Awareness, Attitude and Knowledge of Emergency Management of Avulsed Tooth in Urban India

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Abstract: Aims and Objective: Dental avulsion is the complete and total displacement of tooth from its socket. An avulsed tooth can possibly be re-implanted. There is a need to spread awareness amongst the population who are unaware of such treatment modalities. The present study aimed at investigating knowledge, attitude and awareness amongst population in Navi Mumbai about emergency management of avulsed tooth. An additional aim was to spread the correct knowledge and emergency protocol to be followed in case of dental avulsion. Materials and Methods: A contact survey was conducted with a sample size of 504 patients in the Department of Conservative Dentistry and Endodontics, D.Y Patil University, School of Dentistry, Navi Mumbai regarding their knowledge and awareness about emergency treatment of avulsed tooth over a period of 3 months. Data was tabulated in excel sheet and analyzed using SPSS 22.0 software. Discussion and Conclusion: Patients themselves can play an important role in improving the prognosis of the avulsed tooth. Majority of the respondents (95%) were unaware of possibility of re-implantation of avulsed tooth. Almost 88% of female respondent disagreed to self-re-implant the avulsed tooth. Majority of males and females said they would visit a dentist for emergency treatment. When asked about the cleaning media to be used to clean the dirty avulsed tooth, 36% of the illiterate respondents preferred to use a toothbrush. About 18% respondents chose ice water as storage medium to carry the avulsed tooth. Irrespective of education level, gender or awareness level of possibility of re-implantation of avulsed tooth, there is a general lack of awareness about the emergency management of avulsed tooth.

Keywords: Avulsion, Emergency treatment, Tooth re-implantation, Survey

1. Introduction

Traumatic injuries during childhood are quite common. Dental avulsion has an incidence of 0.5-3% of all traumatic injuries in permanent dentition and 7-13% in primary dentition. Studies have shown that about 50% of children have their primary or permanent dentition affected by traumatic injuries during their school life. Teeth more commonly involved are the maxillary central and lateral incisors. Loss of the maxillary central/lateral incisors can cause psychological, social, functional and aesthetic repercussions to the patient and thus effect overall growth as a person. It is very important for general population to understand the importance of saving the avulsed tooth and know the emergency management, if situation prevails.

Dental avulsion is defined as the complete and total displacement of tooth from its socket. Prognosis of the tooth depends on the viability of the periodontal ligament and time elapsed since the incident took place. Studies done in the past have shown that there is a need to increase the awareness and spread the right knowledge amongst people about tooth avulsion. This study was aimed at investigating the knowledge and awareness amongst population of a metropolitan city in western part of India about emergency management of avulsed tooth. An additional aim was to spread the correct knowledge and emergency protocol to be followed in case of dental avulsion.

2. Materials and Method

A randomized study with a sample size of 504 patients was conducted in Department of Conservative Dentistry and Endodontics over a period of 3 months. Ethical clearance was obtained from the institutional ethical committee. A questionnaire (Table 1) was formulated to study the awareness and knowledge amongst general population regarding avulsed permanent teeth. A contact survey was carried out in English/Hindi/Marathi where the investigator was always present to assist the individuals who wished to be a part of this study. Every individual who participated in the survey signed an informed consent form. At the end of the questionnaire, the participants were told the right answers and were educated about the correct protocol to manage dental avulsion in future. Data was collected and tabulated in excel sheet and analysed using IPSS 22.0 software and a comparison was made based on level of education, gender and awareness of possible re-implantation following dental avulsion.

3. Results

Table 2 gives the demographic tabulation of the data. Tables 3 to 24 give the frequency distribution of the responses to the questions in the survey and their statistical analysis.

| Questions                                                                 | Options     |
|----------------------------------------------------------------------------|-------------|
| Are you aware of possibility of re-implantation of avulsed tooth as part of first-aid in treatment modality? | Yes, No     |
| How soon do you believe re-implantation of avulsed tooth should be done?   | Immediately, As bleeding stops, After 1 hour, The same day, After few days, Later dental visits |
| Would you attempt to self re-implant the tooth?                           | Yes, No     |
| Who would you consult in case of an avulsed tooth?                        | Doctor, Family member/ Friend/ Neighbour, Dentist, Other |
| Are you aware that you have to clean the dirty avulsed tooth?             | Yes, No     |

Table 1: Questionnaire
How would you clean the dirty avulsed tooth?
- Milk
- Brush
- Salt water
- Water
- Nothing

