# Facial fractures among Sudanese children

Trauma to the face in children can result fractures to the facial bones and jaw are less frequent compared to adults but result in special complications affecting the growth, function and esthetics. The study aimed at assessing the characteristics and the pattern of facial fractures among children seen at Khartoum Teaching Dental Hospital (Sudan). The study included 390 patients presenting with facial trauma at KTDH during a year period (2010–2011). A total of 390 patients, diagnosed with facial fractures, were seen at KTDH; 14.1 % were children below 16 years. Males were twice females; this male has been attributed to cultural and social restrictions for female outdoor activities without supervision in comparison to greater outdoor activities, and more dangerous physical activities and contact sports in the case of males. Another possible explanation for this could be that females mature earlier than males.

Most fractures were due to traffic accidents; this is explained by the fact that Khartoum city is facing heavy traffic problems as there is an increasing number of cars coupled with badly maintained roads. This is further complicated by the mechanical condition of the cars, and few pedestrian bridges and crossings.  The second cause was daily living activities (playing) and the third was assault and interpersonal violence as causative factors of facial fractures. These usually uncommon causes, but when they occur they are commonly seen in the older age groups and they mostly occur among males.

The most common anatomic sites of fractures were the lower jaw more than upper jaw and this is due to the protruding anatomic position of the lower jaw. This provides protection and absorbs most of the traumatic impact in addition to the fact that the jaw bones are more elastic. Although the proportion of pediatric patients identified with upper jaw fractures increased in recent years, probably due to the increased use of adequate imaging.

Almost half of the patients were managed conservatively that may be attributed to economic reasons where the cost leads patients and surgeons to choose less expensive treatment modalities used in countries with poor resources. It also reflects the hot debate about surgical management of fractures in growing bones and its effect. Some authors advocates for conservative treatment of the growing bones whenever possible. Others argue for the usefulness of surgical fixation in children and encourages removal of titanium plates after fracture healing.

***Hatim Mohammed Almahdi*** *and* ***Mohammed Abdelwahab Higzi***

## Publication

Maxillofacial fractures among Sudanese children at Khartoum Dental Teaching Hospital.
Almahdi HM, Higzi MA.
*BMC Res Notes. 2016 Feb 23*