

MANAGEMENT OF NEGLECTED FRACTURE OF LEFT ANGLE MANDIBLE WITH SUBMANDIBULAR ABSCESS AS ITS COMPLICATION: CASE REPORT

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INTRODUCTION

Immobilization with maxillomandibular fixation and/or splints, removal of diseased teeth in the fracture line, external fixation, use of antibiotics, debridement, and rigid internal fixation have played a role in the management of mandibular fracture. It is important to realize that infected fractures also result from moving fragments and nonvital bone, not just bacteria. Infected mandibular fractures are a usual occurrence in the emergency department that managing mandibular fracture patients. A young, mobile, and aggressive members of our society who sustain these injuries often delay seeking care until infective symptoms force attention. It is not unusual that the patient came to the hospital several days after the incident that caused the fracture with a facial abscess. To be considered infected, there must be purulent drainage from the fracture site, either intraorally or through an extraoral fistula.

OBJECTIVE

A 40-year-old male patient came to the Emergency Departement of Oral and Maxillofacial Surgery RSUP Dr. Hasan Sadikin Bandung. The clinical examination showed there was swelling of the left lower jaw region with a history of facial trauma after repairing the electrical installation about seven days before admission. The patient was diagnosed with a submandibular abscess due to a neglected fracture at the left angle of the mandible. We performed routine blood count, incision, and drainage at the left angle of mandible, source control (extraction of the underlying teeth), interdental wiring of teeth 15-27 and 36-45 region and plan to perform Open Reduction Internal Fixation with plate and screw after the infection was healed

Emergency Treatment



Clinical examination



POD II Post Incision Drainage



Intra Operation



RESULT

The management of neglected mandibular fractures with submandibular abscess in these patients is preceded by the management of infections, namely the provision of adequate antibiotics, drainage incisions, and source control (extraction of the underlying teeth).

We performed Open Reduction Internal Fixation with plate and screw to regain the normal occlusion with an extraoral approach. The tooth on the fracture line is also being maintained.

The operation went smoothly and was successful. The normal occlusion was successfully regained and the patient was followed up without any complaints and recurrent infections

CONCLUSION

CONFLICT OF INTEREST

The management of neglected fracture of the mandible with submandibular abscess as its complication is to treat the abscess first. After that, we can treat the fracture with ORIF while the tooth on the fracture line also being maintained as a guide for the reduction

There is no conflict of interest

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POD II Post ORIF