How would you carry the tooth?
- Wrap the tooth in paper/handkerchief
- Disinfecting solution
- Ice water
- Milk
- Child’s mouth/saliva
- Saline solution
- Fruit juice

Have you ever received any advice regarding emergency management of avulsed tooth?
- Yes
- No

What is the source of your information?
- Books
- Media
- Friend/neighbour
- Doctor/First-aid
- Others

Are you interested in receiving more information about the emergency management of avulsed tooth?
- Yes
- No

Do you agree to the importance of saving the avulsed tooth?
- Yes
- No

Do you have previous experience of managing dental avulsion?
- Yes
- No

Do you have any previous experience of dental trauma (broken, avulsed, and other)?
- Yes
- No

Table 2: Demographic data

| Variables              | Frequency | Percent |
|------------------------|-----------|---------|
| Total Respondents      | 504       | 100     |
| GENDER                 |           |         |
| Male                   | 322       | 63.9    |
| Female                 | 182       | 36.1    |
| EDUCATION              |           |         |
| Elementary School      | 140       | 27.8    |
| Graduate               | 96        | 19      |
| Higher Secondary School| 225       | 44.7    |
| Non-Literate           | 28        | 5.5     |
| Postgraduate           | 15        | 3       |

Table 3: Frequency distribution of responses for Q.1 Are you aware of possibility of re-implantation of avulsed tooth as part of first-aid in treatment modality?

|                | Frequency | Percent  | Valid Percent | Cumulative Percent |
|----------------|-----------|----------|---------------|--------------------|
| No             | 479       | 95       | 95            | 95                 |
| Yes            | 25        | 5        | 5             | 100                |
| Total          | 504       | 100      | 100           |                    |

Chi-square value:

|                  | Value     |
|------------------|-----------|
| Education        |           |
| Chi-square       | 2.455     |
| df               | 3         |
| p-value          | 0.483     |
| Gender           |           |
| Chi-square       | 0.066     |
| df               | 1         |
| p-value          | 0.798     |

Gender and Awareness. So we can conclude that the awareness is independent of Education and Gender.

Table 4: Comparison of awareness of possibility of re-implantation of avulsed tooth as part of first-aid in treatment modality and Education and Gender:

|                | Yes               | No               |
|----------------|-------------------|------------------|
| Count          | Column N %        | Count            | Column N %        |
| Education      |                   |                  |
| Illiterate     | 2                 | 8.70%            | 26               | 5.60%            |
| Elementary school | 5            | 21.70%           | 135              | 29.00%           |
| Higher secondary | 9             | 39.10%           | 216              | 46.40%           |
| Graduate       | 7                 | 30.40%           | 89               | 19.10%           |
| Post graduate  | 0                 | 0.00%            | 0                | 0.00%            |
| Gender         |                   |                  |
| Male           | 16                | 61.50%           | 306              | 64.00%           |
| Female         | 10                | 38.50%           | 172              | 36.00%           |

Chi-square value:

|                  | Value     |
|------------------|-----------|
| Education        |           |
| Chi-square       | 2.455     |
| df               | 3         |
| p-value          | 0.483     |
| Gender           |           |
| Chi-square       | 0.066     |
| df               | 1         |
| p-value          | 0.798     |

Results are based on nonempty rows and columns in each innermost sub-table.

****p-value less than 0.05 indicates significant association.

Interpretation: Since p-value for the chi-square is greater than that of 0.05 indicates no association of education.

Table 5: Frequency distribution of responses for Q.2 How soon do you believe re-implantation of avulsed tooth should be done?

|                | Frequency | Percent  | Valid Percent | Cumulative Percent |
|----------------|-----------|----------|---------------|--------------------|
| After 1 hour   | 20        | 4.0      | 4.0           | 4.0                |
| After few days | 13        | 2.6      | 2.6           | 6.5                |
| As bleeding stops | 172       | 34.1     | 34.1          | 40.7               |
| Immediately    | 244       | 48.4     | 48.4          | 89.1               |
| Later dental visit | 22       | 4.4      | 4.4           | 93.5               |
| The same day   | 33        | 6.5      | 6.5           | 100.0              |
| Total          | 504       | 100.0    | 100.0         |                    |
Since p-value for the chi-square is less than 0.05 indicates significant association.

### Interpretation:
Since p-value for the chi-square is less than that of 0.05 indicates significant association with education.

