

An Overview of the Trauma of The Oro-Maxillo-Facial Region

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Abstract

The management of the traumatic and post traumatic effects on the hospitalized patients, is one the challenging part of the oro-maxillo-facial surgery and nursing staff. Absolutely, these perception goes along with gravity of the problem, effecting not only the patient, but also the family and relatives of the traumatized patient, especially for the pediatric age. The careful accession of the situation, helps through making the diagnosis and assuring the collaboration and understanding of the adequate treatment protocol, functional and aesthetic for them.

Purpose

Emphasizing the importance of the properly understanding and addressing by the medical staff of the post traumatic effects on the life of patients and relatives, according to their importance, to assure the highest possible success rate of the interevent and continuous treatment.

Clinical diagnosis of etiology and treatment in hospital and ambulatory clinics of posttraumatic pathologies in the facial region, the influence of the auxiliary staff, are important to evaluate the progress of these pathologies. (1.2, 3) Evolution, change and their adaptation to today's performance, the growing trend of the consequences in young or very young patients are more indicative for a more cautious study. Short term and long-term effects in these patients, but also the possible complications in some clinical cases are the focus of this thoroughly study based on the most varied clinical cases, treated and followed in close cooperation with the nursing staff. (1.2, 3) Therefore, the importance of dealing with these cases ranging from the causative factors, is of particular interest to the specificity it carries, and this, not only for a professional surgeon auditor, but also for a wide range of helpers, An overview of the trauma of the Oro-Maxillo-Facial region influence and affect the social impact of the result.

Method

Cases referred in this article, are documented in the patients charts of the Oro- An overview of the trauma of the Oro-Maxillo-Facial region Facial Surgery Department of the Vlore's Hospital, Our focus of interests are the pediatric cases, and the youth ones.

Results

The difficulties at our job, were related to the physiological aspect, especially when we had missed teeth due to different traumas, not possible to be re implanted as arrived late at the hospital. (1.2, 3) .All the wounds were closed per primum, with no further complications or secondary inflammations.

Key words: Trauma, Nursing staff, Facial region, Job accidents.

Introduction

The facial wounds might be isolated ones or related to other injuries of the cranio-maxillo-facial skeletons, or the other parts of the body.

The wounds of this region might be life threatening or lead to definitive mutilations. In most of the cases a multidisciplinary consultancy is necessary, with the colleagues of other specialties as ORL, Ophthalmologist, Anesthetist, Neurosurgeon, Orthopedic Surgeon, and General Surgeon etc.

The Emergency Department, should seek the expertise of the specialist in such interventions as the consequences might be permanent or not so easy to handle afterwards, such as prominent and expressed chelodids, deformities of the nose,

lips or eyes, problems of speech and swallowing, if performed by non experienced professionals. (1.2,3) The treatment protocol is decided in consultancy, after medical history, clinic, imaging, are provided.

The primary purpose, in these emergencies is of course the rescue of life, then the function and aesthetics goes along by the same importance as far as we are concerned. We do not underestimate the other infections related to traumas such as tetanus, anthrax etc. A great importance in this discussion has the internal and external damages of the face, soft and hard tissues, especially of the brain such as contusions, the hematomas (intracranial, internal - pulmonary, abdominal pelvic and external hematomas), (1.2, 3)

The fast and accurate diagnosis, followed by the proper treatment is crucial for the patient's vital parameters, so, the participation and role of the OMF surgeon and pathologist is extremely an overview of the trauma of the Oro-Maxillo-Facial region.

There are two elements to be taken care immediately, first: the respiratory tract should be free and the second which goes along by the same importance. Here we consider the consistence of the hemorrhage secretions, which leads to further actions according to. (1,2,3)

An overview of the trauma of the Oro-Maxillo-Facial region is the proper way to deal with these poly traumas we face in the department of OMF surgery in the hospital.

