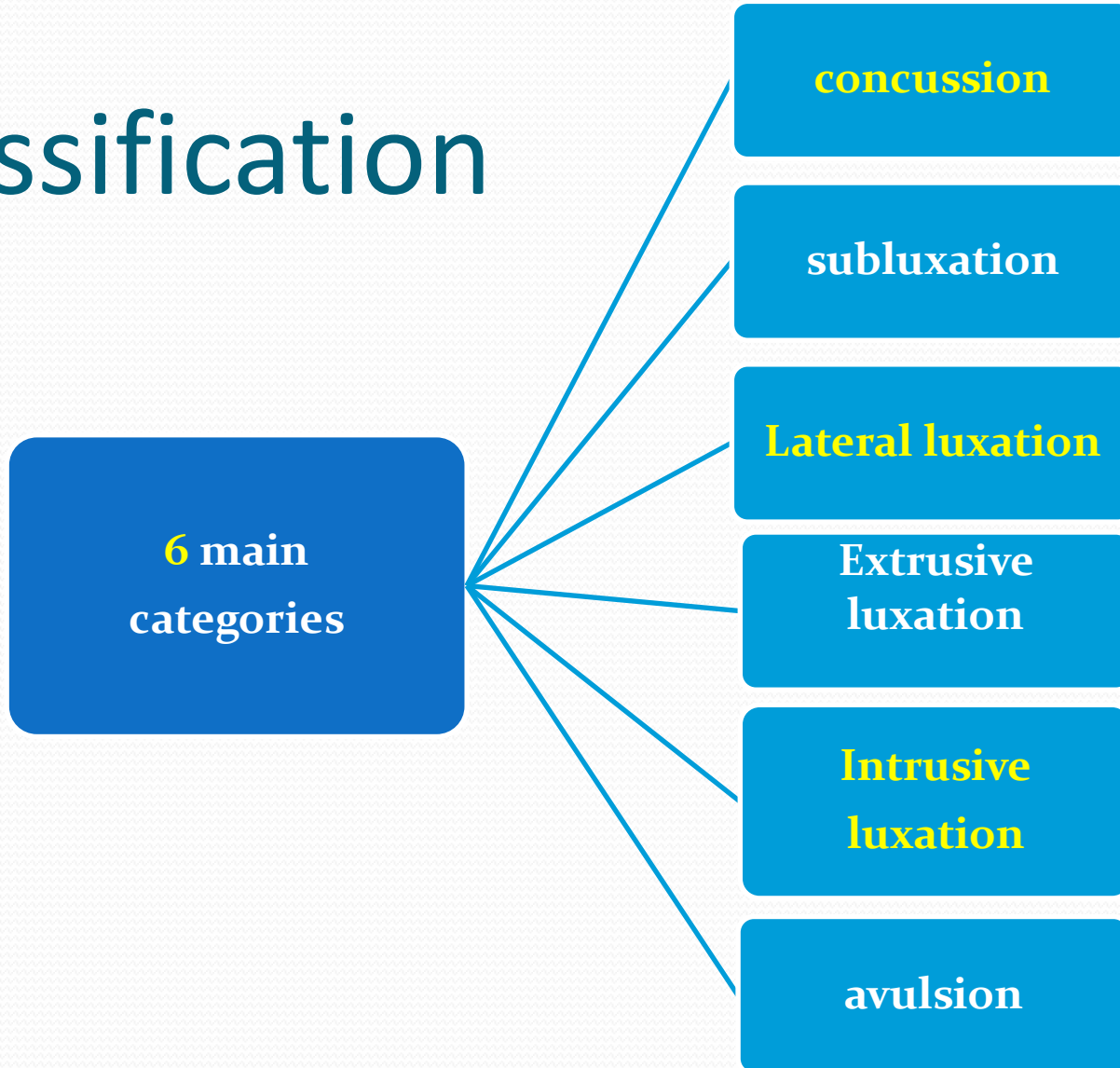
MedEd

what's luxation ?

- clinical situations in which the common presentation is a disruption between the tooth and its surrounding tissues .

