Reduction and stabilization of the mandible fracture is the key to successful treatment. The method of management may vary based on the severity, location of the fracture and presence or absence of teeth. Mandible fractures are usually treated by closed reduction with wiring of the teeth or open reduction with internal rigid fixation using plates. Nonoperative management of a mandible fracture with a soft diet is rarely indicated. The technique of closed reduction involves wiring of arch bars on the teeth and intermaxillary fixation for 4 to 6 weeks. Internal rigid fixation requires exposure of the fracture sites and stabilization with plates and/or screws. This technique can frequently avoid postoperative intermaxillary fixation (wiring teeth together) and the problems associated with this such as weight loss and joint stiffness.

Following the principles of accurate reduction with good stabilization can frequently avoid complications and help to restore the patients primary occlusion and facial appearance.

**POST-TRAUMATIC FACIAL DEFORMITIES**

The best way to prevent post-traumatic facial deformities is to obtain the appropriate treatment at the time of the injury. Applying the latest craniofacial techniques can in many cases make major secondary revisions unnecessary. However, despite the many advances that have come from the field of craniofacial surgery, there are still patients that end up with significant deformities. These are patients that for whatever reason are treated...
inadequately or because of life-threatening other injuries, do not receive any treatment of their facial injuries.

Unrepaired or inadequately reduced facial fractures can result in a wide range of severe cosmetic and functional deformities. Unrepaired fractures around the orbits can cause a sunken-in appearance of the eyes, nasal deformities, as well as functional problems with vision (double vision). Unrepaired injuries of the middle and lower face can cause contour deformities, flattening of the cheeks, or malocclusion of the teeth with difficulty chewing. These are but a few of the many problems associated with post-traumatic facial deformities.

Late repair or reconstruction after the soft tissue and bones have healed is much more difficult than repair at the time of initial injury. Reconstruction requires wide exposure which enables the surgeon to have direct visualization of the bony deformities. Bone cuts are then made to reposition the displaced bone and reattach the soft tissue back into its normal position. Missing or severely deformed bone may require replacement with bone grafts. These operative procedures all use the standard techniques of craniofacial surgery.