FOR LEARNING UNIT VI
ORL 251

Instructions: Accomplish the following tasks indicated in this case.

OPD SUBSPECIALTY CLINIC CONSULT: CRANIOMAXILLOFACIAL SURGERY

S>LN 45 Male from Alfonso, Cavite

Chief Complaint: Vehicular crash

History of Present Illness:
DOI 6/19/19
TOI 10:30 pm
POI Maragondon, Cavite
MOI: Vehicular Crash (motorcycle vs pavement)

Patient was driving a motorcycle, intoxicated, without proper protective equipment, when he lost balance, causing him to fall off his vehicle and hit the pavement, causing injury.

Brought to a local hospital where he was given tetanus prophylaxis, suturing of a neck laceration done. On Facial x-rays noted mandibular fracture.
Advised transfer to a tertiary hospital, hence this admission.

Review of Systems:	(-) fever	(-) dyspnea	(-) heat intolerance	(-) rhinorrhea	(-)headache
	(-) cough	(-) dysphagia	(-) hearing loss	(-) anosmia	(-) vertigo
	(-) colds	(-) odynophagia	(-) palpitation	(-) nasal congestion	(-) dizziness
	(-) weight loss	(-) hoarseness	(-) tremors	(-) nasal obstruction	(-) BOV
		(-) ear pain			(-) diplopia

Past Medical History:	(-) Hypertension	(-) cancer	(-) previous surgeries	
	(-) DM	(-) BA	(-) allergies	
Family Medical History:	(-) PTB	(-) DM	(-) CA	(-) BA
	(-) Leukemia	(-) PTB	(-) allergies	

Personal/Social History: 10 pack-year smoker
Occasional alcoholic beverage drinker
Denies illicit drug use
Single, Tricycle drive

On PE, the patient has the following findings: (description)

Ear: The pinna and external auditory canal were unremarkable, with no noted lesions or swelling. The right tympanic membrane and the left tympanic membrane were intact with positive cone of light. No noted discharge.

Nose: The nasal septum was midline with no deviations or septal spurs. No congestion or erythema was appreciated. On posterior rhinoscopy, there was no noted post-nasal drip, the turbinates and eustachian tube openings were visualized with no noted obstruction.

Oral: On inspection, noted malocclusion and an open bite. There was also a 2 cm trismus and crossbite noted. Multiple dentitions were missing on both the upper and lower alveolus.There was no noted bleeding, floor of mouth hematoma, mucosal breaks or stepdown deformities. Swelling over the left zygomatic and mandibular area was noted. On palpation, the left mandible was mobile. The anterior drawers test was negative.

Indirect Laryngoscopy and Neck Exam: The bilateral vocal folds were fully mobile. No masses, or erythema was appreciated on the laryngeal complex.

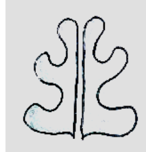
On inspection of the neck, there was a sutured laceration approximately 4cm in length. The laryngeal prominences and trachea were midline. No bleeding, hematoma, subcutaneous emphysema noted. No anterior neck masses, or cervical lymphadenopathies were palpated.

TASK 1: Translate the above findings into the ENT Physical Examination drawings then take a picture or scan. (10%)

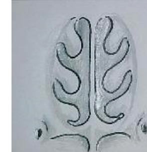
PHYSICAL EXAMINATION

General	*Awake, alert, cooperative, not in cardiorespiratory distress*
Vital signs	*BP 120/70, HR 93, T 37.1, RR 18, O2 99%* *Height 158 cm, Weight 52. kg*
Lungs	*Equal chest expansion, clear breath sounds*
Chest	*Adynamic precordium, normal rate regular rhythm, no murmurs*
GI	*Soft flat abdomen, normoactive bowel sounds, no masses and no tenderness upon palpation*
Extremities	*Full equal pulses, pink nail beds, capillary refill time less than 2 seconds*
Neurologic	*(-) cranial nerve, motor, and sensory deficits, normal reflexes*

