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Simple techniques for managing dental avulsion in the GP setting

I read the article investigating why patients might consult GPs for dental problems with great interest.¹ I recently organised a teaching session for A&E registrars covering several topics in oral and maxillofacial surgery. A particularly well-received topic was our simple technique for splinting a tooth that

has been avulsed (knocked out of its socket). I believe this would be useful knowledge to share with the *BJGP* readership.

Dental avulsion is a true dental emergency. If such a case presents to a GP, it would be ideal if the tooth is replanted before they are redirected to a dentist. Prompt repositioning and splinting optimises the tooth's prognosis.²

The socket and tooth should be gently irrigated with saline, only handling the tooth by the crown (white part). A temporary splint should then be placed in order to immobilise the tooth while the patient seeks dental treatment.

A popular splinting technique involves the application of tissue glue around the tooth.³ Even simpler methods include adapting Blu-Tack or aluminium foil to the dental arch. Readers interested in learning more about these techniques are directed to a succinct and well-illustrated article by Beech *et al*.⁴

Contraindications to replantation are few, but include: replantation of baby teeth (for example, patients under the age of 6 years) and patients who are immunocompromised or at risk of infective endocarditis (due to the risk of bacteraemia). Finally, the tetanus

status of the child should be checked and managed accordingly.

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