

MANAGEMENT OF INTRUDED PRIMARY MAXILLARY INCISORS WITH ANKYLOSIS AND SECONDARY PATHOLOGIC SEQUELAE: A CASE REPORT

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01 Introduction

Intrusion is a common injury in primary dentition. Although most incisors re-erupt spontaneously, complications such as infection, resorption, and ankylosis may occur, potentially interfering with permanent tooth eruption.

02 Case Description

A 4-year-old female presented with a history of traumatic intrusion of both maxillary primary central incisors at approximately 2 years of age.

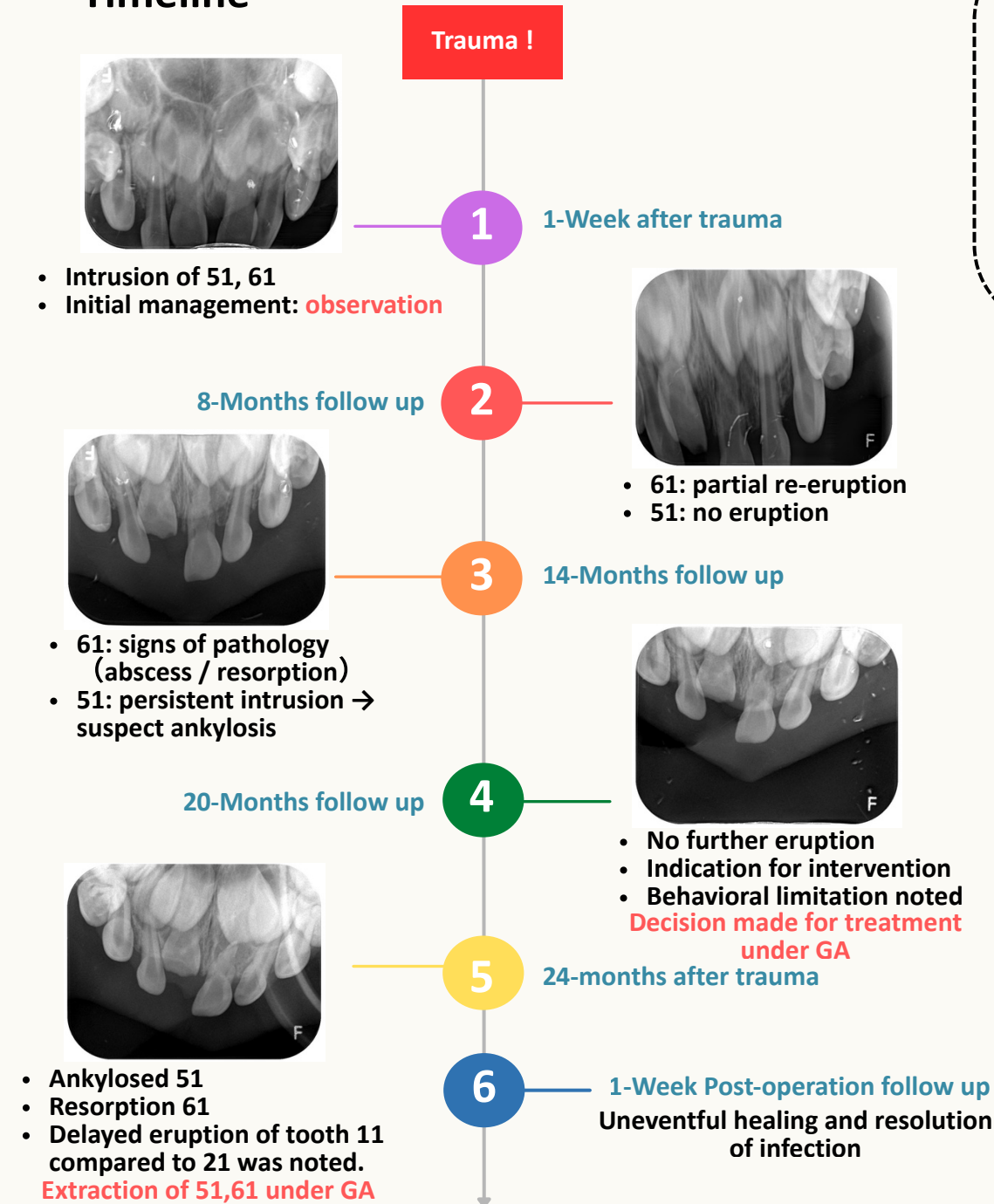
- Tooth 61:
 - Gradual spontaneous re-eruption within 8 months.
 - Later developed abscess and external root resorption.
 - Presence of sinus tract.
- Tooth 51:
 - Remained severely intruded and positioned high in alveolar bone.
 - No eruption observed for over 1 year.
 - Findings suggestive of ankylosis.

