

Contemporary trends in the management of facial fractures

Abstract

Historical treatment of maxillofacial trauma involved steel wiring either direct open interosseous wiring of the fragments, or closed circumosseous steel wiring. Plate fixation in the jaw evolved in the 1980s to provide rigid fixation, immediate function, and more predictable outcomes. This approach represents the treatment of choice of modern maxillofacial surgery. Combination of open (plate fixation) and closed (archbars) approaches are frequently used in orthognathic surgery. In fact, in case of maxillary trauma, the maxillary fractures can be complicated by an additional split palate, which can cause transverse width issues. Treatment of such fractures utilizes orthognathic principles. Following impressions, the ideal occlusion is re-established by sectioning stone models into an ideal occlusion, and an occlusal splint is made.

Today, reconstructive goals in managing maxillofacial trauma include returning the patient to as close to their pre-injury status as soon as possible, and an early return to function. In cases of severe trauma, multiple surgical procedures may be may be required to achieve this goal.