

Complete traumatic intrusion of an upper deciduous incisor in a two year old: case report

Précis

Management of a completely intruded upper deciduous central incisor and factors to assess aside from tooth position when considering management options for such traumatic injuries.

Abstract

Traumatic intrusion is the apical displacement of a tooth into alveolar bone, which has the potential to cause significant complications for the developing permanent tooth germ behind. A two-year-old male presented to our oral and maxillofacial surgery department with a completely intruded upper right deciduous central incisor. There are a number of considerations in deciding whether to extract or monitor intruded deciduous teeth. When labially intruded, primary teeth may spontaneously re-erupt. Palatal intrusion is an indication for extraction. Other considerations such as soft tissue injury, risk of infection, presence of socket fracture and patient factors should be taken into account when planning treatment. In this report, we show the management of complete traumatic intrusion of an upper deciduous incisor. Aside from radiographic positioning, after reviewing this patient, we considered that the presence of socket fracture and high risk of infection alone indicted removal of this tooth. Extraction was performed under a general anaesthetic (GA) due to limited patient co-operation. In conclusion, although position is a key determinant of intrusion management, soft tissue injury, risk of infection, socket fracture and patient factors should also be used to guide the clinical decision whether to extract or monitor.

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The use of modified diets by adults with temporomandibular disorders: systematic review and meta-analysis

Précis:

A systematic review of diet modifications in adults with TMDs was conducted, with 45% of these patients altering their diets to softer options.

Abstract:

Statement of the problem: Temporomandibular disorders (TMDs) are the most frequently reported non-dental orofacial pain disorders. Pain and dysfunction of the jaw joint and masticatory muscles may result in individuals modifying their diet to softer food options, which may not be nutritionally balanced and may have a subsequent negative impact on physical functioning and psychosocial well-being. However, little is known about the extent of diet modifications or their use as a compensatory strategy in this group. Therefore, clinical guidance to ensure continued adequate oral intake that does not exacerbate masticatory impairments, increase parafunctional behaviours, or compromise quality of life is not available, with potential impact on the individual's health, functioning, and psychosocial well-being.

Purpose of the study: The aim of this intervention review was to determine the prevalence of diet modification use in adults presenting with TMDs.

Materials and methods: A systematic review of available evidence was completed. Electronic databases searched from inception to January 2017, with no date/language restriction applied, were: Embase, PubMed, CINAHL, Web of Science, Elsevier Scopus, ScienceDirect, AMED, The Cochrane Database of Systematic Reviews, and ProQuest Dissertations and Theses A & I. Additional searches of grey literature, conference proceedings, and reference lists were also conducted. Studies presenting original data regarding the prevalence of diet modifications among adults presenting with TMDs were included. Study eligibility and quality were assessed by two independent reviewers. Methodological quality was assessed using the Downs and Black assessment tool.

Results: This search yielded five eligible studies. Diet modification use was reported by 45% of adult patients with TMDs (confidence interval: 31.93-58.64). Eligible studies were rated, on average, to be of moderate quality. Study limitations included the few studies that met the inclusionary criteria.

Conclusions: Despite reported high levels of texture-modified diet use among adults with TMDs, little information exists on the typical methods of modification, the content of the diets consumed, or the impact of these diets on systemic health and psychosocial well-being. In addition, it is unclear if these patients typically have access to dietitians during TMD management. Therefore, further research is required in order to examine the true dietary intake of individuals with TMDs and to subsequently determine the most appropriate methods of supporting these individuals to maintain healthy and balanced levels of oral intake.

Key words: Dysphagia; swallowing disorders; deglutition; diet; diet modifications; temporomandibular joint; temporomandibular joint disorders.

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