

## Sports Related Dental Injury – A Case Study

Verma, L. Dept. of Pedodontics, Dr HSJ Institute of Dental Sciences and Research, Chandigarh (INDIA). Email-drleenaverma32@rediffmail.com.

### Abstract

Dental emergency can happen to anyone but the athletes, both children and adults are particularly susceptible to injuries, including those on the face, mouth and teeth. From a pain stand point, and an economic stand point it becomes an aesthetic problem and a financial problem; they have to go through many procedures to get this whole thing corrected. In the present study a case of eight year old male child with fractured upper two central incisors in an angular fashion, involving incisal half of one and incisal third of other is presented. Treatment was carried out by composite build up of the fractured segment by using composite resins. The patient was recalled at three months for clinical evaluation of the restored tooth. During the recall appointment, an assessment of the stability and longevity of the restoration was performed. Color stability, surface staining, or fracture of the composite build-up material were evaluated and found to be acceptable. The patient had no complaints about the restoration. Dentists provide trauma treatment if and when unfortunate sports-related injuries affecting the mouth, teeth and other oral tissues do occur.

**Keywords: Incisor, Restoration, Composite Build up Material**

### INTRODUCTION

All sports activities are connected with a certain risk of orofacial injuries due to falls, collisions and contact with hard surfaces. Trauma to the anterior teeth is a common enough occurrence. The resultant manifestations are not a pleasant sight to behold: discoloured teeth due to pulp damage, intrusion, extrusion and even total luxation of the teeth and broken or fractured teeth. As neither of these is a desirable manifestation, management of different situations becomes a must so as to restore the patient to normal function and looks as soon as possible. The mental trauma alleviated in such situations is beyond compare, even though the physical discomfort is relieved as well (Andreasen, 1993). A particular challenge is the restoration of fractured segments to match form and color so as to be indistinguishable from the real thing. Direct composite restorations are the most

popular anterior esthetic restorative materials as they provide excellent esthetics, mechanical properties and also conserve healthy tooth structure. They are generally used as an aesthetic restoration for hypoplastic teeth, microabrasion, moderate to severe fluorosis, tetracycline staining. They are also important restorative options in fractured teeth where the loss of tooth structure is not substantial. Composite resins consist of a resin based matrix, bisphenol A-glycidyl methacrylate (BISGMA) or urethane dimethacrylate (UDMA) and inorganic filler such as silicon dioxide. The filler gives the composite wear resistance and translucency. A coupling agent such as silane is used to enhance the bond between these two components (Tuskiboshi, 1996).

- (1) In the present study a case of eight year old male child with fractured upper two central incisors in an angular fashion,