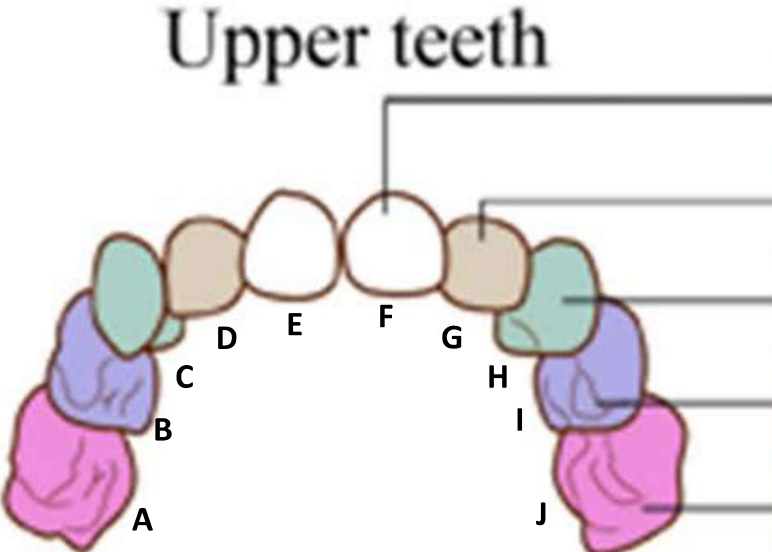
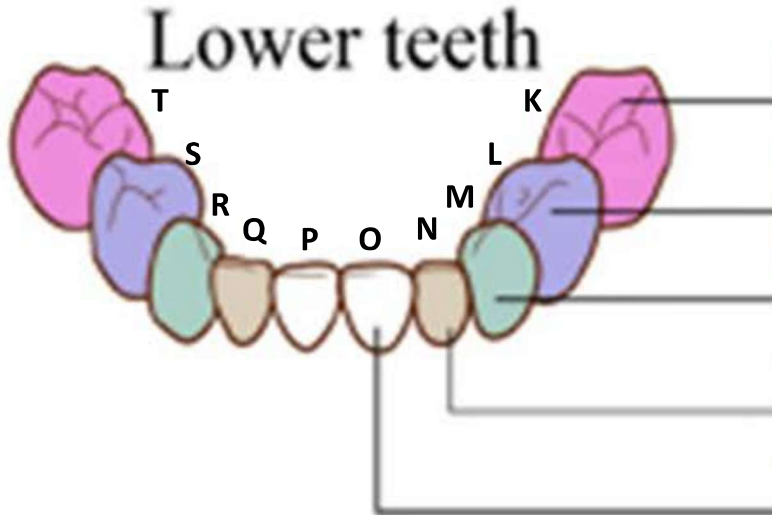


Odontogram of Primary Teeth



Upper teeth

	Age tooth comes in	Age tooth falls out
Central incisor	8-12 mos.	6-7 yrs.
Lateral incisor	9-13 mos.	7-8 yrs.
Canine (cuspid)	16-22 mos.	10-12 yrs.
First molar	13-19 mos.	9-11 yrs.
Second molar	25-33 mos.	10-12 yrs.