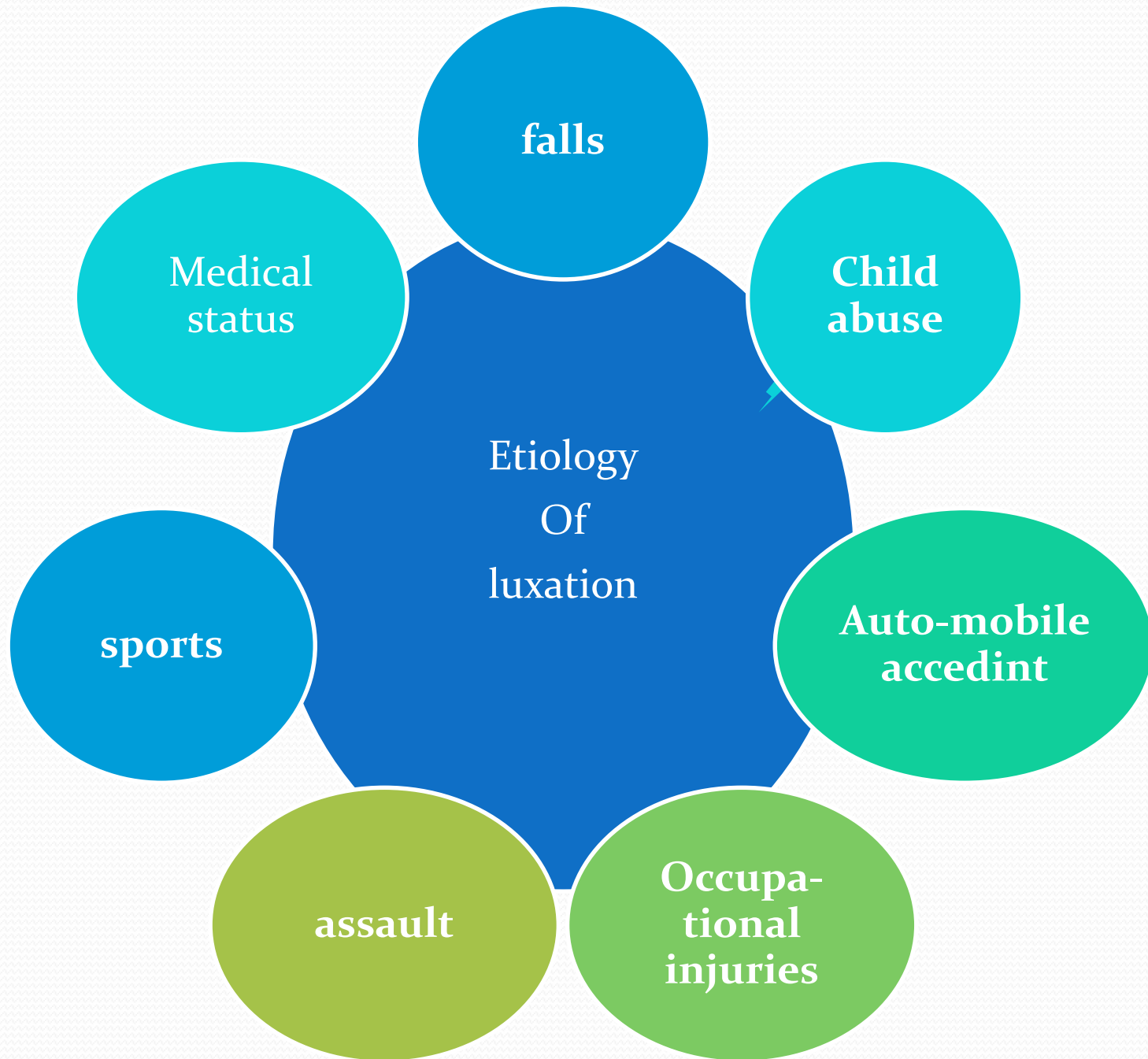


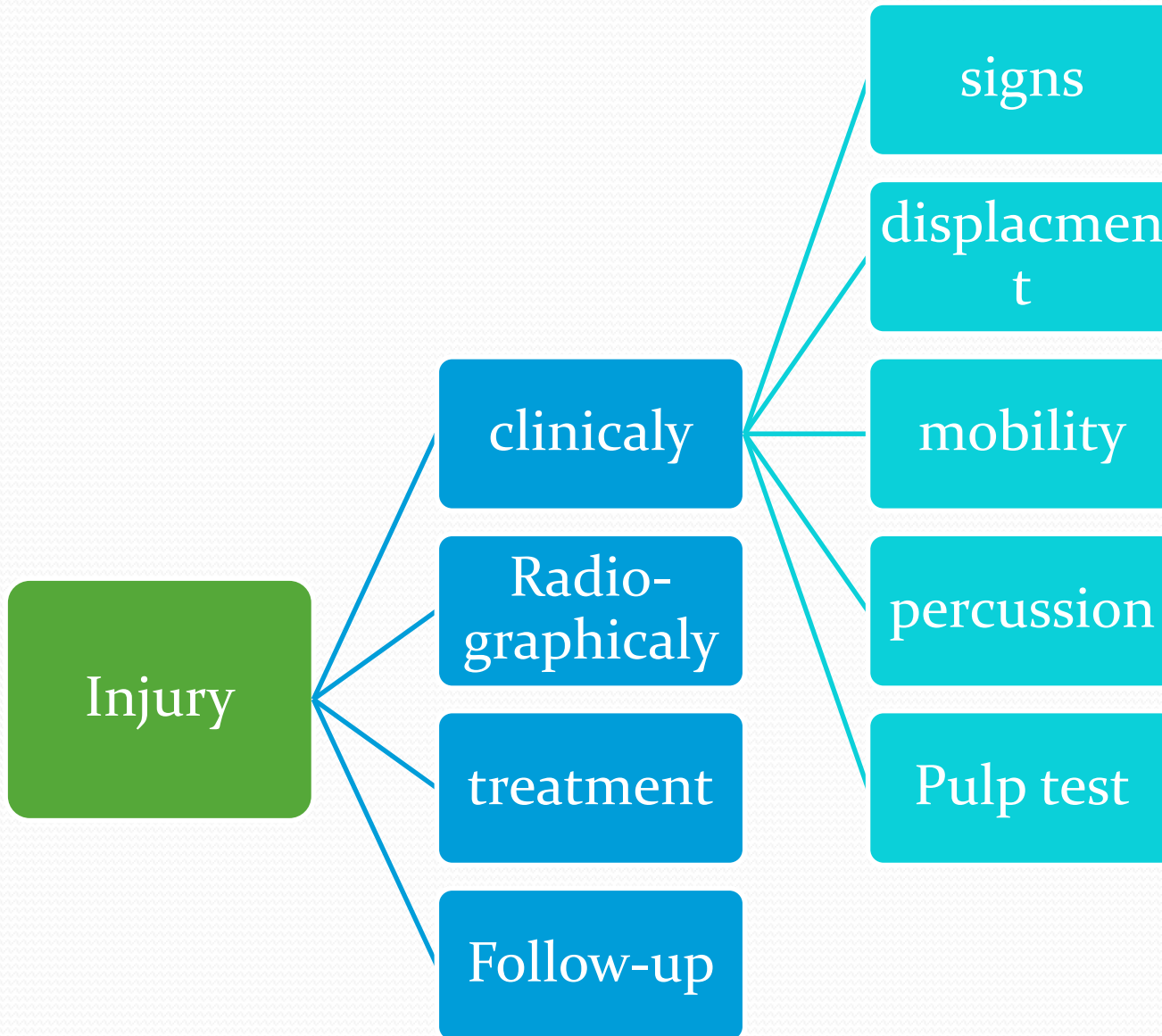
Classification



The factors determine the type and severity of the Luxation injury

- The force
- Direction
- The resilience of the alveolar bone

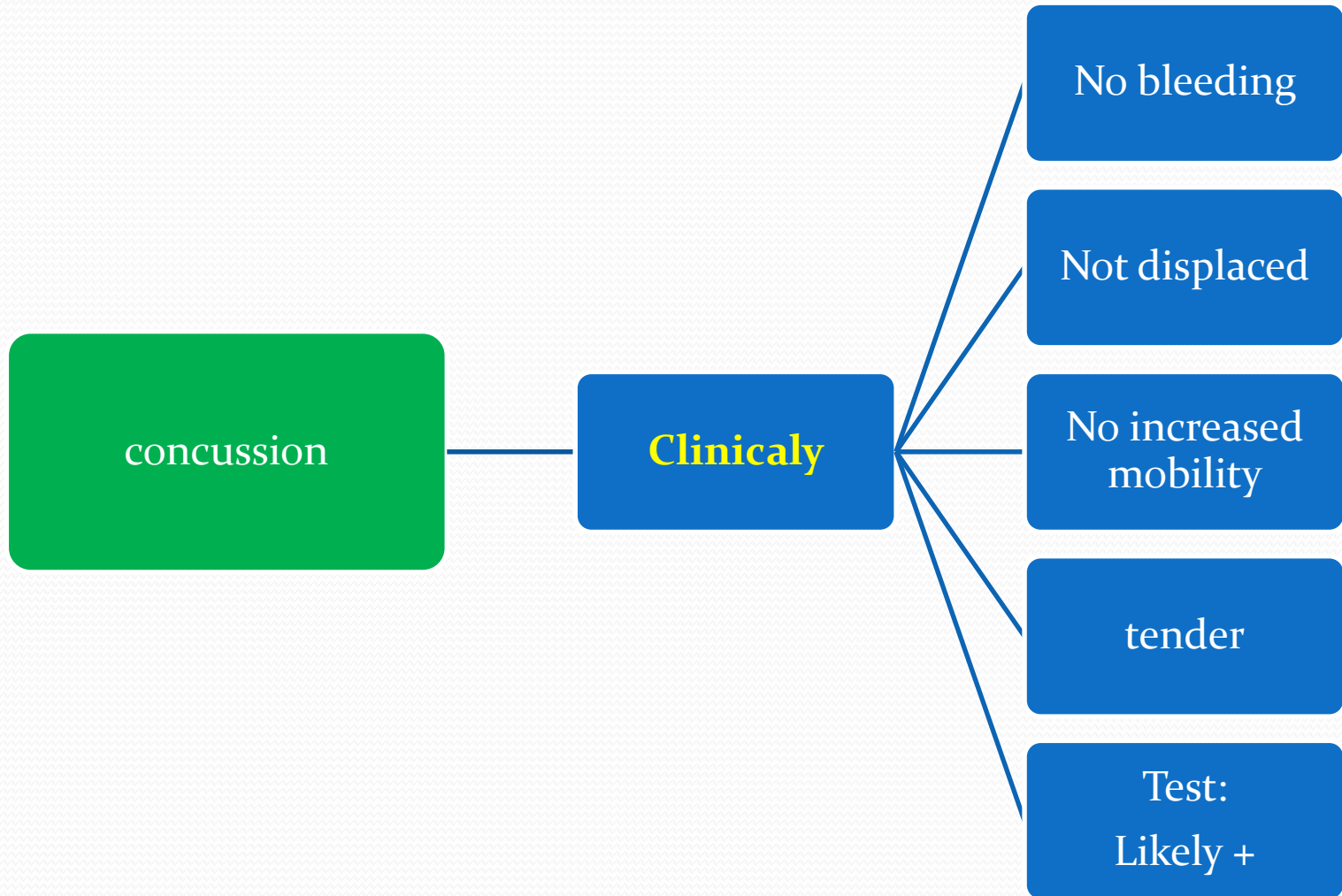




concussion

- An injury to the tooth-supporting structures





- **Radiographic :**
No abnormalities

- **Treatment :**
No treatment is needed



- **Follow-up :**

4 weeks

6–8 weeks

1 year

False negative possible up to 3 months

Monitor pulpal condition for at least **1** year

Sub-luxation





subluxation

clinicaly

bleeding

Remain in its position

Increased mobility

tender

may be **negative**

-

- **Radiographic :**

abnormalities are usually not found

- **Treatment :**

flexible splint to stabilize the tooth for patient comfort

can be used for up to **2** weeks



- **Follow up :**

2 weeks

4 weeks

6-8 weeks

6 months

1 year

- Monitor pulpal response until a definitive pulpal diagnosis can be made
- **False negative** possible up to **3** months

Extrusive luxation

characterized by partial or total separation of the periodontal ligament



Extrusive luxation

clinicaly

elongated

excessively mobile

likely negative
results



- **Radiographic :**

Increased periodontal ligament space apically



Treatment

Reposition the tooth



Stabilize the tooth for **2** weeks using a **flexible splint**



where pulp necrosis is anticipated **RCT** is indicated

Follow up

2 weeks

4 weeks

6–8 weeks

6 months

1 year

Yearly 5 years

false negative possible up to 3 months

Lateral luxation

Displacement of the tooth accompanied by comminution or fracture of either the **labial** or the **palatal/lingual** alveolar bone.

Lateral luxation injuries, similar to extrusion injuries, by partial or total separation of the periodontal ligament.