#### Table 7: Frequency distribution of responses for Q3 Would you attempt to self-re-implant the tooth?

| Education       | Frequency | Percent | Valid Percent | Cumulative Percent |
|-----------------|-----------|---------|---------------|--------------------|
| Valid No        | 410       | 81.3    | 81.3          | 81.3               |
| Yes             | 94        | 18.7    | 18.7          | 100.0              |
| Total           | 504       | 100.0   |               |                    |

#### Table 8: Comparison of attempt to self-re-implant the tooth and Education

| Education       | Would you attempt to self-re-implant the tooth? | Yes | No |
|-----------------|-----------------------------------------------|-----|----|
| Illiterate      | Count                                        | 9   | 32.10% | 67.90% |
| Elementary school | Count                                  | 34  | 24.30% | 75.70% |
| Higher secondary | Count                                | 38  | 17.00% | 83.00% |
| Graduate        | Count                                       | 10  | 10.50% | 89.50% |
| Post graduate   | Count                                       | 0   | 0.000% | 0.000% |

**Chi-square test value:** 10.826

**DF:** 3

**p-value:** 0.013

******p-value less than 0.05 indicates significant association.**

### Table 10: Comparison of consultation in case of avulsed tooth and Education

| Education       | Friends/ Neighbour | Doctor | Dentist | Other |
|-----------------|---------------------|--------|---------|-------|
| Illiterate      | Count               | 2      | 7       | 19    | 0     |
| Elementary school | Count              | 0      | 15      | 124   | 1     |
| Higher secondary | Count                | 0      | 7       | 218   | 0     |
| Graduate        | Count               | 0      | 0       | 95    | 1     |
| Post graduate   | Count               | 0      | 0       | 0     | 0     |

**Chi-square test value:** 69.422

**DF:** 9

**p-value:** 0.000

******p-value less than 0.05 indicates significant association.**

### Interpretation:
Since p-value for the chi-square is less than that of 0.05 indicates significant association with education.

#### Table 11: Frequency distributions of responses for Q6 Are you aware that you have to clean an avulsed tooth and Education:

| Education       | Frequency | Percent | Valid Percent | Cumulative Percent |
|-----------------|-----------|---------|---------------|--------------------|
| Valid No        | 182       | 36.1    | 36.1          | 36.1               |
| Yes             | 322       | 63.9    | 63.9          | 100.0              |
| Total           | 504       | 100.0   |               |                    |

#### Table 12: Comparison of awareness about need to clean an avulsed tooth and Education:

| Education       | Are you aware that you have to clean the dirty avulsed tooth? | Yes | No |
|-----------------|----------------------------------------------------------------|-----|----|
| Illiterate      | Count                                           | 23  | 5  |
| Elementary school | Count                                      | 93  | 46 |
| Higher secondary | Count                                   | 129 | 96 |
| Graduate        | Count                                       | 66  | 30 |
| Post graduate   | Count                                       | 0   | 0  |

**Chi-square test value:** 9.743

**DF:** 3

**p-value:** 0.021
**p-value less than 0.05 indicates significant association.**

**Interpretation:** Since p-value for the chi-square is less than that of 0.05 indicates significant association with education.

**Table 13:** Frequency distributions of responses for Q.5 How would you clean the dirty avulsed tooth?

| Frequency | Percent | Valid Percent | Cumulative Percent |
|-----------|---------|---------------|--------------------|
| Valid     |         |               |                    |
| Brush     | 126     | 25.0          | 25.0               |
| Milk      | 1       | 2             | 2                  |
| Nothing   | 115     | 22.8          | 48.0               |
| Salt water| 11      | 22.2          | 50.2               |
| Water     | 251     | 49.8          | 100.0              |
| Total     | 504     | 100.0         | 100.0              |

**Table 14:** Comparison of knowledge about how to clean an avulsed tooth and Education:

| How would you clean the dirty avulsed tooth? | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------------------------------------------|-----------|---------|---------------|--------------------|
| Education                                   |           |         |               |                    |
| Illiterate                                  |           |         |               |                    |
| %                                           |           |         |               |                    |
| Water                                       | 12        | 42.90%  | 35.70%        | 17.90%             |
| Milk                                        | 1         | 25.00%  | 55.00%        | 17.90%             |
| Brush                                       | 2         | 10.00%  | 25.00%        | 17.90%             |
| 2 things                                    |           |         |               |                    |
| Salt water                                  | 11        | 22.8    | 48.0          | 75.8               |
| Total                                       | 504       | 100.0   | 100.0         |                    |

**p-value less than 0.05 indicates significant association.**

**Interpretation:** Since p-value for the chi-square is less than that of 0.05 indicates significant association with education.