In Figure 1 there is a trauma case, caused by a car accident. We did the intubation of the patient, cartelization of the clinic gaze and the monitoring of live parameters of the patient as follows:

Saturation with O_2 i Hb (SPO₂) in our case is 100% (accepted 96-100%)

The cardiac frequency in our case is 130 (accepted rates of 70-100)

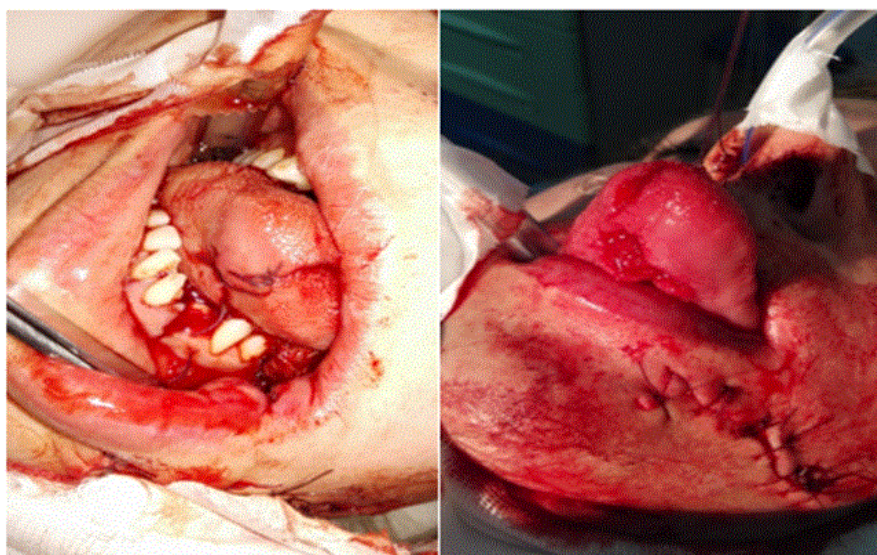
The average arterial voltage (PAM) in our case is 93 (accepted rate of 65-75)

The systolic voltage in our case is 132-80.

As far as the state of the patient is stabilized, we are ready to make then surgical interevent to stop the intraoral hemorrhage in figure 2.

There is a large scale of factors which contribute to the etiology of the traumas of facial region. Those concern the life style of the patient.

Most of the cases comes from the work accidents, such as



burnings from electric saw, cuttings from the flexible stones during metal cutting etc.

We have chosen some of these cases in figure 3.

The patient with the initials T.G was injured with a saw during his daily work. As in most of the cases, soft tissue injuries are

accompanied by strong tissue injuries, including the upper jaw and the lower jaw in figure 4.

The patient is treated in the hospital emergency conditions. We treated the wound in the soft tissues, then took care of the fracture of the mandibula.



In figure 5 the patient with the initials FT is 50 years old, damaged by flexible stone. We begun the intervention after we make sure that the general conditions were stabilized, keeping those to the same terms during it. Through the surgery, we found and removed a residual fragment from the anterior wall of the mandibula. The patient had a wound healing for primum without secondary infections or any other disturbance.

All the surgical interventions, were performed according to the multi disciplinary professional staff, keeping records and taken responsibility by each of them through signing the protocol of treatment. The patient clinical records are legal documents, and respected as such for the sake of the patient treatment.

The radiological and laboratory auxiliary examinations were performed before and after the surgery in figure 6.

In the figure 7 the patient with the initials A.H, 40 years. Is damaged by the same working conditions. The damage is located in the left buccal region. It is a cutter wound in all the muscular layers that starts from the corner of the orbit, continuing towards

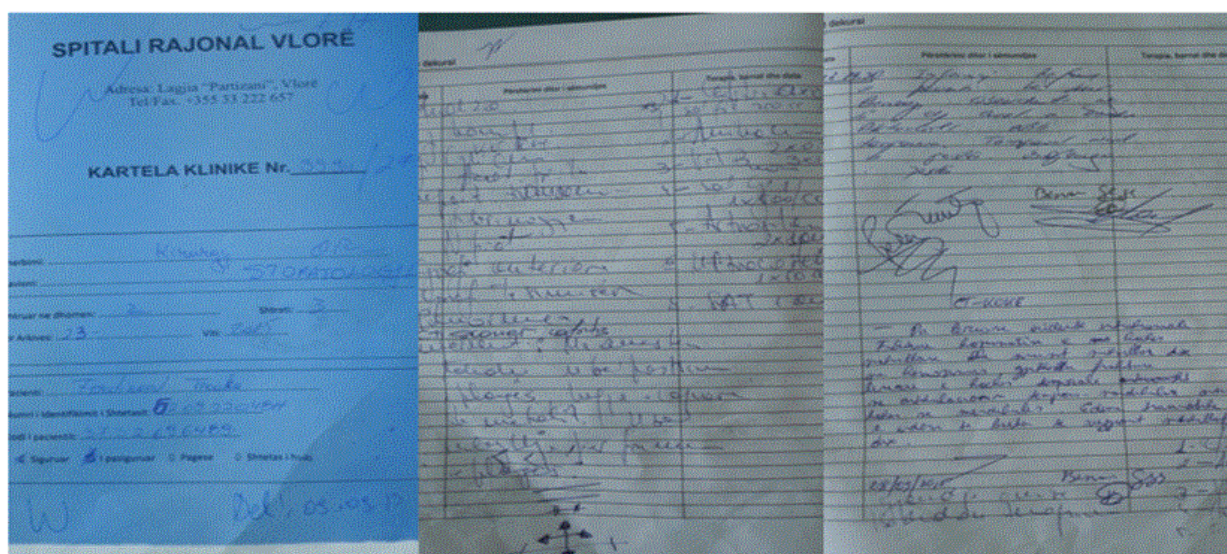
the mandibular angle with a length around 10 cm. The vehicle that caused the accident this time has been a marble hut. This case was also treated successfully.

