

Letter to editor

Sir,

We read this case report (Ines K, Nabiha D. Delayed tooth replantation after traumatic avulsion resulting in complete root resorption. *J Pediatr Dent* 2016;4:18-23) with interest.

It is a good informative article which guides us how replantation should be done in case of an avulsed tooth. When extraoral dry time is more than 60 min, then PDL cells become nonviable. Hence, in these cases, delayed replantation has a poor long-term prognosis.^[1]

So, while replanting an avulsed tooth with more than 60 min extraoral dry time, following points should be kept in mind to prevent tooth loss caused by resorption.

1. Avulsed tooth should be placed in 2% NaF solution for 20 min to slow down osseous replacement of the tooth.^[2] NaF delays the process of resorption by acting as toxic for the resorptive cells of the hard tissue.
2. A flexible splinting, for example, stainless steel wire and composite splint should be given for 4 weeks instead of rigid splint.
3. Avulsed tooth should be transported in a physiological storage medium such as Hank's balanced salt solution.
4. The root canal treatment should be carried out extraorally before replantation. The intracanal dressing of calcium hydroxide should be given due to its antimicrobial and antiresorptive characteristics.

Recently, zoledronic acid (bisphosphonates) has been used for delaying resorption in cases of delayed replantation. This drug incorporates into mineralized tissues and remains available for long periods.^[3] Tuna *et al.* reported that in cases of delayed replantation, basic fibroblastic growth factor and emdogain show good results to increase the survival rate of these teeth.^[4]

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Conflicts of interest

There are no conflicts of interest.

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