



# MANAGEMENT OF MANDIBULAR OBLIQUE FRACTURE WITH EXPOSED PLAT : A CASE REPORT

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## INTRODUCTION

The goals of mandibular reconstruction are to achieve a good occlusal. There are many techniques for mandibular reconstruction, such as soft-tissue free flaps, reconstruction plates, and bone grafts. Mandibular reconstruction plates are one of the reconstruction procedure following ORIF that is often used Hasan Sadikin Hospital. Complications such as infection, plate exposure or fracture, or loosening of the fixation can occur after this procedure. This article aiming to manage plate exposed that handling of mandible fracture cases must be appropriate and in accordance with its management

## OBJECTIVE

We reported a 28 years-old male with the chief complaint of exposure plate. Eight months prior to admission the patient was performed ORIF in Karawang hospital, and reconstruction plate was attached. Five months later the patient complained about the thing which is out of his gum, and he felt pain on that area. Patient went to Karawang hospital dan was found out exposure plate with mobility grade 3 of right mandible teeth region and infection of oral mucosa. Blood examination, panoramic X-Ray and thoraks was performed before the procedure. The patient was given antibiotic and analgesic and also hyaluronic acid gell to reduce his complaint but nothing happened. Then the Patient was referred to Hasan Sadikin hospital for further treatment



Fig 1. Patient 22 years of age clinical picture of face Right lateral (A), (B), (C) extra oral, (D) Intra Oral

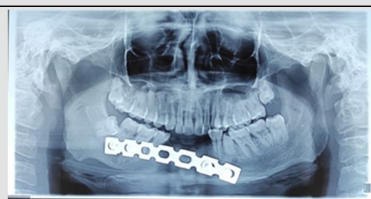


Fig 2. Panoramic Rontgen showed exposure of plate

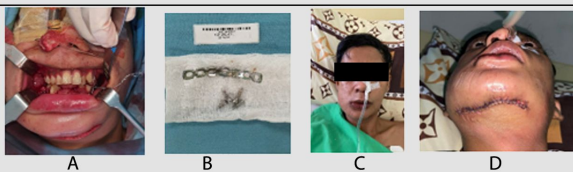


Fig 3. Intra Operation Treatment (A,B), Post Operative Day 1 (C,D)

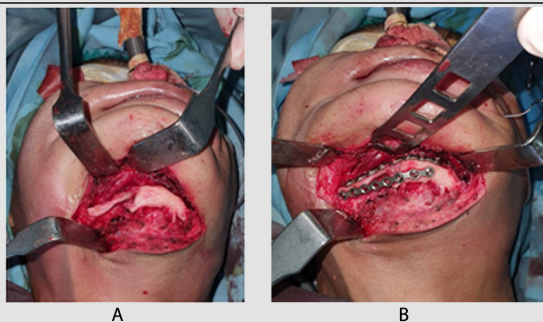


Fig 4. Margo of Mandible remains slightly (A), Miniplate was attached in margo of mandible and champhy line (B)



Fig 5. Post Operative Day 30 (A), Patient was using partial denture (B,C)



Fig 6. Panoramic Rontgen of patient Post Operative Day 30

## RESULT

The patient was diagnosed with plate exposed post reconstruction of mandible with indication of oblique fracture and mobility of posterior teeth mandible grade 3. In the beginning of treatment reconstruction plate was removed from the mandible and was performed the new miniplates. Reconstruction was performed and was attached two miniplate 2.0 with 8 holes to immobilize mandible. The problem with this case is the lack of an area to attach a new plate due to the already very thin mandible bone. This condition occurs due to the influence of a long lasting infection. In addition, the installation of the old plate is too thick and the direction of installation requires correction. In the case of patients experiencing oblique area fractures extending to the mandible corpus should be reduced and repositioned performed through extra oral opening. In addition, there needs to be modification in doing reconstruction in the case of mandible bones that have been left thin, by attaching miniplate on the champhy line and margo mandible. By modifying the attachment of miniplates, mandible is expected more stable and can function normally.

## CONCLUSION

The mandibular reconstruction plates survival rate is significantly related to mechanical and biological risk factors. The management of mandible fracture must be true an appropriate and in accordance with its management. Through proper management, it is expected that the risk of exposure plates in patients can be minimized

## CONFLICT OF INTEREST

There is no conflict interest

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