

Cricket And Dental Injuries

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ABSTRACT

Cricket is one of the most popular and favorite sports among sports enthusiasts not only in India but across the globe. Injuries are very common in cricket as in other sports. Dental injuries are least common but can occur while fielding, wicket keeping, collision between players. Injuries which occur include a mild laceration to a complicated maxillofacial fracture. Popular cricketers including Team India's former head coach suffered dental injuries on the field. Protective Headgears and mouthguards should be used among players for protection against oral injuries.

Key words: Cricket; dental injuries; Sports dentistry; mouthguards; helmets.

INTRODUCTION

Cricket is a non-contact sport having its origins in the United Kingdom during the 17th century. Cricket is played by team of eleven players which include batters, bowlers, fielders and keeper. The formats include 5 days matches also known as tests, 50 over one-day matches and 20-20 cricket. Today cricket is one among the most celebrated sports in the world. India is among the top nations ranked in cricket. Injuries are bound to happen cricket mostly include injuries to hands and legs. Head and neck injuries are least common, but likely to occur if proper protective equipment is not used. Annually five million teeth are lost due sports related accidents. Less than 5% of patients with sports injuries to the face are cricket related according to different studies. Males are commonly affected as women's cricket is still on the rise. Majority of the injuries were due to impact by the balls, followed by collision with players and hit by Equipment¹. Most common maxilla-facial injuries that occur while playing cricket are avulsion, that is complete knock out of the tooth from the socket, tooth fractures which can be just enamel fracture, enamel-dentin fracture or enamel-dentin-pulp fracture also known as Ellis 1,2,3 respectively. Tooth intrusion and extrusion are also dental injuries that can happen while playing cricket. Temporomandibular joint related injuries are complex injuries that can happen on a field. Other injuries include lacerations, abrasions, and contusion.

REVIEW OF SOME POPULAR CASES:

During PSL 2019, Australian spinner Fawad Ahmed reportedly lost a tooth and needed gingival surgery after a firm drive from Pakistan batsman Imam-ul-Haq smashed the spinner in the mouth in his follow through.⁵ A 9-year-old boy reported with swelling on right side of the face after injury by a cricket ball while fielding. There was a history of hot fermentation after which the swelling increased in size leading to a temporal space abscess The patient underwent incision and drainage with uneventful healing and was followed-up for a period of 7 years.⁴ Former Australian test-team captain Tim Paine received a massive blow whilst wicketkeeping, immediate aftermath of a rather slower one bowled by Australian medium pacer Andrew Tye, He

followed the ball down the leg side where it jumped and latched on to his face. Tim Paine remained on the ground for a few minutes together as blood poured from his nose before the medical team rushed onto the ground to attend him. Tim Paine underwent immediate extraction on the field.⁶ The New Zealand batsman, Daniel Flynn, underwent two hours of treatment from two dentists after the opening day effects of the sickening blow he received from a James Anderson bouncer on day one of the second test against England. Upper central incisors were knocked out by the impact from his crushed helmet grille, and a badly cracked bottom tooth was also removed. He was booked for dental reconstruction work to have the two teeth restored.⁷ The former team India head coach, Gary Kirsten, was giving throwdowns to Short in the indoor school at Bellerive Oval when the young Western Australian hit one back fiercely at the coach. The blow left Kirsten with a cracked jaw and he had to undergo dental work to fix his broken teeth.⁸ During the Lanka premier league this year, Chamika Karunaratne broke four teeth while attempting a catch and needed to be taken for immediate surgery. ⁹

PREVENTION :

Mouth guards and helmets are excellent protective devices for cricketers to protect themselves from oral injuries. The Cricket clubs should implement a strict 'No Mouthguard, No Play' policy and thereby, cricketers who do not use the mouthguard, will not be permitted to participate or play in any of the cricket events.² The types of mouth-guards include stock mouthguards which come in small, large and medium sizes made up of rubber or polyvinyl. They can be easily purchased from sports stores. Over-the-counter mouthguards are not acceptable for use within the policy guidelines. Boil and bite mouthguards are boiled in water and formed in teeth; they tend to offer less protection from contact on the field. Custom mouthguards are made from full mouth impressions from the cricketer, they can be customized based on

the team, team logo and color. It is highly recommended that cricketers are given a custom-fitted mouth guards to ensure maximum protection. Helmets need to worn by wicket-keepers and batters to protect themselves from maxillofacial injuries. The new regulations, which have been incorporated in the ICC Clothing and Equipment Regulations effective 1 January 2017, do not make it compulsory to wear a helmet when batting and keeping. When purchasing a new helmet, it is important to look at the label. Head protectors that have been tested against and comply with the new specification will be clearly labelled “BS7928:2013” Key features of the new specification BS7928:2013 includes a facial contact projectile test that assesses for penetration of the ball through the faceguard, and contact of the faceguard onto the face, using realistic ball impact speeds and conditions. Head protectors have been tested separately against men’s and junior sized cricket balls.³

importance of facial protection as well as education of social players.

Researcher’s novelty

Like in other sports notably rugby, a helmet with a mouth guard is used for maximum protection, similarly a customized mouth guard with the latest model of ICC approved helmet should be used for prevention of maxillofacial injuries in cricket.

CONCLUSION:

Cricketers who do not wear a custom-fitted mouthguard while playing cricket are at potential risk for damaged and dislodged teeth, broken jaws and cut lips, causing painful, expensive and possibly life-long dental injuries. To minimize the potential damage that can occur to the mouth or face when playing these sports, wearing a mouthguard during training and game time is highly recommended. Although cricket is not associated with high frequency and severity of injuries when compared to contact sports such as soccer and rugby, a high proportion of sports-related injuries occur in the facial region in cricket players. This reinforces the