system (Icon®, DMG, Hamburg, Germany). The mesial carious lesion was removed and restored with composite resin (Arabesk®, VOCO, Germany). Immediate evaluation showed a reduction in opacity and improved esthetics. Follow-up at 6 months demonstrated stable results without sensitivity or complications.

DISCUSSION: Management of MIH opacities is challenging due to increased organic content and reduced mineralization of affected enamel. Minimally invasive approaches may improve esthetics while preserving tooth structure.

CONCLUSION/CLINICAL SIGNIFICANCE: Minimally invasive approaches may improve the esthetic management of MIH-affected incisors and represent a conservative option for anterior MIH lesions.

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Root fracture in a maxillary central incisor after recurrent trauma

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INTRODUCTION: Root fractures in young permanent incisors have a variable prognosis depending on fracture location, fragment displacement, and pulpal status. In teeth exposed to recurrent trauma, appropriate treatment planning and follow-up are critical.

CASE DESCRIPTION: A 7-year-old girl was referred after a fall during play at school. Her dental history revealed an uncomplicated enamel-dentin fracture in the anterior region about one year earlier. Clinical and radiographic examination showed an uncomplicated crown fracture with a middle-third root fracture in the maxillary right permanent central incisor (tooth 11) and an uncomplicated crown fracture in the maxillary left permanent central incisor (tooth 21). No endodontic treatment was performed at the emergency visit. In tooth 11, the coronal fragment was repositioned and stabilized with a semi-rigid splint for four weeks. After splint removal, teeth 11 and 21 were restored with composite resin. Clinical and radiographic follow-up was performed at 1, 3, and 6 months and at 1, 1.5, and 2 years. During follow-up, no pain, tenderness, swelling, sinus tract, or clinical/radiographic signs of pulp necrosis were observed.

DISCUSSION: Conservative management was preferred because the fracture was located in the middle third, the coronal fragment could be repositioned, and there were no initial indications for endodontic treatment.

CONCLUSION/CLINICAL SIGNIFICANCE: In this case, a conservative approach based on IADT trauma guidelines preserved pulp vitality, and follow-up findings suggested hard tissue healing. Conservative treatment may be effective in appropriately selected cases.

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Title Traumatic Displacement of Maxillary Incisor into the Nasal Cavity

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INTRODUCTION: This case report aims to evaluate the diagnosis, surgical management, and follow-up of a rare dentoalveolar injury involving displacement of a maxillary incisor into the nasal cavity.

CASE DESCRIPTION: A 10-year-old male patient presented after a motor vehicle accident with traumatic loss of maxillary anterior teeth. Medical history revealed liver trauma requiring a 10-day intensive care stay. Extraoral examination showed sutured lacerations at the lip commissures and edema. Intraoral examination revealed absence of the right maxillary central and lateral incisors with exposed alveolar bone and mucosal lacerations. Radiographic evaluation included panoramic and periapical radiographs. Panoramic imaging demonstrated displacement of tooth 11 toward the nasal floor, while tooth 12 was avulsed. Cone-beam computed tomography confirmed the relationship between the displaced tooth apex and the nasal cavity. The patient was referred to Oral and Maxillofacial Surgery. After multidisciplinary evaluation, surgical treatment under general anesthesia was performed. As repositioning was not feasible, the displaced tooth was extracted and the surgical site sutured. Nasal mucosa reconstruction was performed simultaneously. Esthetics were restored with a tooth-supported Nance appliance, and the patient was referred for orthodontic follow-up.

DISCUSSION: Severe dentoalveolar trauma may displace teeth into adjacent structures such as the nasal cavity. Radiological assessment and a multidisciplinary approach are essential for diagnosis and management. Long-term follow-up and rehabilitation support functional and aesthetic outcomes in pediatric patients.

CONCLUSION/CLINICAL SIGNIFICANCE: The displaced incisor was surgically removed, and nasal mucosa reconstruction was performed. Anterior esthetics were maintained with a Nance appliance. Eruption of the permanent canine was observed during the four-year follow-up.

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Intervention for Mandibular Deviation in 4-Year-Old Primary Dentition

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INTRODUCTION: The primary dentition stage is a critical period for children's jaw growth, muscle function and