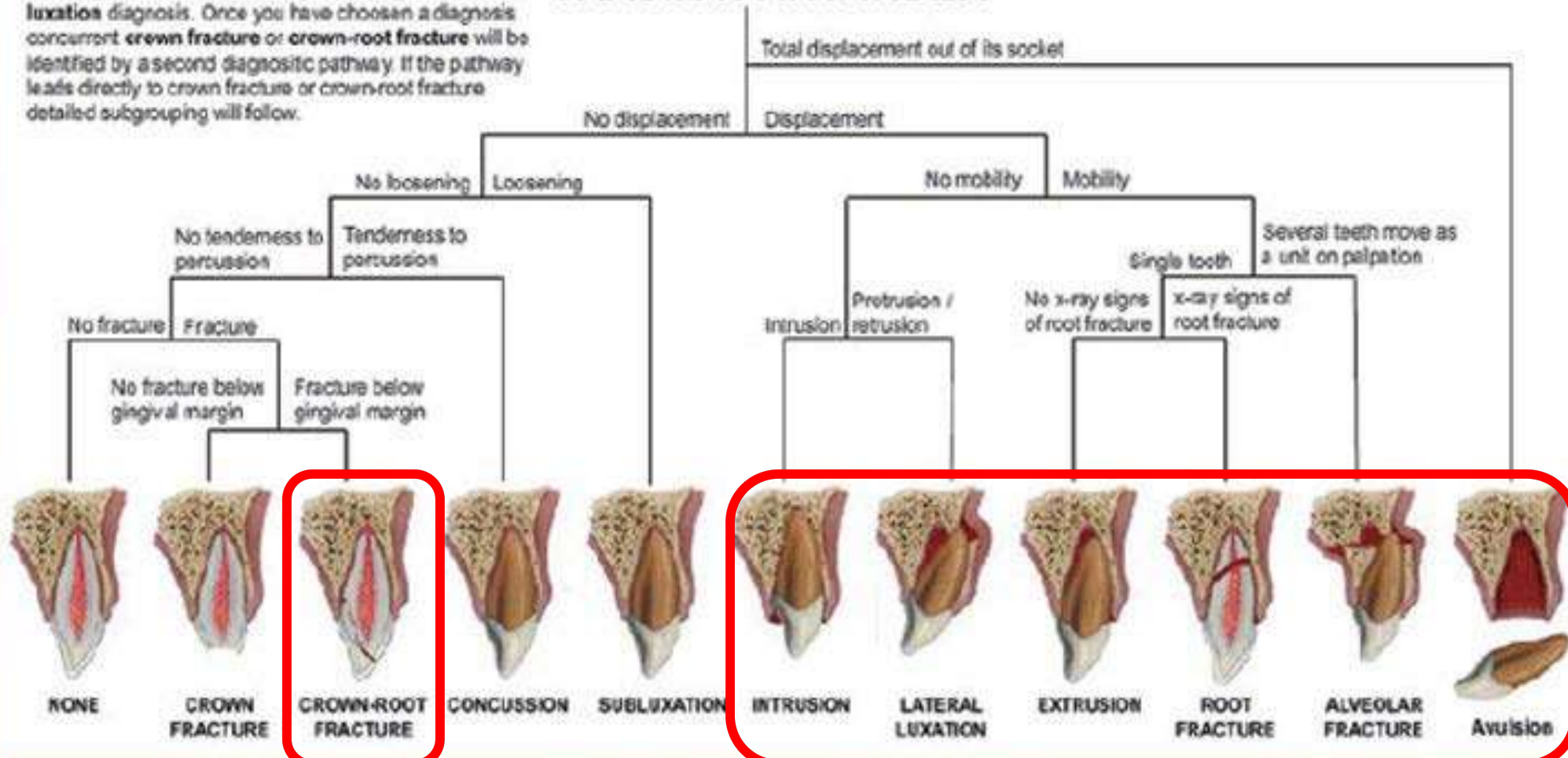


Lower teeth

Second molar	23-31 mos.	10-12 yrs.
First molar	14-18 mos.	9-11 yrs.
Canine (cuspid)	17-23 mos.	9-12 yrs.
Lateral incisor	10-16 mos.	7-8 yrs.
Central incisor	6-10 mos.	6-7 yrs.

The diagnostic pathway starts by identifying the main **luxation** diagnosis. Once you have chosen a diagnosis concurrent **crown fracture** or **crown-root fracture** will be identified by a second diagnostic pathway. If the pathway leads directly to crown fracture or crown-root fracture detailed subgrouping will follow.

TRAUMA PATHFINDER



Consult the Pediatric Dental Resident on call for these injuries!

Avulsion: Treatment

Avulsion of primary teeth	
Treatment	DO NOT REIMPLANT Potential for subsequent damage to developing permanent tooth
Prognosis	Good

Avulsion of permanent teeth	
Treatment	REIMPLANT IMMEDIATELY Time out of the mouth is critical Keep tooth hydrated to maintain PDL cell vitality, "Save a tooth" kit is best Once re-implanted, non-rigid splint is placed for 2 weeks Systemic antibiotics and tetanus prophylaxis should be considered 7 – 10 day follow up required
Prognosis	Guarded prognosis, generally dependent on level on root development and dry time Tooth has best prognosis if re-implanted immediately Risk of ankyloses increased significantly with extra oral dry time of 20 minutes Extra oral dry time over 60 minutes, survival of PDL cells is unlikely

When to Consult Dental

- ALL luxations or avulsions of primary or secondary dentition
- ALL Ellis 3 dental fractures (fractures involving the pulp)
- Refer to the following website:
 - <http://dentaltraumaguide.com/>

Odontogram

