



# MANAGEMENT OF OCCLUSAL TRAUMA IN A 3 YEAR OLD PATIENT

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## INTRODUCTION

Dental trauma results from various injuries caused by factors such as involuntary falls, collisions, and leisure activities; these are the most common causes (1). They tend to occur at an early age during which growth and development take place. Incidents are more frequent in preschool and school-age children, particularly when they learn to crawl, walk, run, and begin to interact with their physical environment. Dental trauma may also occur during sports and automobile activities, especially when there is proinclination of the upper incisors (2). With a worldwide prevalence of 22.7% in primary teeth, the management of teeth that have suffered trauma requires a comprehensive and multidisciplinary approach, considering severity, prognosis, and consequences. Additionally, they should be monitored for signs of pulp necrosis (3).

## CASE REPORT

A 3-year-old male patient presented to the Comprehensive Medical Care Center of the University of Guadalajara with a consultation due to discoloration of the upper anterior tooth following a fall two weeks prior.

There was no sign of intrusion or extraction, and no sinuous tract was present. An X-ray was taken, revealing no apical lesion. The decision was made to keep the dental organ under clinical and radiographic observation for 1 month, 3 months, and 6 months, with the hope of detecting no evidence of pulp pathology.

## CONCLUSION

The success of this management is attributed to the compliance of the patient and the commitment of the parents. During this time, the dental organ has had a favorable prognosis because there has been no pulp damage; however, a resorption process has begun due to the trauma, leading to an imminent exfoliation of the dental organ.

## REFERENCES

1. Tewari N, Bansal K, Mathur VP. Dental Trauma in Children: A Quick Overview on Management. Indian journal of pediatrics. 2019;86(11):1043-7.
2. Díaz JA, Bustos L, Brandt AC, Fernández BE. Dental injuries among children and adolescents aged 1-15 years attending to public hospital in Temuco, Chile. Dental traumatology : official publication of International Association for Dental Traumatology. 2010;26(3):254-61.
3. Day PF, Flores MT, O'Connell AC, Abbott PV, Tsilingaridis G, Fouad AF, et al. International Association of Dental Traumatology guidelines for the management of traumatic dental injuries: 3. Injuries in the primary dentition. Dental traumatology : official publication of International Association for Dental Traumatology. 2020;36(4):343-59.



Figure 1. Patient presentation to clinic.