**Table 15:** Frequency distributions of responses for Q.7 How would you carry the tooth?

| How would you carry the tooth? | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------------------------------|-----------|---------|---------------|--------------------|
| Valid                           |           |         |               |                    |
| Child's mouth/saliva            | 11        | 2.2     | 2.2           | 2.2                |
| Disinfecting solution           | 26        | 5.2     | 5.2           | 7.3                |
| Fruit juice                     | 1         | 0.2     | 0.2           | 7.5                |
| Ice water                       | 89        | 17.7    | 17.7          | 25.2               |
| Milk                            | 5         | 1.0     | 1.0           | 26.2               |
| Saline solution                 | 25        | 5.0     | 5.0           | 31.2               |
| Wrap the tooth in paper or handkerchief | 347 | 68.8 | 68.8 | 100.0 |
| Total                           | 504       | 100.0   | 100.0         |                    |

**p-value less than 0.05 indicates significant association.**

**Interpretation:** Since p-value for the chi-square is less than that of 0.05 indicates significant association with education.

**Table 16:** Comparison of knowledge of how to carry avulsed tooth and Education:

| How would you carry the tooth? | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------------------------------|-----------|---------|---------------|--------------------|
| Education                       |           |         |               |                    |
| Illiterate                      |           |         |               |                    |
| %                               |           |         |               |                    |
| Wrap the tooth in paper or handkerchief | 18 | 64.30% | 25.00% | 3.60% | 7.30% | 0.00% | 0.00% |
| Ice water                       | 7         | 23.30%  | 23.30%        | 2.60%              |
| Milk                            | 1         | 1.80%   | 1.80%         | 0.00%              |
| Child's mouth/saliva            | 0         | 0.00%   | 0.00%         | 0.00%              |
| Disinfecting solution           | 0         | 0.00%   | 0.00%         | 0.00%              |
| Saline solution                 | 0         | 0.00%   | 0.00%         | 0.00%              |
| Fruit juice                     | 0         | 0.00%   | 0.00%         | 0.00%              |
| Total                           | 504       | 100.0   | 100.0         |                    |

**p-value less than 0.05 indicates significant association.**

**Interpretation:** Since p-value for the chi-square is less than that of 0.05 indicates significant association with education.
Table 17: Frequency distributions of responses for Q.8
Have you ever received any advice regarding emergency management of avulsed tooth?

| Education     | Yes | No |
|---------------|-----|----|
| Illiterate    | 2   | 26 |
| Elementary school | 4   | 136 |
| Higher secondary | 5   | 219 |
| Graduate      | 6   | 89 |
| Post graduate | 0   | 0  |
| Cumulative    | 22  | 4  |

Chi-square test value: 4.579  
p-value: 0.205

****p-value less than 0.05 indicates significant association.

Interpretation: Since p-value for the chi-square is greater than that of 0.05 indicates no significant association with education.

Table 18: Comparison of receiving any advise regarding emergency management of avulsed tooth and Education:

| Education     | Valid | Cumulative |
|---------------|-------|------------|
| Illiterate    | 2     | 26         |
| Elementary school | 4     | 136        |
| Higher secondary | 5     | 219        |
| Graduate      | 6     | 89         |
| Post graduate | 0     | 0          |

Table 19: Frequency distributions of responses for Q.11 Do you agree to the importance of saving the avulsed tooth?

|   | Frequency | Count | Valid | Cumulative |
|---|-----------|-------|-------|------------|
| No | 22        | 4.4   | 4.4   | 4.4        |
| Yes| 482       | 95.6  | 95.6  | 100.0      |
| Total | 504 | 100.0 | 100.0 |

Chi-square test value: 4.579  
p-value: 0.205

****p-value less than 0.05 indicates significant association.

Interpretation: Since p-value for the chi-square is greater than that of 0.05 indicates no significant association with education.

Table 20: Comparison of agreement to importance of saving avulsed tooth and Education:

| Education     | Valid | Cumulative |
|---------------|-------|------------|
| Illiterate    | 25    | 2          |
| Elementary school | 128  | 12         |
| Higher secondary | 218  | 7          |
| Graduate      | 95    | 1          |
| Post graduate | 0     | 0          |
| Chi-square test value: 9.596  
p-value: 0.022

****p-value less than 0.05 indicates significant association.

Interpretation: Since p-value for the chi-square is less than that of 0.05 indicates significant association with education.