References

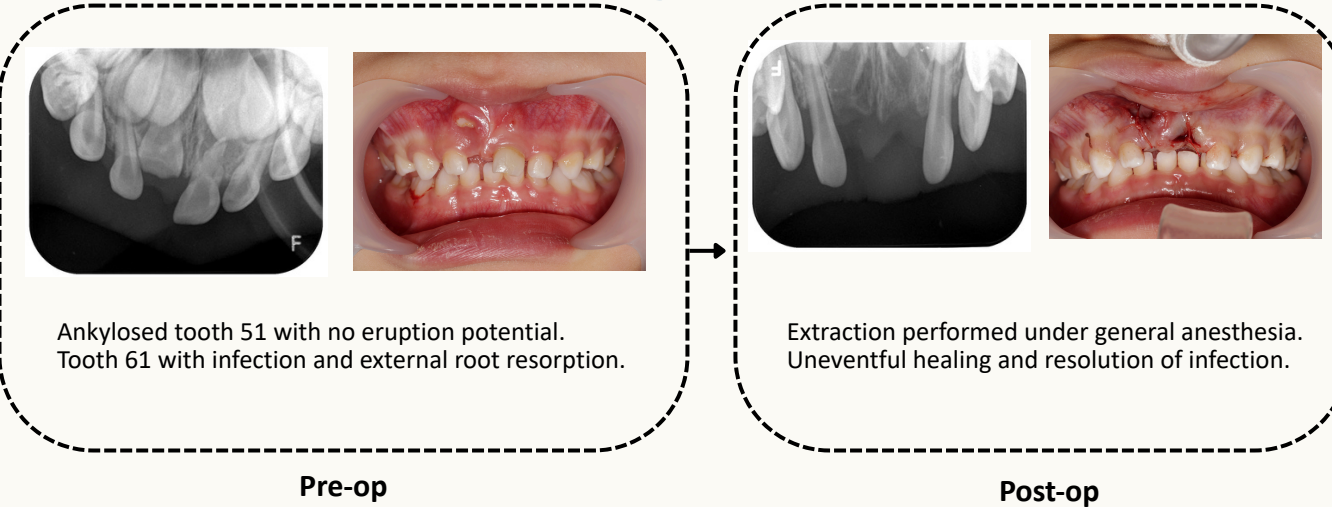
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2. Andreasen JO, Andreasen FM, Andersson L. Textbook and Color Atlas of Traumatic Injuries to the Teeth.
3. Holan G, Ram D. Sequelae and prognosis of intruded primary incisors.
4. Flores MT, et al. Guidelines for traumatic dental injuries.

03 Clinical Course

Timeline



04 Definitive Management & Outcome



05 Discussion

1. Variable Outcomes after Intrusion

Intrusion of primary incisors may result in diverse outcomes, even within the same patient. In this case, one tooth re-erupted but developed infection, while the other remained intruded with suspected ankylosis.

2. Timing of Intervention

Although spontaneous re-eruption is common, lack of eruption beyond 6–12 months should prompt reassessment. The development of infection or pathological resorption represents a clear indication for intervention.

3. Ankylosis and Eruption Interference

Ankylosed primary teeth may lose eruption potential and interfere with eruption of permanent successors. In this case, delayed eruption of the permanent incisor was observed, further supporting the need for timely intervention.

06 Clinical Takeaways

- Intrusion of primary incisors may result in divergent outcomes, even within the same patient.
- Failure of re-eruption beyond 6–12 months should raise suspicion of ankylosis.
- Timely extraction of ankylosed primary teeth is important to facilitate normal eruption of permanent successors.