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Case Study
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Mandibular Reconstruction from Weapon Injury Fire by Shotgun

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Background

Trauma and maxillofacial fractures, although in many cases they do not compromise the life of the patient, cause deformities that are difficult to hide because they are the most visible portion of the body. Maxillofacial gunshot wounds in peacetime, although they are not frequent, cause great trauma that can compromise the life of the patient and leave irreparable consequences. The clinical case of a facial gunshot wound is presented.

Case Presentation

A 17-year-old male patient with a history of drug use who is referred from another center for presenting a firearm wound in the facial region as a result of a suicide attempt with a shotgun. Upon arrival, the patient was tracheostomized and a toilet had been performed, removing part of the pellets.

In our hospital, a massive craniofacial CT scan with 3D reconstruction was performed: Multiple fractures of the right hemimandibular were evidenced. Osteosynthesis material is requested and surgery is scheduled.

Plate and screw reduction and osteosynthesis are performed following the AOCMF guidelines. The incisions that had been placed in the toilet are used. It is brought into occlusion, the fractures are simplified and a 2.4 mm reconstruction plate is placed. Then the corner of the mouth is reconstructed.

Result after 15 days where a new surgery is proposed to correct defects, the patient and the family refuses to perform it.

Discussion

The initial management of the facial wounded by firearm is following the ATLS norms, evaluating the patency of the airways, control of the hemorrhage and that the patient is hemodynamically stabilized. Then, conservative debridement of the wounds, analgesia, antibiotic therapy and tetanus prophylaxis should be carried out. Soft tissue wounds should be sutured whenever possible and facial bone fractures should preferably be stabilized with rigid internal fixation provided there is sufficient soft tissue coverage.

Always pursuing the principles of the AO Foundation which are:

- Anatomical reduction
- Rigid fixation
- Soft tissue preservation
- Early active mobilization

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