4. Legend of Tables

Table 1: Questionnaire
Table 2: Demographic data
Table 3: Frequency distribution of responses for Q.1 Are you aware of possibility of re-implantation of avulsed tooth as part of first-aid in treatment modality?
Table 4: Comparison of awareness of possibility of re-implantation of avulsed tooth as part of first-aid in treatment modality and Education and Gender.
Table 5: Frequency distribution of responses for Q.2 How soon do you believe re-implantation of avulsed tooth should be done?

Table 6: Comparison of belief of promptness of re-implantation of avulsed tooth and Education.

Table 7: Frequency distribution of responses for Q.3 Would you attempt to self re-implant the tooth?

Table 8: Comparison of attempt to self re-implant the tooth and Education.

Table 9: Frequency distribution of responses for Q.4 Who would you consult in case of an avulsed tooth?

Table 10: Comparison of consultation in case of avulsed tooth and Education.

Table 11: Frequency distributions of responses for Q.6 Are you aware that you have to clean the dirty avulsed tooth?

Table 12: Comparison of awareness about need to clean an avulsed tooth and Education:

Table 13: Frequency distributions of responses for Q.5 How would you clean the dirty avulsed tooth?

Table 14: Comparison of knowledge about how to clean an avulsed tooth and Education:

Table 15: Frequency distributions of responses for Q.7 How would you carry the tooth?

Table 16: Comparison of knowledge of how to carry avulsed tooth and Education:

Table 17: Frequency distributions of responses for Q.8 Have you ever received any advice regarding emergency management of avulsed tooth?

Table 18: Comparison of receiving any advise regarding emergency management of avulsed tooth and Education:

Table 19: Frequency distributions of responses for Q.11 Do you agree to the importance of saving the avulsed tooth?

Table 20: Comparison of agreement to importance of saving avulsed tooth and Education

Table 21: Frequency distributions of responses for Q.12 Do you have previous experience of managing dental avulsion?

Table 22: Frequency distributions of responses for Q.13 Do you have any previous experience of dental trauma (broken, avulsed, and other)?

Table 23: Frequency distributions of responses for Q.10 Are you interested in receiving more information about the emergency management of avulsed tooth?

Table 24: Comparison of interest in receiving more information about the emergency management of avulsed tooth and Education:

5. Discussion

People themselves can play an important role in improving the prognosis of the avulsed tooth, if they are aware of possibility of reimplantation of avulsed tooth. This not only saves the tooth but also protects the psychological integrity and aesthetic harmony. According to Abeer M et al, a child shows lower self esteem when the aesthetic harmony is insulted by dental trauma. The dental trauma can get impregnated in their mind which can form a paradigm that dental treatments are always related to pain. This leads to dental anxiety and apprehension and so a patient avoids dental checkups and treatments.

The present study was designed for patients visiting a dental hospital in metropolitan city because it is quite economical and easily accessible for majority of patients. Also, the city houses people who have migrated from different cities all over India and so this allows us to survey a diverse section of people. A questionnaire (Table 1) containing set of 13 questions on knowledge and awareness of managing dental avulsion was prepared and a pilot study was conducted to see the reliability and validity of our study. A sample size of 504 patients was surveyed individually so that every patient understood the questions as well as got properly educated.

An avulsed permanent tooth can be re-implanted and so should be retrieved immediately. This not only saves the viability of the tooth but also saves the patient from aspirating the tooth. As per our survey, majority of participants (94.8%) were unaware of possibility of re-implantation of the avulsed tooth (Table 3) but this was independent of gender and education. This was in agreement with previous studies conducted including Toure et al in Morocco, Lin et al in Hong Kong, Sanu O.O et al in Nigeria, Sae-Lim V et al Singapore and P. Prathyush et al in Bangalore where majority of participants were unaware of re-implantation of avulsed tooth.

About 48% of the respondents agreed to the importance of re-implantation immediately with majority of the graduates in our study following the same notion (Table 5) and since p-value for the chi-square is less than that of 0.05, it indicates significant association with education (Table 6). When asked if they would self implant the tooth, 87.8% of the respondents said that they would consult a dentist for the treatment (Table 9) and since p-value for the chi-square is less than that of 0.05, it indicates significant association with education (Table 10).