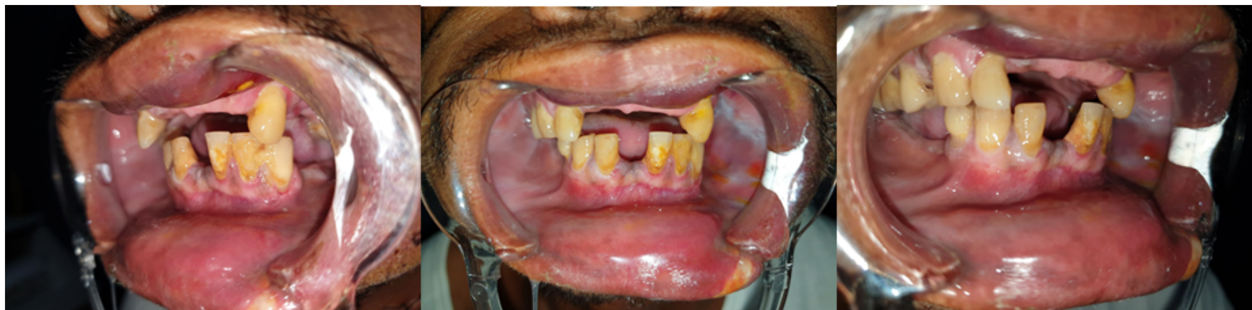
Intact and mobile TM, AU
No masses, discharge
Patent EAC
No hemotympanum



No Masses Seen, septum midline
No Septal Hematoma

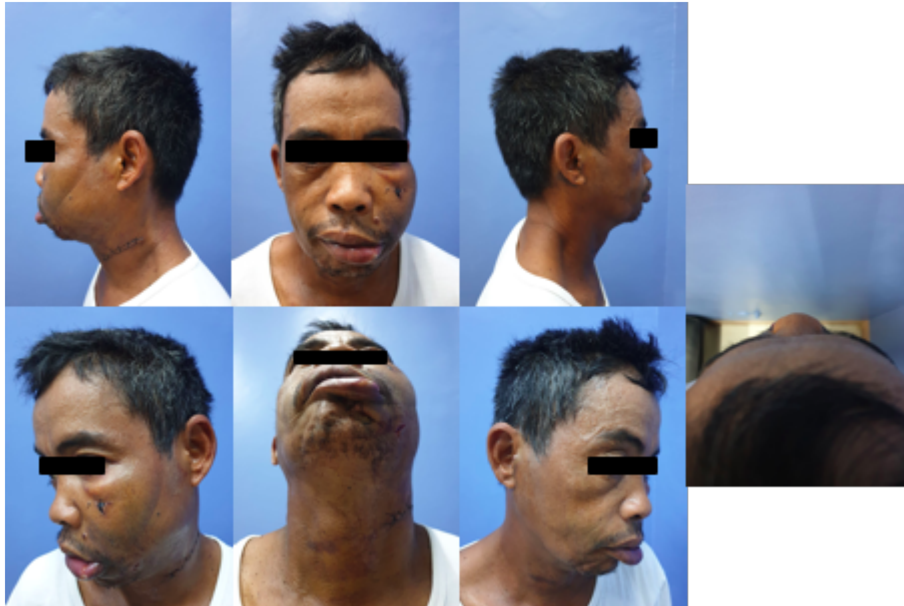


Not done

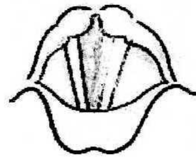


(+) 2 cm trismus
(+) Crossbite, (+) mobile left mandible
(+) missing dentition
(-) bleeding, floor of mouth hematoma, Anterior drawers, mucosal breaks, stepdown

(+) Swelling over left zygomatic and mandibular area
(+) sutured laceration approximately 4cm in length on left anterior neck

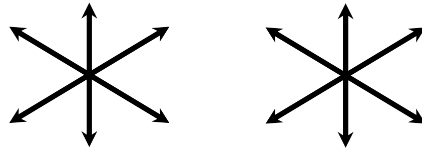


Trachea midline
(-) CLAD
(-) ANM
(-) stepdown deformity
(-) racoon eyes
(-) Battle sign



Fully mobile VC, bilateral
(-) visible masses

Ophthalmologic Exam:



