

CLASSIFICATION OF FACIAL INJURIES

Bony injury

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Maxillofacial bone fractures can be divided into several types: simple (isolated single), compound (communicates through the skin or oral/nasal mucosal surfaces), comminuted (multiple fragments), complicated (with neurological or vascular injury), greenstick (includes single cortex) and pathological (through an existing lesion such as neoplastic or inflammatory). Fractures can be further classified into undisplaced, minimally displaced or displaced. The facial skeleton can be divided vertically into thirds using horizontal lines: upper face (from the level of the canthi upwards), midface (from the maxillary teeth to the canthi) and lower face (mandible and mandibular teeth). The midface can be further divided into central and lateral, with the naso-orbital-ethmoidal complex forming the central and the zygomaticomaxillary complex forming the lateral components. Orbital (eye socket) fractures can occur in isolation or in combination with other fractures. Orbital fractures can be classified into orbital floor, medial and/or lateral walls and the roof of the orbit. -

Figure 31.3 Tracheostomy in situ perioperatively to protect the airway in a patient with extensive facial fractures secondary to a road traffic accident.

in combination with facial fractures, are termed craniofacial fractures. A joint neurosurgical and maxillofacial approach is necessary in these cases because of the possibility of intracranial injury. Frontal sinus fractures are classified into those involving the anterior or posterior table, with or without damage to the frontonasal duct. The most severe facial fractures involving bony injury at all levels of the facial skeleton are referred to as panfacial fractures. These usually imply that a significant degree of force has been involved, suggesting significant other injuries such as head, abdominal or chest injuries. CLASSIFICATION OF FACIAL INJURIES Bony injury

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