

IADT Guidelines 2020 An Update

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IADT Guidelines 2020

- Based on highest available level of evidence
- Previous guidelines-lots of animal studies
- Last guidelines published 2012
- 4th edition released 2020 consists of 4 papers:

General Introduction Dental Traumatology 2020: 10.1111.edt.12574

1: Fractures and luxations of permanent teeth Dental Traumatology 2020: DOI 10.1111/edt.12578

2: Avulsion of permanent teeth Dental Traumatology 2020: DOI 10.1111/edt.12573

3:Traumatic injuries to primary dentition Dental Traumatology 2020: DOI 10.1111/edt.12576

Focus

- Changes general info sections
- Tables of complications/Follow up
- Core outcome sets
 - Long term follow up and careful documentation encouraged
- Prevention (ToothSOS app)

Avulsion



Avulsion Injury Prognosis



- Advice to patients
 - No longer advised to rise with water prior to re-implantation (milk/saline only)
- OUTCOMES
 - Specified best outcome when tooth re-implanted within 15 mins
 - PDL cells 'viable but compromised' if tooth kept in storage medium and total EADT <60 mins
 - PDL cells 'likely to be non viable' if EADT >60 mins regardless of storage medium
- Still advised to re-implant the tooth in all cases

Helpful Considerations

• Tooth wrongly repositioned?

– Reposition within 48 hours

Visible contamination of root?
 Agitation in storage medium or stream of saline

 LA without vasoconstictor may be preferrable (evidence?)

New Terminology

- Inflammatory Root Resorption (IRR) becomes 'Infection related IRR
- Replacement Root Resorption (RRR) becomes 'Ankylosis related RRR'

Endodontic Considerations

- Teeth with EADT >60 mins
 - No longer endo out of mouth
 - No longer treat root surface (previously based on animal studies)
 - No longer remove all PDL, just obviously damaged PDL
- For all mature teeth endo advised within 2 weeks with EITHER
- Non-setting CaOH for 1 month OR
- Corticosteroid/AB paste for 6 weeks
- Immature teeth prolonged EADT
 - Easily retrieved/resorbed intracanal medicament

Endodontic Considerations

- EITHER ns CaOH for 4 wks
- OR Corticosteroid /AB paste for 6 weeks as initial dressings

Splinting Avulsed teeth



- All teeth now splinted for 2 weeks
 - •Except if any associated alveolar fracture (4 weeks)
- •Emphasis on passive and flexible wire (up to 0.4mm or 0.016")
- •Fishing line also suggested

Fractures and Luxations



Changes

- Expanded section on clinical exam to include combined displacement and fracture injuries
- Photographs encouraged including patient forwarding i-phone photos of injury prior to attending
- Small FOV CBCT encouraged if needed/possible
- New Sections: Endo considerations; Resorption; Isolation

Complicated Crown Fracture

• Pulp cap or pulpotomy NOT extirpation first line for all teeth unless require post to restore



Pulp Sensitivity Testing

 Negative response may be expected for SEVERAL months (change from 3)

 Endo rx never started on basis of –ve sensitivity test alone (even if > 3 months)

Inflammatory Root Resorption



 Any evidence on follow up PAs commence RCT immediately

 CaOH or corticosteroid/AB intra-canal medicament (4 or 6 weeks respectively)

Antibiotics

- Suggested where contamination of root or soft tissue injuries
 - Amoxicillin now suggested first line
 - Doxycyline only if allergic (not <12 yo)

Follow up

• Simplified

• Emphasis on LONG TERM (at least 5 years)

2 weeks, 4 weeks, 3 months, 6 months, yearly
5 years and beyond...

Primary Dentition Trauma



Primary Dentition Trauma

- Emphasis on conservative treatment initially unless danger of inhalation or pain
- New parental instruction for home care
- All splinting for 4 weeks
- Intrusive injuries major change. Previous guidance advised that if displacement of primary tooth root was towards permanent tooth germ then the primary tooth should be extracted. The new advice is to observe and review all intrusive injuries (unless there is pain).

Core Outcome Set

- To be recorded at each review appointment (+/-):
 - PDL healing
 - Pulp Space healing
 - Pain
 - Discolouration
 - Tooth loss
 - Quality of Life
 - Aesthetics (Pt perception)
 - Trauma related dental anxiety
 - No. of clinical visits

Thanks for your attention