Traumatic dentoalveolar and maxillofacial injuries cause pain, cause inflammation, and may impair mouth function. Dentoalveolar injuries include: enamel cracks and fractures, uncomplicated (enamel–dentin) and complicated (enamel–dentin–pulp) tooth fractures, crown–root and root fractures, concussive injuries, luxations, and avulsions. Complicated fractures are the most common traumatic dentoalveolar injury in cats; endodontic therapy is the ideal treatment. Endodontic therapy for intrinsically stained teeth is also recommended, as these teeth are often nonvital and become infected. Extraction is an alternative treatment option.

Maxillary injuries can be challenging to diagnose, and some may do better with conservative management (eg, pain medication, soft food). CT has been shown effective in diagnosing maxillofacial injuries in cats. The authors recommend ophthalmic evaluation in cats with head trauma and an evaluation for craniomaxillofacial trauma for any cat with Horner syndrome. The authors review treatments for symphyseal separation, lateralization of the coronoid process, and management of craniomaxillofacial fractures. Both invasive and noninvasive techniques are discussed. Noninvasive techniques (eg, interdental wire, composite splinting) should always be considered because they are less likely to cause injury to dental or neurovascular structures.

Global Commentary
Head trauma is often associated with maxillofacial and/or dental injuries. Superior diagnostic methods increase the number of lesions detected; however, it is important to consider who performed the assessment (ie, a dental or oral surgery specialist).

Struggling to preserve a tooth that will not function or that is hardly attached to its alveolus is questionable, and extraction in such a case should be considered as the first option. Extraction as a procedure, however, requires manipulation of the head and the application of significant forces which may harm neural and/or other important structures and therefore can be contraindicated in patients after head trauma. Some teeth have structural importance in addition to their role in mastication; preservation of those teeth should always be considered.

Regardless of the type and number of dentoalveolar injuries, the ultimate goal is to achieve comfort and oral functionality; with this, I am in full agreement with the authors. In my opinion, the most important message is to use the least invasive techniques possible for fracture repair in the oral cavity and of the facial structures.

—Jerzy Gawor, DVM, PhD, FAVD (Krakow, Poland)

Source