Radiographic Examination
To approximate the size of the pulp chamber.
The stage of apical development indicates the type of treatment.
Root fracture.
Alveolar bone.
P.d. condition.
For comparison with the record in the future.
In case with more complex injuries or jaw fractures are suspected extra oral films may also be necessary to help to identify the extent and location of all injury oblique lateral jaw radiographs and panoramic films are often useful in addition to this diagnostic process.

Emergency Treatment of Soft Tissue Injury
Injury to the teeth of children is often accompanied by
1. Open wound of the oral tissues
2. Abrasion of the facial tissues
3. Puncture wounds..
The dentist must recognize the possibility of the development of tetanus after the injury and must carry out adequate first aid measures. Soft tissue if need minor surgery suture it If extensive injury the child should hospitalized.
The child should immunize against tetanus in 1st 2 years of life.
If the child not immunized the child should be given tetanus antitoxin (Tetanus Immunoglobulin, or TIG) which would given by physician.

The aim of treatment of any teeth should maintain the vitality of the tooth and allow normal development and growth of the jaws and alveolar bone.
The teeth in the area of injury should be carefully cleaned of debris. A piece of cotton moistened with saline or hydrogen peroxide can be used to clean the teeth and surrounded area. When the injury result in # of crown, the dentist should observe the amount of the tooth structure that has been lost and should look for pulp exposure, with good light the crown should be examined for cracks and craze lines. It affects the type of Permanent color for the teeth. Color of the teeth should be carefully compared with that of adjacent uninjured teeth. Severely traumatized teeth often appear darker and reddish discolored indicating pulp hyperemia. Later time may undergo degenerative changes, end in pulp necrosis.

Reaction of Permanent Tooth Bud to Injury
There is possibility of damage to the underlying developing permanent teeth after an injury to the anterior primary teeth.
The close anatomic relationship between the apices of primary teeth and their developing permanent successors explains why injury to the anterior primary teeth
may involve the permanent dentition.

Some injuries to the face and jaws may not appear to have caused by dental injuries initially, but the problem may be noticed several months or years.

Hypocalcification and Hypoplasia
Gross malformation of the crown
Small pigmented hypo plastic areas have been referred to as (Turner tooth).
Small hypo plastic defect may be restored by the resin bonding technique.

Reparative Dentin
If injury to developing permanent tooth is severe enough to remove thin covering of developing enamel causes destruction of amelobalsts, the subjacent odontoblasts have been observed to produce a reparative type of dentin. The irregular dentin bridges the gap where there is no enamel covering to aid in protecting the pulp from further injury.

Dilaceration
Occur after intrusion or displacement of an anterior primary tooth. The developed portion of the permanent tooth is twisted or bent on itself and in this position growth of the tooth progress. Germination may appear in the part of the tooth formed after the injury.

Displacement of Primary and Permanent Anterior Teeth – Luxation
Intrusion of teeth and Extrusion of Teeth
Intrusion of the anterior primary teeth is common in children during the 1st 3 years of life. Frequently falls and striking the teeth on hard object may force the teeth into alveolar process to the extent that the entire clinical crown becomes buried in bone and soft tissue.

Treatment
Immediate treatment of soft tissue damage.
Most of injuries of this type occur at age when it would be difficult to construct a splint or appliance to stabilize the repositioned teeth.
The developing permanent incisor tooth bud lie lingual to the roots of the permanent central incisors If intrusive displacement occurs the primary tooth usually remains labial to the developing permanent tooth. If intruded permanent tooth is found in a lingual relationship to developing permanent tooth it should be removed. This can be determined by a lateral radiograph of the anterior segment.

X-ray should be taken to detect root Fracture, Fracture of alveolar bone evidence of damage to permanent successor.
The force in field will cause turner or localized hypoplasia If trauma is severe it cause gross malformed to the permanent teeth called dilacerations .
Primary intruded teeth as a result of blow re-erupt within 3-4 weeks after the
The intruded tooth in future may be resorp, root resproption, pulp necrosis, ankylosis.
Primary teeth if displaced but not intruded try to reposition the tooth with slight pressure, as soon as possible by the dentist or parents after the accident to prevent interfering with occlusion.
Give the child soft diet, analgesic, antibiotic and observe after 1 week, one month to
observe the condition by X-Ray. The prognosis for severely-loosened primary teeth is poor. The teeth frequently remain mobile and undergo rapid root resorption. When resorption occur it was more extensive and progressed more rapidly in teeth with incomplete root development. Intruded permanent teeth have poor prognosis than similarly injured primary teeth. The tendency for the injury to be followed by rapid root resorption, pulpal necrosis, or ankylosis is greater. Treatment by orthodontic extrusion or waiting until spontaneous re-eruption of intruded permanent teeth remains a matter of clinical judgment. If fully embedded inside the jaw better to extract and do space maintainer to help child psychologically and esthetically. The Extensive Luxation of Permanent teeth usually result in the teeth becoming pulpless. The immediate treatment, if mobile involves the careful repositioning of the teeth and stabilization if the repositioned teeth do not respond the pulp test within 2 to 3 weeks after repositioning endodontic treatment should be done before there is evidence of root resorption, which occur mostly after sever injuries of this type. If the tooth not mobile just reduce little bit of the incisal edge.