Another large group of cases, which are very specific, comes from the road accidents, car or motorbike accidents. The lacking of Trauma Services at the Emergency services of the Regional hospitals, makes extremely difficult the proper treatment of these complicated cases, especially when we deal with many victims of car accidents at the same time.

We would like to emphasize, that even when patients are transported to tertiary centers, they have to be under controlled and stabilized life parameters, stopping the bleeding and making sure the respiratory ways free.

The patient with the initials E.B, came to the Emergency right after a car accident in figure 8.

The analysis of the comatose conditions, takes under considerations several elements:





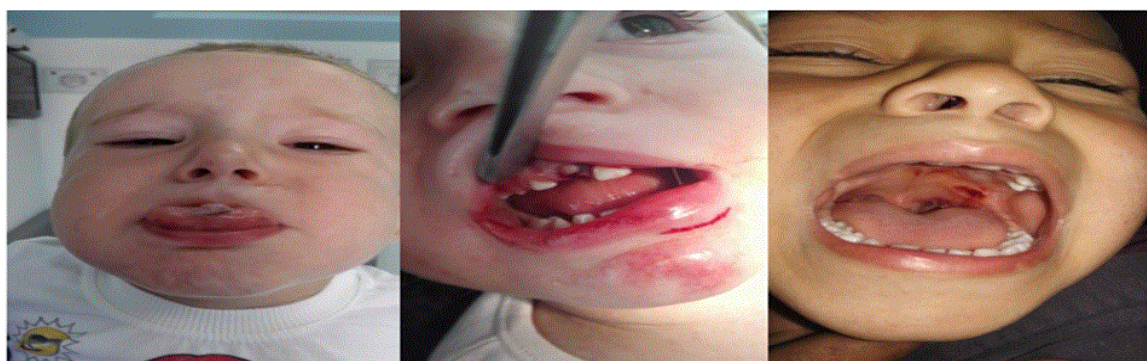
1-Motorcycle activity: from 6 points we value: when there is no activity 3 points, eye opening 4 points, verbal answer 5 points.

2- Patient over 8 points has spontaneous breathing under 8 points is passed into deep intubation and under 6 points irreversible coma de passe.

Considering the situations, the damage of the dental arcade seems to be the last of the list. But we should consider the later impact defects, caused by the accidents such as: the falls from the heights (figure 9), strong-hand or punched blows (figure 10), damage with circumstantial means including the various games (figure11), animal strikes (figure 12) fills the etiologic pictures in the oro-maxillo-facial region.

The CMF Surgery Department, treats on daily basis different cases varying from light to life threatening injuries. The whole staff, takes into consideration, not only the professional protocol of treatment according to all the rules, to settle the function as well as the aesthetics of the patient. The psychological treatment of them is a key element to our job. In the difficult cases when the patient has to wait for the aesthetic treatment after the primary surgery, is treated with delicacy and priority.





Conclusion

Active lifestyle change, both in the family and in the urban plan, has greatly influenced the etiology of the traumas of the facial region. Traumas due to occupational injuries but also to motorists are a growing trend especially at younger ages, but at this age group, one of the most common causes are strong-collisions or punches during physical collisions. At pediatric ages, some more specific etiological factors are noted, but with a more extended impact on time for the specificity of this age. Their treatment remains mostly a natural combination of therapeutic, surgical and orthopedic treatment. These emergencies generally have a greater emotional burden on the part of their parents, so their treatment and follow-up should be extremely cautious because the aesthetic but also the functional consequences of the oral region are more sensitive. Correct corrections of the defects during the surgical treatment, the protection and preservation of the teeth as temporary but also permanent remains the permanent duty of the surgeon.

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