

TRAUMATIC INJURY WITH PULP EXPOSED FOR SEVERAL DAYS BEFORE TREATMENT

Johnny the Newspaper Boy

In what might be considered an occupational hazard, eleven-year-old Johnny fell off his bicycle while delivering newspapers and fractured his maxillary central incisors (#8 & #9). Johnny did not like to go to the dentist, but the Class III fracture of tooth #8 with pulpal involvement was much too painful to ignore, and three days later he was referred to my office.

Clinical examination revealed a mesial incisal fracture exposing the pulp in #8 and an angular fracture of the enamel barely exposing the dentin in #9 (NP1).

Fearful children present a special problem for the dentist, but when I assured Johnny that I could make the pain go away, he was most interested and agreed to let me treat him. He survived the injection of local anesthesia, and within minutes the pain was gone. We immediately became the best of friends.

Toothache and exposure of the pulp to the oral elements do not preclude pulpotomy, and in this case, the tooth was vital, and a pulpotomy was performed. Pulpdent Paste was used as a pulpal dressing and sealed with zinc phosphate cement. This case predates self-curing resins and composites, so the tooth was restored with a silicate cement at the same visit.

The restoration was esthetically pleasing, Johnny was happy and free of pain, and his parents, who were terribly worried during the crisis, were ecstatic.

One month following pulpotomy, the new dentin bridge was clearly visible (NP2).



Figure NP1
Photograph showing angular fractures of central incisors.



Figure NP2
Radiograph taken one month after pulpotomy shows a well defined new dentin bridge.