



Interdisciplinary Seminars and First-Aid Textbook on Dental Trauma for Medical Students and Practitioners

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An avulsed permanent tooth is one of the few real emergency situations in dentistry [1]. Immediate replantation is the best treatment option at the place of accident, we should put the tooth in storage media if this cannot be carried out [1]. Delayed replantation has a poor long-term prognosis. The periodontal ligament will be necrotic and not expected to heal and the outcome is ankylosis and resorption of the root, the tooth will be lost eventually [1]. Management guidelines for fractures and luxations of permanent teeth [2], avulsion of permanent teeth [1] and injuries in the primary dentition [3] were developed.

Going directly to dentist (44.7%), to the casualty in the nearest hospital on foot or by any transport (25.4%) or call an ambulance (15.6%), visit the nearest private doctor (5.3%) or the family doctor (2.5%) were the answers of secondary school students (US grade 7-12) in Hong Kong when there is a traumatic dental injury [4]. Similar results were found when the same set of questions was given to the primary (US grade 1-6) and secondary school teachers (US grade 7 - 12) in Hong Kong [5]. The authors suggested Emergency management of dental trauma should be added to first aid publications and taught to students and health professionals [4,5].

Emergency departments need to triage and manage traumatic dental injuries (TDI) before the patients reach dentists [6-8]. Unfortunately, many physicians [9-11] and emergency physicians [12-14] do not possess adequate knowledge to deal with them, mainly due to lack of formal training. Emergency physicians [12,13] feel lack of confidence to manage dental trauma.

Zadik evaluated the first aid textbooks and manuals and concluded that the insufficient information of oral trauma management partly explains the reports of poor and inadequate knowledge among medics, teachers and the general public [15]. Another first-aid textbook and manual review has also shown that only 19 among 45 of the reviewed text mention procedures for use in case of traumatic dental injuries. One text published in 2000 recommends seeing the dentist after 7 days which was misleading. The authors suggested to add current, evidence-based, first - aid procedures for dental trauma for forthcoming editions [16].

Howard., *et al.* suggested educational campaigns must be undertaken to improve both the resources available to the emergency department and to improve the knowledge of physicians about TDI. They further recommended local organizations to provide emergency department with lists of dentists who are knowledgeable and willing to be available 24 hours per day to consult with TDI when necessary [14]. Other studies also suggested Educational campaigns to physicians [4,5,9,10] and emergency physicians [4,5,12].

Educational campaigns and formal interactive education is associated with confidence and knowledge, and importantly, is desired by the majority of specialist and trainee emergency physicians in Australasia [13]. A 2.5 hours workshop was given to the emergency physicians and physicians for information and clinical skills related to dental emergency including dental trauma, intra-oral bleeding, and bleeding after dental treatment, orbital space infection of dental origin, cavernous sinus thrombosis, brain abscess and Ludwig Angina [17].

Strongest predictor of emergency physicians' confidence in specific topics of dental emergencies including dental trauma was formal education [13]. Young., *et al.* sent letters to institutions requesting the course coordinator to include emergency management of dental trauma in the undergraduate and the continuing professional development programmes of healthcare professionals [4,5].

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