Ready for trauma cases?

Infrequent experience with dental injuries can easily lead to incorrect treatment

By Robert Selleck, Managing Editor

- You have two chances on Friday to learn more about treating dental issues caused by trauma. Mark Olesen, DMD, FRDC(BC), and Mark Parhar, DMD, MSc., Dip. Endo, FRDC(C), present “Dental Trauma, Open Apices, and Root Resorption” tomorrow at 8:30 a.m. and again at 1:30 p.m. in Room 119.

- Among the many topics they cover are crown fractures with pulp exposures, apexogenesis, apexification, regeneration, luxations, avulsion, horizontal root fractures, pulp obliteration, root resorption and internal bleaching. A variety of cases are used to illustrate how to effectively diagnose and treat dental injuries.

Who should attend your session?

How does the old saying go? “Everybody wants to see a train wreck.” Because of that alone, the cases in our session are of interest to everybody.

Dentists and others on the dental team typically don’t see a lot of trauma cases. So when you get one, it can be challenging to know what to do right away. You usually need to go look it up.

Any tips on how to ‘look it up’?

There’s a website that launched in 2010 that is a fantastic resource on dental trauma. It’s www.dentaltraumaguide.org. It’s a gift from Jens Andreasen. It’s one of the top dental trauma guru in the world.

With this website, no matter what you have two chances on Friday to learn more about treating dental issues caused by trauma. Mark Olesen, DMD, FRDC(BC), and Mark Parhar, DMD, MSc., Dip. Endo, FRDC(C), present “Dental Trauma, Open Apices, and Root Resorption” tomorrow at 8:30 a.m. and again at 1:30 p.m. in Room 119.

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At the University of British Columbia (from which he also graduated).

The “Implant with Sinus Surgery” procedure, co-sponsored by Hiossen Implant Canada, is being performed by Ron Zokol, DMD, FRCD(C). He is a full-time clinician in his implant-only practice in Vancouver and focuses on implant surgeries, advanced bone grafting and full-mouth reconstruction, including all-on-four “Teeth-in-a-Day” procedures. He graduated from the University of British Columbia Faculty of Dentistry in 1996 and is the founder and director of the Pacific Implant Institute in Vancouver.

Vancouver dentist Ernst “Ernie” Schmidt is on the Live Dentistry Stage at 11:30 a.m., with “CAD/CAM Ceramic Restoration,” co-sponsored by Patterson Dental. He has been in private practice his entire career and contributed as a sessional lecturer at the University of British Columbia Faculty of Dentistry from 1982 to 1990. Schmidt lectures frequently on CAD/CAM technologies and patient navigation, giving presentations in North America, Australia and Asia.

Wrapping up the Live Dentistry program Friday afternoon is Hanef Alibhai, BSc, MD, CM, CCFP, FCFP, with “Botox Demonstration” at 3, which is co-sponsored by “md cosmetic & laser training.” Alibhai is the medical director of md cosmetic & laser clinic, located in Abbotsford, British Columbia. He is a past-president of the Canadian Association of Aesthetic Medicine and a clinical instructor for the University of British Columbia Faculty of Medicine.

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type of dental trauma you see, you can punch in the stage of root development and the type of trauma, and the site will give you some ideas on what to do and what the prognosis is for the tooth with that injury. It’s a fantastic website.

Do you go into detail on how to use the Dental Trauma Guide website?
Yes, we put it up on the screen and show you how to use it. It’s very easy.

Trauma cases typically go to their dentist first, or else emergency clinics or the hospital before an endodontist. We typically do not see these cases until several days or sometimes weeks or months later.

In our presentation, we try to give dentists an idea on how to treat some of these cases and use the Dental Trauma Guide website, and we encourage them to call or email other professionals for advice if needed.

Are there other new trauma-related products or techniques that you cover?
We talk about MTA [mineral trioxide aggregate] materials such as Pro.Root MTA [Dentsply Tulsa] and MTA-Angelus [Clinical Research Dental] and other biocompatible dentin-substitute materials such as Biodentine (Septodont). These fantastic materials have really changed the way that many dental trauma cases are treated.

Are all the example cases ones that you have handled?
Most of them are ours. Mark Parhar was the team dentist for several years for the Vancouver Giants [a major junior team in the Western Hockey League]. So he has seen quite a few hockey injuries, such as a recent case where four teeth were knocked completely out and onto the ice. Nobody tried to retrieve them. And the player came in a day or two later.

What are some of special challenges in treating trauma-related cases?
There are many challenges, including what to do with avulsed teeth and horizontal root fractures. These are not common injuries, so it can be easy for them to receive incorrect treatment.

In addition, various types of resorption cases also can be challenging. We get into how to diagnose trauma cases and how to identify the different treatment options.

Figs. 1, 2: Classic cases of mouth versus hockey puck. A number of the dental trauma cases used by Dr. Mark Olesen and Dr. Mark Parhar to serve as example illustrations in their session involve hockey injuries, such as these two cases. These types of trauma cases typically require removing loose bone and tooth fragments, then repositioning and splinting the teeth to stabilize and enable healing. Endodontic treatment is used to save the remaining teeth. The missing teeth in these two examples were lost. (Photos/Provided by Dr. Mark Olesen and Dr. Mark Parhar)

Figs. 3, 4: Perforating internal resorption treated with MTA.

Figs. 5: Following treatment, pictured one year later, is the same 'perforating internal resorption treated with MTA' as pictured in Figs. 3 and 4.

Figs. 6, 7: Horizontal root fracture.

Figs. 8: Following treatment, pictured one year later, the same ‘horizontal root fracture’ as in Figs. 6 and 7.