



Changing Trend for Restoration of Fractured Tooth

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It is indeed a great pleasure and honor for me to write this editorial. I am thankful to the OMICS for giving me this opportunity. First of all, I wish all the readers a very happy and prosperous new year, 2016.

Now coming to dental trauma, it is common in children and adolescents and is one of the most common reason for seeking immediate dental treatment, because of both physical and psychological reasons. Restoration of fractured teeth poses a great challenge to the clinician. Several factors influence its management in which esthetic is one of the most important factor, especially when maxillary incisors were involved.

Previously composite and jacket crown are the most common mode of restoring such tooth. But now a day's reattachment of same tooth fragment is the treatment of choice whenever fractured fragment was available. It is more esthetic, simple and conservative procedure along with greater acceptance from the patients. Many different

techniques and bonding material were suggested to increase the bond strength. Some recommends fragment reattachment with additional preparation, whereas, others had shown that placement of any kind of preparation does not improve the retention or fracture strength of the reattached fragment. The most commonly used bonding materials are the dentin-bonding agents alone or with composite materials and dual, self-cured or light-cured luting cements. Hydration is also an important factor; both bond strength and esthetic depend on this.

In my opinion, whenever possible fragment reattachment of fractured tooth is a good option. If reattachment fails, it does not prevent the use of other treatment options. The most important thing is to educate the people regarding prevention of trauma and in case tooth fracture occurs, to preserve the fractured fragment and seek immediate dental treatment.

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