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Clinical Image
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Facial Degloving Injury

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Clinical Image

A 21-years-old male presented to the emergency department with an extensive facial laceration after being assaulted with a machete. He was oriented 3 times but hypotensive, tachycardic, and tachypneic due to blood loss. A primary survey was done and he had emergency intubation. Intravenous crystalloid solution was started and a compressive wound dressing was placed. Following fluid replacement, he was transferred to the operating room for repair of his injuries. The laceration extended from the forehead above his left eye to right cheek going inferiorly in a tangential fashion to include his nose, infraorbital region and upper lip (Figure 1). Skeletal injuries included a coronal fracture of the nasal bones and a segmental separation of the anterior maxilla. In the operating room, emergency orotracheal intubation was switched to a submental intubation allowing simultaneously repositioning of the nasal fragments and intermaxillary fixation. Bony segments were embedded in the flap and were approached through the laceration. The wound was thoroughly irrigated, hemostasis was obtained, and the bone segments were stabilized with titanium miniplates and screws (Figure 2). Nasal stints were placed to favour nasal mucosa secondary healing and soft tissues closure was performed in layers (Figure 3). He was extubated at the end of the procedure. Follow-up 3 weeks later was unremarkable, with no skin necrosis or wound dehiscence. Critical assessment of this clinical scenario suggests that management of severe maxillofacial soft and hard tissues injuries demands an immediate and comprehensive surgical approach to reduce the risks of morbidity and mortality, improving functional and cosmetic outcomes.

Figure 1: Frontal clinical view of complex maxillofacial injury. Soft tissue is reflected exposing fractured nasal cavity and maxilla.

Figure 2: Frontal clinical view of soft tissues repositioning after stable fixation of maxillary and nasal fractures with titanium osteosynthesis.

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Figure 3: Frontal clinical view after suturing of soft tissues and placement of nasal stents. Note cyanotic coloring of distal portion of flap.