Lateral luxation

clinicaly

tooth is displaced

immobile

percussion usually gives a high, metallic

Fracture alveolar process


Sensibility tests likely give negative

- **Radiographic :**

periodontal ligament space is best seen on eccentric or occlusal exposures

treatment

Reposition the tooth digitally or with forceps to disengage it from its bony lock and gently reposition it into its original location



Stabilize the tooth for **4** weeks using a **flexible splint**



Monitor the pulpal condition. If the pulp becomes necrotic, RCT is indicated

Follow up

2 weeks

4 weeks

6–8 weeks

6 months

1 year

Yearly for 5 years

false **negative** possible up to **3** months

Intrusive luxation





Intrusive
luxation

Clinicaly

displaced
axially

bleeding

immobile

percussion
may give a **high**,
metallic

Test:
Likely -

- **Radiographic :**

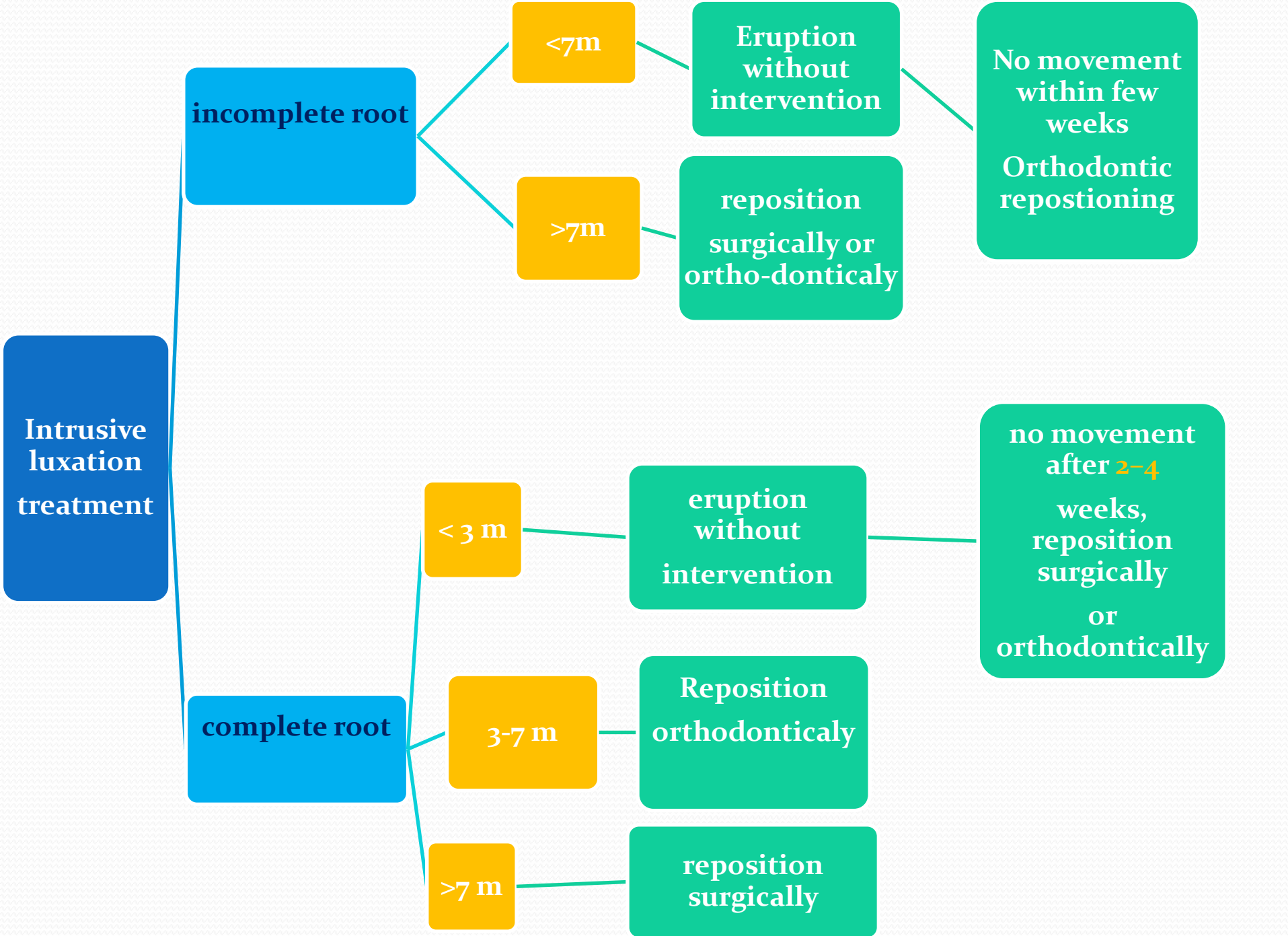
The periodontal ligament space may be absent from all or part of the root