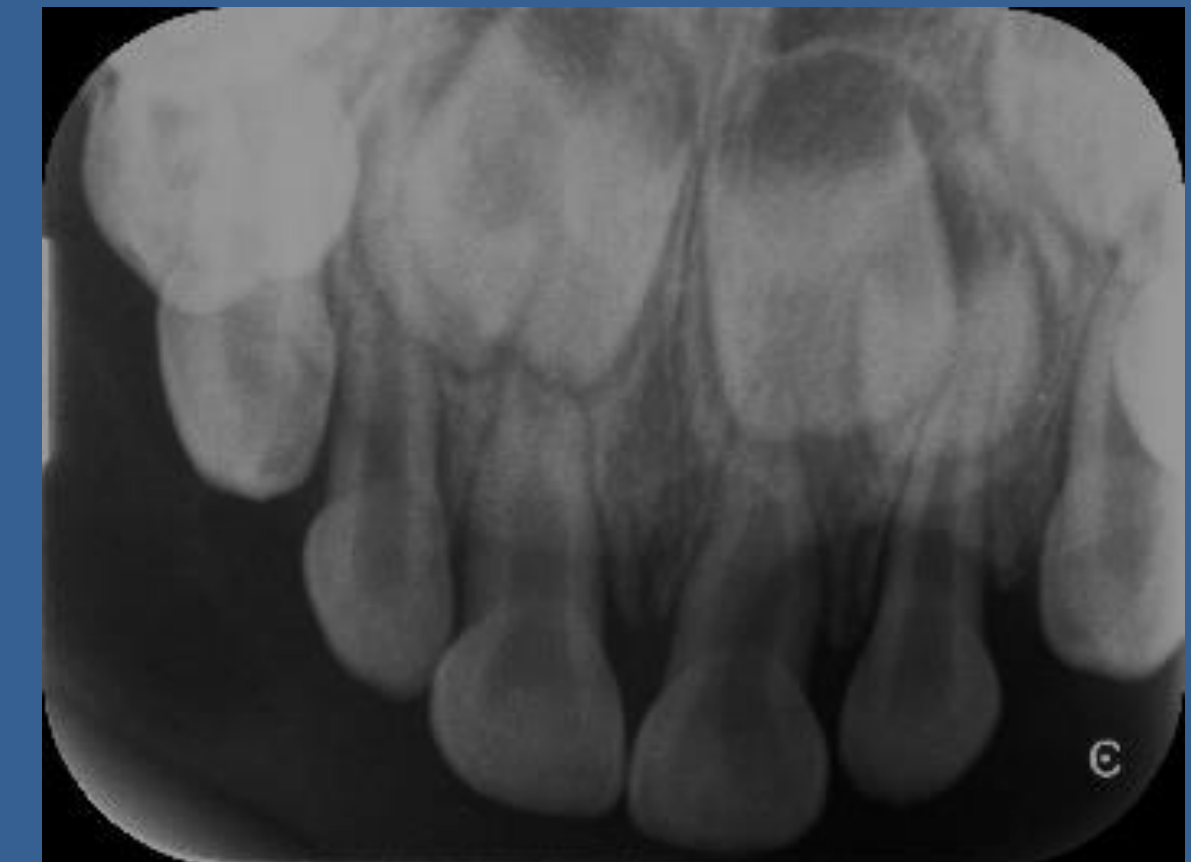


Figure 2. No periapical abscesses or signs of pulp alteration are evident.



Figure 3. We can observe that the change in coloration has decreased. After 3 months

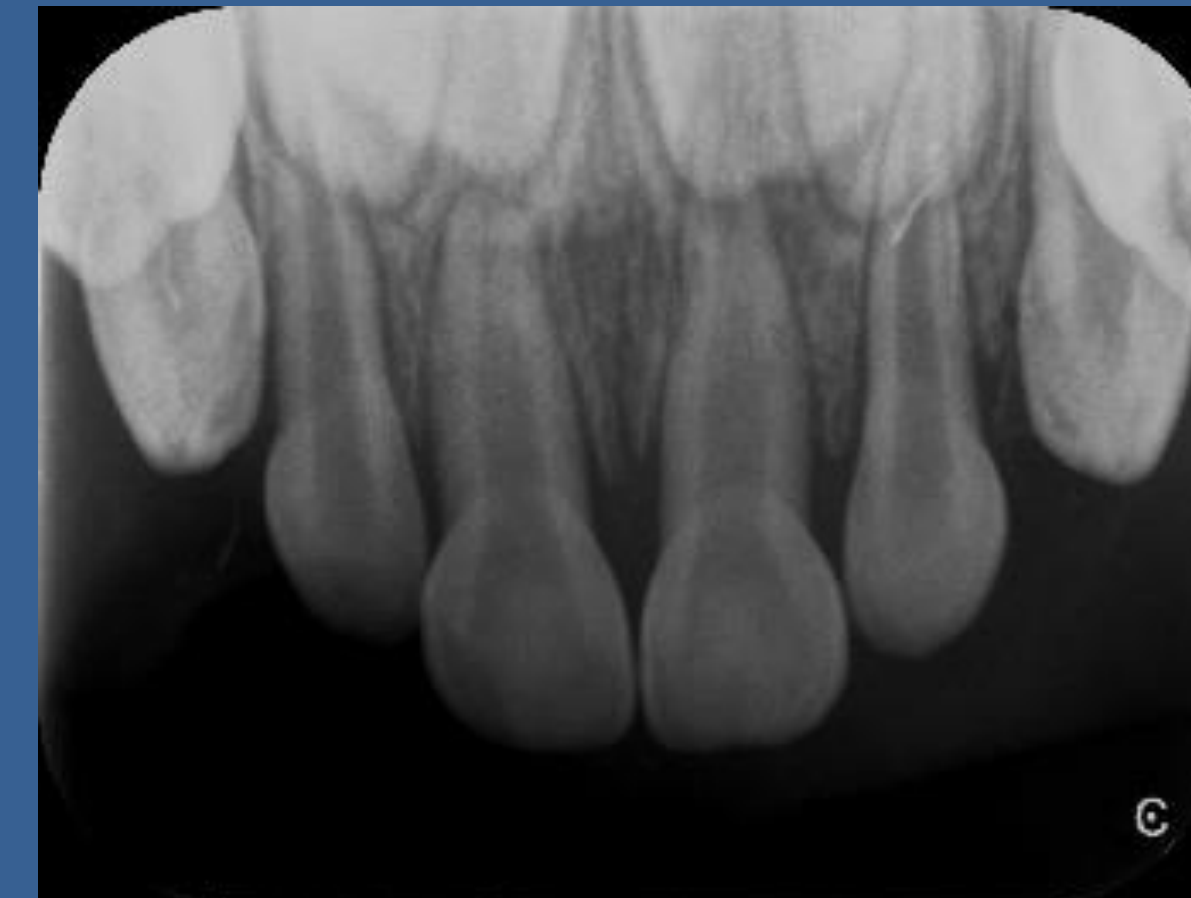


Figure 4. It is observed that there is beginning to be resorption at the apex.



Figure 5. Follow-up after 6 months.



Figure 6. After 6 months, a greater resorption is observed.