Full range of Extraocular muscles

Gaze midline
No conjunctival hemorrhages
No periorbital hematoma
(+) Red-orange reflex OU

TASK 2: Based on the history and PE give at least 3 differential diagnoses and briefly explain. (10%)

Workups done

Craniofacial CT Scan 6/19/19	CRANIAL, FACIAL BONE CT SCAN History: Multiple injuries secondary to vehicular crash Multiple axial tomographic sections of the cranium, and face without contrast media and with bone window were obtained. The CT images did not show any acute blood attenuation in the brain parenchyma. The cortical sulci and lateral fissures are normal in pattern. The ventricles are normal in size, shape and position. The midline structures are not displaced. Pineal gland and choroid plexus calcifications are seen. The sella and posterior fossa, including the brainstem, cerebellum, cerebellopontine angles and basal cisterns are unremarkable. No extraaxial fluid collection is noted. The following fracture is noted: • Complete linear fracture of the left body of the mandible with displacement of the distal left body segment medially. No air pockets are seen in the adjacent soft tissues. The rest of the cortical outlines are intact. Soft tissue swelling and hematoma formation are seen in the left maxillary and mandibular regions, some with interspersed air pockets. The rest of the muscular compartments and neurovascular structures are intact and well-delineated. The visualized joint spaces are maintained. No lytic or sclerotic changes noted. The vertebral bodies and their posterior elements are normal in configuration with intact cortical outlines. The spinal canal has a normal diameter. There is normal cervical lordosis. The intervertebral disc spaces are maintained. The extracalvarial, prevertebral and paravertebral soft tissues are unremarkable. IMPRESSION: Complete fracture of the left body of the mandible, as described. Soft tissue swelling, and hematoma formation as described. REMARK: The abovementioned report is a subjective medical opinion based only on the objective radiographic findings, and should be correlated clinically before it can be used as a basis for management

A> TASK 3: Based on the history, PE and diagnostics give your complete assessment or diagnosis. (5%)

P> TASK 4: What are the plans for the patient? (15%)

A. Pharmacologic if any

B. Diet if any

C. Maneuvers or other Techniques if any

D. Lifestyle modification if any

E. Other diagnostics

F. Surgical option/s

G. Follow-up or admission

SURGICAL PLAN:
Assuming the patient was diagnosed with
Multiple injuries secondary to vehicular crash (motorcycle vs pavement) DOI: 6/19/19

- *Fracture, closed, complete, displaced Mandibular body, left*
- *Laceration, left lateral neck; s/p suturing (6/19/19, Cavite)*
- *Soft tissue swelling, left zygomatic and mandibular area***.**

He was then advised admission to the ward from the ER to undergo Open Reduction, Internal Fixation using Plates and Screws under Elective OR. Prior to transfer from the ER, he underwent intermaxillary-mandibular fixation under local anesthesia (6/19/19).

WARD 10 ADMISSION:
The patient was admitted at Ward 10. He underwent Open Reduction, Internal Fixation using Plates and Screws last (6/22/20) under Elective OR. Intra operatively the left mandibular body fracture was reduced and two 5 hole miniplates were used. On day 1 post op there was good occlusion and minimal swelling on the left mandibular area. On day 5 post op, there was noted progression of mandibular swelling, tenderness and erythema on post-operative site. There was also a noted intraoral dehiscence with purulent discharge.

TASK 5: What are all the possible complications of doing an open reduction, internal fixation using plates and screws? Explain the signs and symptoms of the complications (things to watch out for). (15%)

TASK 6: What is most likely complication that the patient experienced? What is the treatment or management? (10%)

The patient was managed, operated for debridement and removal of plates as an Emergency OR. After 2 days, noted decreasing swelling in the post-operative site. There was no recurrence of tenderness and he eventually got well.

TASK 7: What is the discharge diagnosis of the patient? (5%)

TASK 8: Write the prescription for the patient. Scan or take a picture and attach. (15%)

TASK 9: In your own words, preferably in Filipino, write your script on how you would explain the discharge diagnosis, prescription, other plans and follow-up to the patient. (15%)

Appendix

Craniofacial CT Scan with 3D Reconstruction