TOOTH EMBEDDED IN UPPER LIP AFTER DENTO-ALVEOLAR TRAUMA: A CASE REPORT

SAAD SHAHNAWAZ AHMED
HIRA ZAMAN
RABIA AWAISS
ANSER MAXOOD

ABSTRACT

Most of dental injuries involve maxillary anterior teeth along with soft tissue injury in children as well as in adolescent. Thorough clinical and radiographic examination is necessary to prevent any future complications. Dental trauma accompanied by soft tissue laceration is of careful importance as embedding of tooth or fractured tooth fragment in a soft tissue particularly lip is a common finding. This case report shows embedded tooth in upper lip after trauma that was unnoticed and extruded spontaneously after 8 months of trauma which was then extracted after clinical and radiographic evaluation. This case report enlightens the importance of proper clinical and radiographic examination especially in cases of dental trauma associated with soft tissue laceration.

Key Words: Maxillary anterior teeth, dental trauma, upper lip, embedded fractured tooth.

INTRODUCTION

Etiology of dentoalveolar complex injuries includes falls, RTAs, assaults, physical violence and work or sports related accidents. Incidence and prevalence of these vary depending upon many factors. Embedded fractured tooth fragments in soft tissues can be a hazard and may lead to complications as infection, scarring and displacement from the site of trauma which is difficult to diagnose later on. Therefore, special care must be taken in cases of soft tissue injuries associated with dental trauma. The most commonly affected tooth is the maxillary central incisor, with a quoted of 70-80% of all traumatic injuries because of projection of anterior teeth and short upper lip.

Literature evidences show that mostly soft tissue injuries accompanied dental trauma ranging from bruises to lacerations. Many authors suggest that impact force on incisors lead to fracture and dislodgment of tooth or part of tooth in surrounding soft tissues. Most common sites for dislodged fractured tooth fragments are upper lip, lower lip, tongue or alveolar mucosa. The present case report represents spontaneous emergence of tooth fragment after 8 months of trauma which goes unnoticed during emergency treatment.

CASE PRESENTATION

A 42-year-old female came to the Department of Dentistry, Shaheed Zulfiqar Ali Bhutto Medical University, with the chief complaint of having pain and some hard nodule just below the right side of nose. The patient had a history of stair fall 8 months ago. She consulted a neighboring emergency hospital because of laceration of the upper lip, gingiva of the maxilla and fractured maxillary anteriors. As she was in a rural area without proper access, she was treated by a general surgeon. She got extraction of upper central and lateral incisors and suturing of the labial vestibule. Although the patient felt something hard in her upper lip with no sign and symptoms she didn’t report to the local hospital again.

Few days earlier she felt pain and emerging of small white protruding growth extra orally just below the right nose (Fig 1). In light of these new findings, a radiograph of the lip was taken, which showed a horizontally placed central incisor. Intraorally Multiple
Tooth embedded in upper lip after dento-alveolar trauma

for the patient. Lignocaine (elite pharma) infiltration of 2% solution of 1:10000 epinephrine in labial vestibule was given. The dental fragment was identified, since no incison was required a periosteal elevator was used to detach the skin around the tooth and using a presidential standard upper anterior forceps (Pakistan triangle) the tooth was removed gently. 5-O prolene sutures were placed and medicated with antibiotics amoxicillin (cap amoxil 500mg) TDS, metronidazole (tab flagyl 400mg) BD and analgesic ibuprofen (tab brufen 400mg) BD for 5 days. The wound healed favorably and sutures were removed on the seventh postoperative day.

DISCUSSION

Trauma refers to an injury due to external force and represents one of the main oral health problems with variable prevalence. It effects the victim physiologically as well as psychologically. The dental trauma corresponds to one of the most frequent traumas to the maxillofacial region.1,6

As the upper lip protects dentition therefore it gets injured more frequently.3 A soft tissue laceration associated with a dental injury should always alert the dentist about the presence of dental fragment inclusion in the peripheral tissues. Even in late presentation cases, soft tissue examination may go unnoticed in the presence of urgent situations.8,3 Few case reports also show spontaneous extrusion of a tooth fragment after months following trauma highlighting the importance of soft tissue exploration even in late presenting cases.4 In many cases spontaneous and satisfactory healing of the wound was achieved after the removal of tooth fragment.

It is important to identify fractured embedded tooth fragments as they can be dislodged and may cause persistent chronic infection or pus discharge and scarring.5 Adequate communication between medical and dental professional along with proper clinical and radiographic examination is required to carry out an accurate diagnosis and to prevent patient’s discomfort.

This case report demonstrates the importance of proper timely diagnosis by thorough physical and radiographic examination. In present patient periapical film was used for radiographic evaluation of upper lip and complete tooth removal was undertaken with antibiotic cover to prevent any infection. This report also shows spontaneous extrusion of displaced tooth after 8 months of trauma.

Fig 1: clinical picture of erupted white speck below nose

Fig 2: extracted central incisor

Fig 3: suturing after extraction

missing teeth and few BDRs were present. Extra oral examination revealed a complete tooth embedded in upper lip emerging slightly. Extraction of tooth from extra oral approach under local anesthesia was chosen
REFERENCES


CONTRIBUTION BY AUTHORS

1 Hira Zaman: Drafting, literature review.

2 Saad Shahnawaz: Clinical performing procedure on patient and photographs

3 Rabia Awais: Case presentation to dental department faculty

4 Anser Maxood: Final review