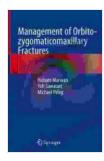
Management of Orbito Zygomaticomaxillary Fractures



Management of Orbito-zygomaticomaxillary Fractures

by S Musheer Hussain

Print length

★ ★ ★ ★ ★ 4.2 out of 5
Language : English
File size : 26184 KB
Text-to-Speech : Enabled
Screen Reader : Supported
Enhanced typesetting : Enabled



: 168 pages

Orbito zygomaticomaxillary (OZM) fractures are a type of facial fracture that involves the bones around the eye socket and cheek. These fractures can be caused by a variety of injuries, such as car accidents, falls, and assaults. OZM fractures can be complex and difficult to treat, and they can have a significant impact on a patient's appearance and function.

The management of OZM fractures requires a multidisciplinary approach, involving a team of specialists such as oral and maxillofacial surgeons, plastic surgeons, and ophthalmologists. The goal of treatment is to restore the patient's facial anatomy and function, while minimizing the risk of complications.

Diagnosis

The diagnosis of OZM fractures is based on a combination of physical examination and imaging studies. The physical examination will typically reveal swelling, bruising, and tenderness around the eye socket and cheek. The patient may also have difficulty opening their mouth or closing their eye. Imaging studies, such as computed tomography (CT) scans, are used to confirm the diagnosis and to assess the extent of the fracture.

Classification

OZM fractures are classified according to the location and severity of the fracture. The most common classification system is the Le Fort classification, which divides OZM fractures into three types:

- Le Fort I fractures involve the horizontal portion of the maxilla, below the nasal bones.
- 2. **Le Fort II fractures** involve the nasal bones and the vertical portion of the maxilla, up to the level of the zygomatic bones.
- 3. **Le Fort III fractures** involve the entire maxilla, including the zygomatic bones and the orbital floor.

Surgical Treatment

The surgical treatment of OZM fractures depends on the type and severity of the fracture. Le Fort I fractures can often be treated with closed reduction and internal fixation, which involves repositioning the bones and securing them with plates and screws. Le Fort II and III fractures typically require open reduction and internal fixation, which involves making incisions in the face to access and reposition the bones.

The surgical approach to OZM fractures is determined by the location and extent of the fracture. The most common surgical approaches are the transconjunctival approach, the subciliary approach, and the coronal approach. The transconjunctival approach is used to access the orbital floor and the medial wall of the orbit. The subciliary approach is used to access the zygomatic bone and the lateral wall of the orbit. The coronal approach is used to access the frontal bone and the roof of the orbit.

Postoperative Care

After surgery, patients will typically be placed on a soft diet and instructed to avoid strenuous activity. They will also be given antibiotics to prevent infection. The length of the recovery period will vary depending on the severity of the fracture, but most patients can expect to return to their normal activities within 4-6 weeks.

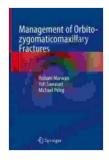
Complications

The complications of OZM fractures can include:

- Infection
- Bleeding
- Nerve damage
- Scarring
- Diplopia (double vision)
- Enophthalmos (sunken eye)

OZM fractures are complex and challenging injuries to treat. However, with proper diagnosis, classification, and surgical treatment, most patients can

achieve a good outcome.



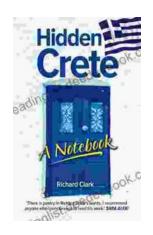
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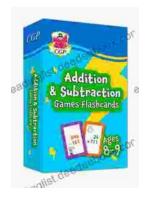
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