The cementoenamel junction is located more apically

At times

even apical to the marginal bone level





- The pulp will likely become **necrotic** in teeth with complete root formation
- Once an intruded tooth has been repositioned **surgically** or **orthodontically**, stabilize with a **flexible splint** for **4–8** weeks
- Root canal therapy **calcium hydroxide** is **recommended** and treatment should begin **2–3** weeks after surgery

Follow up

2 weeks

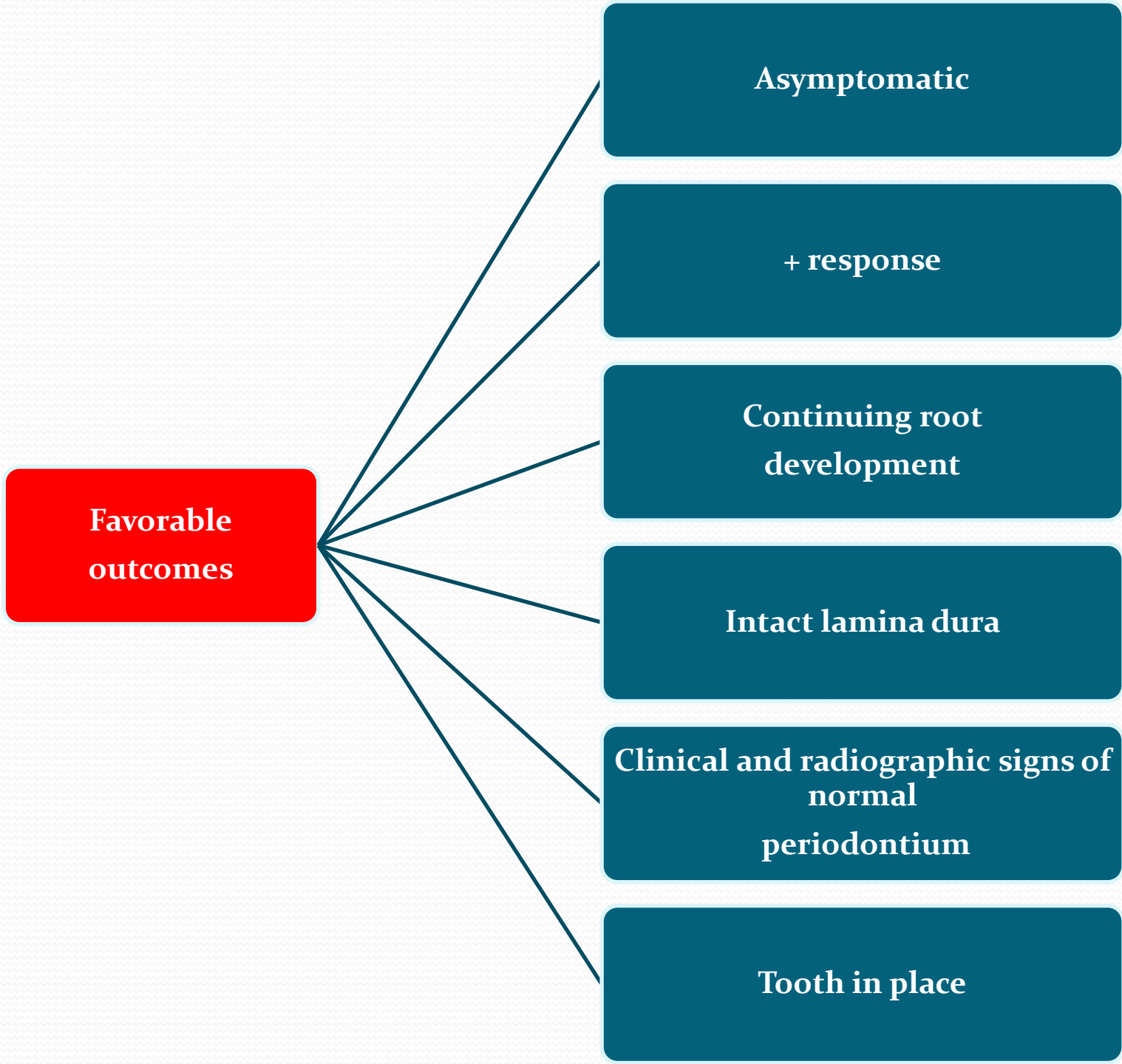
4 weeks

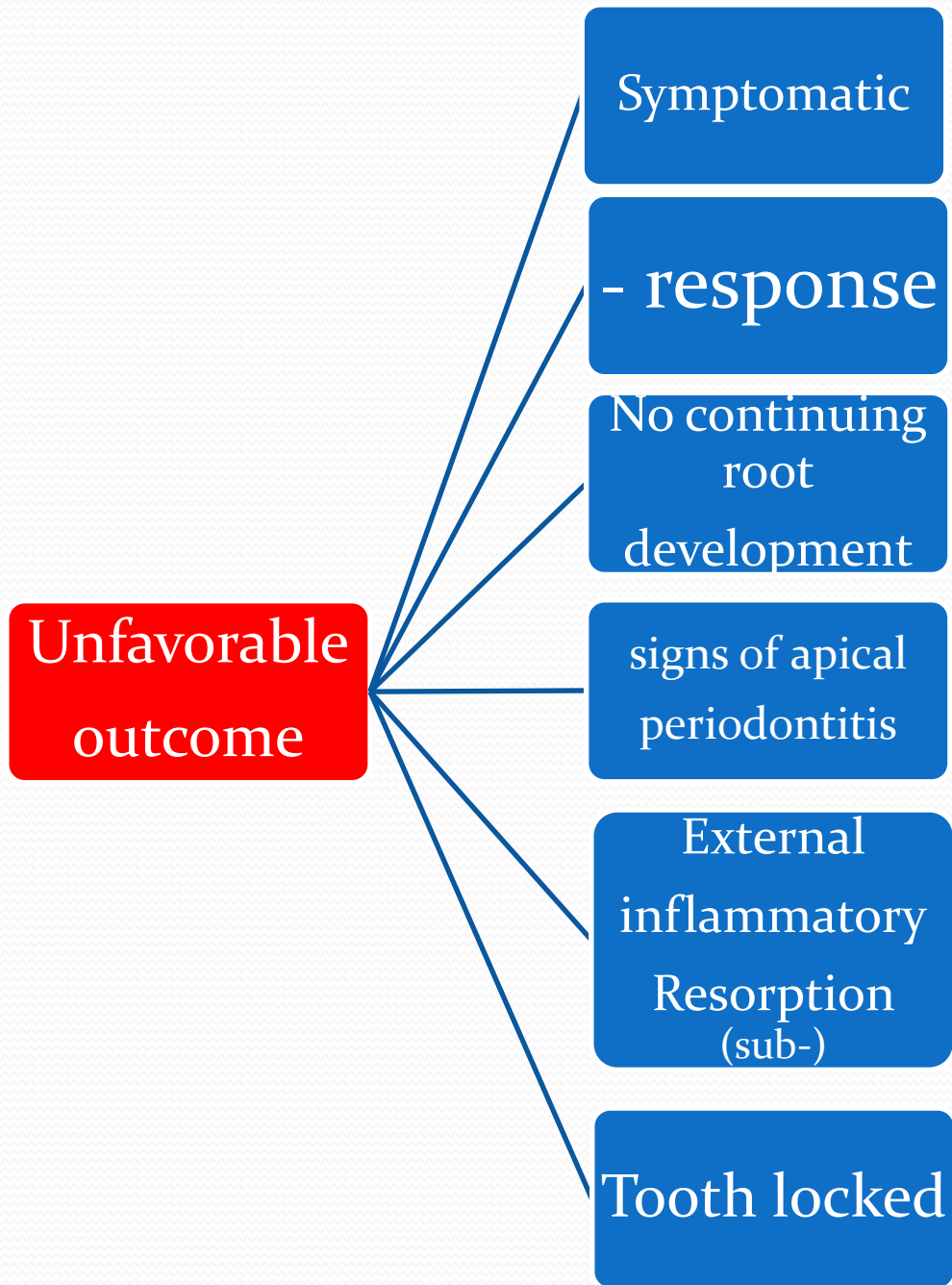
6–8 weeks

6 months

1 year

Yearly for 5 years





Antibiotics

- There is **limited evidence** for use of systemic antibiotics
- remains at the **discretion** of the clinician
- the patient's medical status may warrant antibiotic coverage

