



 Please call 911 if you think you have a medical emergency.

## Broken or Knocked-Out Teeth Treatment

### Self-Care at Home

Before focusing on the teeth, be certain that a life- or limb-threatening injury is not present. For example, if someone fell 10 feet and is not responding, and there is a puddle of blood by the mouth with teeth scattered about, don't assume there is an isolated injury to the teeth. In the grand scheme of things, dental injuries can wait.

- If a tooth is completely knocked out, it should be quickly rinsed off with water, but never scrubbed. The tooth should be held by the crown (top), not the root, so you do not damage the ligaments. In a cooperative adult, the tooth should be put back in the socket.
  - Many people may be uncomfortable reimplanting the tooth on their own. If this is the case, be sure to transport the tooth to the doctor or dentist in saline, milk, or saliva.
  - You may also place the tooth between the cheek and gum line of either the person who lost the tooth or any willing adult. The mouth is the best place for the tooth because it protects the root by keeping it moist and providing protection against bacteria.
  - Do not transport the tooth dry. This will cause damage within minutes. Transporting the tooth in water is also not recommended.
- In children or uncooperative adults, the tooth ideally should be placed in a "tooth saver" solution, which can be provided by your health care professional. Effective substitutes include saline, milk, or saliva. An uncooperative adult or child may swallow the tooth. Of greater concern, the person may inhale it, causing a choking episode.
- If bleeding from the socket is seen, rinse the mouth out with water. Place a wad of tissue or gauze on the socket and bite down on it. The pressure exerted will usually stop the bleeding.

- For loosened, pushed in, or broken teeth, avoid eating or drinking anything. If the tooth is broken in pieces, retrieve any remaining parts and transport them in one of the suggested solutions.

## Medical Treatment

- For teeth that are just loose in their socket, treatment is simple. Avoid hard foods. Teeth with significant motion will need to be stabilized using wire, metal arch bars, or a plastic bond for 10-14 days.
- For knocked out permanent teeth, the sooner the tooth is put back in its socket, the better its chances. The best chance for survival occurs if the tooth is reimplanted within 30 minutes. Once implanted, the tooth must be stabilized using the techniques just described for 2-4 weeks.
- Broken teeth are managed according to their Ellis classification. For a minor chip (Ellis I), no acute treatment is necessary. You might need mild pain medication for comfort. This injury typically needs a cosmetic repair that can be completed by a dentist.
- For the more significant tooth fractures (Ellis II and III), certain steps are employed to reduce infection, control pain, and reduce the chance of permanent damage to the pulp.
  - You may be given antibiotics in the Emergency Department. Pain medication can include acetaminophen (Tylenol), ibuprofen (Motrin), or a narcotic medicine, such as hydrocodone (Vicodin). In some cases, a nerve block (injecting a long-acting local anesthetic near the injured tooth) can be performed.
  - In Ellis II fractures, the exposed dentin is covered with calcium hydroxide, which provides a protective covering for nerves and blood vessels.
  - An Ellis III injury (where the pulp is exposed) will need continued dental care. A pulpectomy may need to be performed. Immediate bonding is another option.
- For adult teeth that are pushed into the gum line, no acute treatment is necessary if the tooth is stable and not likely to fall out. An x-ray will be needed to look for a fracture in or near the socket. In most cases, the tooth will push itself back out, returning to its normal position. The only exception occurs with a primary (baby) tooth. If it injures the developing adult tooth below it, permanent damage may occur, resulting in cosmetic disfigurement or loss of the permanent tooth.
- In general, any time a tooth is struck, microscopic nerve or blood vessel damage may occur, even without apparent initial injury. The damage may

show as a color change over a period of days to months and lead to the death of the tooth.

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For more information, read the complete article, Broken or Knocked-out Teeth (<http://www.emedicinehealth.com/script/main/art.asp?articlekey=58932>) on <http://www.emedicinehealth.com>.

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