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Response To a Retrospective Evaluation of Crown-Fractured Permanent Teeth Treated in A Pediatric Dentistry Clinic

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I would like to express our gratitude to Dr Andreasen for her interest in our recent article (1). Dr Andreasen emphasizes on concomitant luxation injuries and expresses her concerns that these injuries have not been taken into consideration in the study protocol. In fact, as it is written in the 'Patients and methods' section of the article, 'only' uncomplicated (enamel—dentine) and complicated crownfractured teeth were included in the study. However, this sentence could have been written more clearly to avoid misconceptions as stated by Dr Andreasen. The results of our study indicate a dramatic late referral rate. Only 53% of the study samples were referred to our clinics in less than 7 days after the traumatic injury. The delay in seeking dental care after a traumatic injury might have masked underlying concomitant luxation injury. Although the possibility of existing concomitant injury cannot be ruled out, it is sometimes impossible to make an accurate diagnosis of the exact clinical situation with respect to luxation injury especially in a late presenting case. This condition has been discussed as a contributing factor for the high rate of pulp necrosis observed in the study. I hope this information is useful to satisfy Dr Andreasen's concerns.

Reference

1 Güngör HC, Uysal S, Altay N. A retrospective evaluation of crown-fractured permanent teeth treated in a pediatric dentistry clinic. *Dent Traumatol* 2007; **23**: 211–7.