



MAHATMA GANDHI MISSION'S DENTAL COLLEGE & HOSPITAL

Accredited by NAAC with "A++" Grade
Plot No. 1 & 2 Sector-01 (Old 18 & 19),
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EMERGENCY MANAGEMENT OF KNOCKED TEETH AT ASUDGAON

Date: 17th March 2025

Venue: Asudgaon

Faculty: Dr. Kashmira Kadam, Dr. Pankaj Lodhe

Organizing Agency: Public health dentistry department MGMDCH, NSS Unit of MGMDCH

Number of Students attended: 2

Dental avulsion, or the complete displacement of a tooth from its socket due to trauma, is a serious dental emergency. This condition most commonly affects children and adolescents during physical activity or accidents. The prognosis of an avulsed tooth is highly dependent on prompt and appropriate first aid. Timely intervention can significantly improve the success rate of reimplantation and long-term retention of the tooth. MGM Dental College is dedicated to promoting oral health awareness within the community. Recently, this initiative was extended to the students at SNBC, aiming to educate them about the importance of regular check-up while providing essential oral health care.

Aim and Objectives:

- To outline immediate steps to be taken following dental avulsion.
- To educate on the correct handling and storage of an avulsed tooth.
- To identify key factors that influence the success of tooth reimplantation.
- To promote awareness about first-line emergency care before reaching a dental professional.

Method:

The emergency management of an avulsed tooth includes the following key steps

a) Initial Response: Ensure the patient is conscious and assess for other injuries, Control bleeding from the socket using sterile gauze.

b) Locating and Handling the Tooth: Pick up the tooth by the crown only, avoiding contact with the root. If dirty, rinse gently with saline or milk. Do not scrub the tooth or use disinfectants.

c) Storage of the Tooth (if reimplantation is not immediately possible): Best options: Hank's Balanced Salt Solution, cold milk, or normal saline. If no other option is available, store the tooth in the patient's saliva (e.g., in the cheek pouch). Never store the tooth dry or wrap in paper/tissue.

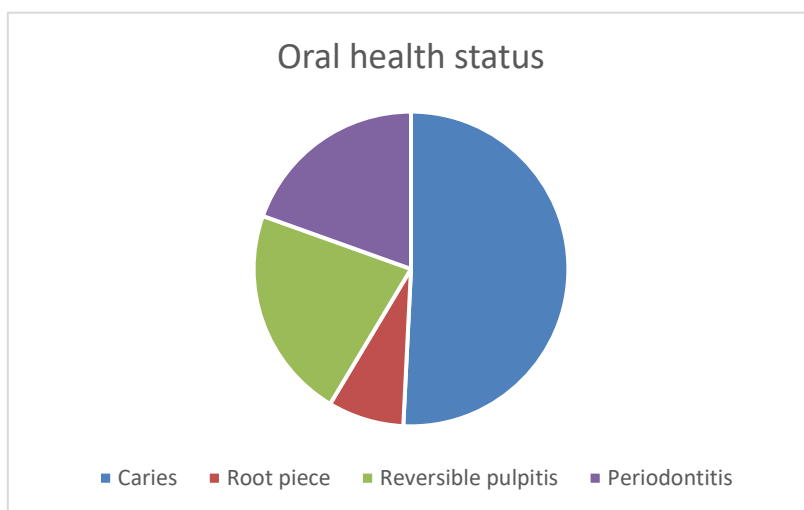
d) Reimplantation (if feasible and immediate professional care is not available): Gently insert the tooth back into the socket in the correct orientation. Ask the patient to bite on a clean cloth to hold the tooth in place. Seek dental or emergency care immediately.

e) At the Dental Clinic: Confirm positioning with X-rays. Stabilize the tooth with a flexible splint for 1–2 weeks. Administer antibiotics and tetanus prophylaxis if required. Plan for endodontic treatment depending on the duration the tooth was out and root development.

Observations: A total of 128 individuals were examined for various dental problems. Those requiring extensive treatment were referred to MGM Dental College and Hospital, Kamothe.

Oral health status:

Condition	No. of individuals	Percentage %
Caries	65	50%
Root piece	10	7%
Reversible pulpitis	28	28%
Periodontitis	25	20%



Interpretation and conclusion:

Proper management of a knocked-out tooth is time-sensitive and significantly affects the outcome. Public and clinical knowledge about dental avulsion and first aid measures can lead to increased rates of successful reimplantation. Emphasis should be placed on immediate action, appropriate tooth handling, and quick access to professional care. Preventative strategies, such as the use of mouthguards during sports and public education on dental emergencies, are essential in reducing the incidence and improving management outcomes.



ORAL EXAMINATION PERFORMED BY THE DENTAL TEAM

List of Attendees

Sr. No	List of Participants
Name of faculty	
1	Dr. Kashmira kadam
2	Dr. Pankaj Londhe
Name of Interns	
1.	Mizba Zaidi
2.	Rutuja tekale