There is always anxiety compounded with need of the emergency treatment involved for patients who face dental trauma. Despite the disquietude, 93.2% male and 93.4% female respondents said that they would consult a dentist for the treatment (Table 9) and since p-value for the chi-square is less than that of 0.05, it indicates significant association with education (Table 10). Amongst the respondents who were unaware of possibility of re-implantation following dental avulsion, 93.5% said they would visit a dentist in such an emergency. This is in agreement with previous studies conducted where very few respondents agree to self re-implanting the tooth. Raphael and Gregory had a contradicting result as 2/3 of the respondents in their study would self re-implant the tooth.

It is necessary to carefully clean the dirty avulsed tooth with an appropriate cleaning medium without damaging the viability of periodontal ligaments. Only few respondents in other studies conducted knew the correct cleaning media to be used. In the present study, 82.1% of the literate and 92.3% of the respondents who were aware of possibility of re-implantation agreed that dirty avulsed tooth had to be cleaned before implantation (Table 11) and since the...
p-value for the chi-square is less than that of 0.05 indicates significant association with education (Table 12).

But there was lack of knowledge about the need for cleaning the avulsed tooth and the correct cleaning method to be used (Table 13). About 63.2% graduates and 53.8% of total respondents who were aware of possible re-implantation would use water as cleaning medium and 35.7% from the category chose to use toothbrush to clean the dirty avulsed tooth. Since p-value for the chi-square is less than that of 0.05, it indicates significant association with education (Table 14).

Cleaning with a toothbrush would damage the viable cells of the periodontal ligament which are capable of regeneration. An ideal storage medium will not only preserve the vitality of periodontal cells but also is easily accessible and available at the accident site [27]. Many previous studies [9, 10, 19, 20] have demonstrated that there is lack of knowledge about the correct storage medium. In our survey, a mere 0.6% respondents aware of possible re-implantation, chose milk as storage media and about 1% chose child’s saliva to be appropriate (Table 15) Since p-value for the chi-square is less than that of 0.05, it indicates significant association with education (Table 16).

The majority of male respondents chose to use dry storage as appropriate medium to carry the avulsed tooth. In fact, level of education showed no difference as 64.3% illiterate, 72.9% higher secondary and 58.3% graduate chose dry storage by wrapping the tooth in a handkerchief or paper as the right option. It was worrisome to see 17.7% respondents chose ice water as the appropriate storage medium. We believe that the choice of selecting a transport medium is based on the ease of availability and hence using cold water or wrapping the tooth in handkerchief or paper is done. One must know that most easily available and suitable storage media are milk, coconut water or child’s own saliva. Milk is considered to be most desirable with optimum pH and osmolarity [28-30]. Thomas et al showed that tender coconut water is as effective as Hank’s Balanced Salt Solution (HBSS) during extra-oral duration of 15-120 minutes [2].

There is lack of awareness of emergency management of saving the avulsed tooth which can be seen clearly as even the 93.7% graduates never received any information regarding emergency management of avulsed tooth (Table 17) but since p-value for the chi-square is greater than that of 0.05 indicates no significant association with education (Table 18). It was good to see that 95.8% of respondents who were unaware of possible re-implantation and 92.6% of the illiterate respondents agreed to the importance of saving avulsed tooth (Table 19) and there was a significant association with education (Table 20).

Majority of respondents irrespective of level of education or gender said they have never had a previous experience of managing dental avulsion (Table 21 and 22). But about 57.7% of the respondents aware of possible re-implantation believed to have managed previous dental avulsion. Very few of the respondents had any previous experience of dental trauma with 38.5% of people aware of possible re-implantation had previous experience of dental trauma.

It was very encouraging to see that 85.7% of illiterate respondents and 99% graduate respondents were interested in receiving more information regarding the management of avulsed tooth (Table 23) and there was a significant association with education (p<0.05) (Table 24). Most of the respondents actively discussed their queries at the end of the survey and were very keen to hear the correct approach for the same.

6. Conclusions

Within the confines and limitation of the present study, it was concluded that irrespective of education level, gender or awareness level about possible re-implantation of avulsed tooth, there is a generalised lack of awareness about the emergency management of avulsed tooth even in a big metropolitan Indian city. The importance of saving the natural teeth has faded away because of variety of available prosthesis, but nothing can truly replace what is created by nature . There is a need for dental professionals and civic authorities to spread awareness so that people can not only fearlessly enjoy their childhood but also grow up as confident men and pass on the gene of correct knowledge. The awareness regarding re-implantation will not only save time but also save money for people in the country.

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