

An Overview of Dental Emergency

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DESCRIPTION

A dental emergency is a situation that involves the teeth and supporting tissues and requires immediate attention from a qualified practitioner. Pain isn't always a clue that anything needs to be looked at in a dental emergency; however it is a common indicator. The tooth, surrounding tissues, or an independent source might cause pain that appears to originate in the teeth. In a dental emergency, each tissue type sends different messages, so an expert practitioner may diagnose the likely cause and treat the problem based on the type of pain. There are a variety of emergencies, ranging from bacterial, fungal, or viral infections to a shattered tooth or dental restoration, each requiring a specific response and treatment. Fractures can develop anywhere on the tooth or in the surrounding bone, and treatment choices vary based on the location and amount of the fracture. Dental restorations that come out or fracture might be considered a dental emergency since they can affect aesthetics, eating, and pronunciation, and should be treated with the same urgency as tooth tissue loss. To maintain the teeth for as long as possible, all dental crises should be addressed under the supervision or guidance of a dental health specialist.

A medical emergency, on the other hand, is sometimes more clearly defined as an acute ailment that poses a direct threat to life, limb, vision, or long-term health. As a result, dental emergencies are rarely referred to as medical emergencies in this context. Some people describe a dental emergency as a person's willingness to get emergency dental treatment at any time and on short notice, claiming that those who are picky about when they are available for treatment aren't actual emergency cases. What defines a dental emergency is sometimes a point of contention between physicians and patients.

Pain is defined as a "painful sensory and emotional experience linked to existing or potential tissue damage, or described in terms of such harm." It is one of the most common reasons patients seek dental care, and it can be caused by a variety of disorders or conditions. Odontogenic pain is pain that

originates in the dental pulp and or periradicular tissues and is caused by teeth. Periradicular pain can be pulpal in origin, most usually caused by pulp disease extending into the periradicular tissues, or periodontal in origin, caused by periodontal disease. Apical periodontitis is a type of periodontitis that affects the periodontal ligament that surrounds the tooth. Inflammatory mediators from irreversibly inflamed pulp, bacterial toxins from necrotic pulp, improperly contoured restorations, and, in some circumstances, endodontic treatment can all contribute to this. This illness comes in two forms: acute and chronic. Moderate to severe pain, frequently triggered by touch and pressure, is a characteristic of acute apical periodontitis, which can also involve spontaneous discomfort.

When activated, the chronic version of the illness can be asymptomatic, but it can also cause pain in the surrounding tissues. Apical abscess is a complication of apical periodontitis in which bacteria have entered the periradicular tissues and are generating a strong inflammatory response; it comes in both acute and chronic forms. Acute apical abscesses can induce facial swelling as well as other systemic effects like a high temperature and a sensation of lethargy. When the inflammation affects the airway, the illness is known as Ludwig's Angina and can be life-threatening. Because the pressure from the disease is drained through a sinus tract, a persistent apical abscess might be asymptomatic; a draining sinus can typically be observed clinically. A periodontal abscess is an inflammation of the periodontal tissues that is localized. It's caused by bacteria already present in periodontal pockets, traumatic bacterial or foreign body insertion, or it might happen after periodontal treatment. This condition has a quick onset, is triggered by touch, and is accompanied with discomfort. It's important to remember that an apical abscess can drain through the periodontal pocket, leading to a false diagnosis of periodontal abscess, or a periodontal abscess can appear at the apex of the tooth, leading to a false diagnosis of apical abscess; a tooth can also have both lesions at the same time. An injury to the hard and soft tissues of the mouth and face is referred to as dental trauma.

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CONCLUSION

To relieve pain, over-the-counter topical anaesthetics with active substances like benzocaine or choline salicylate can be applied directly to the gums. Aspirin, paracetamol, and ibuprofen are

typical analgesics; aspirin and ibuprofen have the added benefit of being anti-inflammatory. The use of ice and/or heat is also common. Prior to treatment, a dentist may prescribe an anti-inflammatory corticosteroid like Dexameth to relieve pain.