Sentinel Articles in Craniomaxillofacial Trauma

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Over the years, a great many authors have added to the body of knowledge in the area of craniomaxillofacial trauma. Reports of new approaches, techniques, reviews, and data analysis have all added to our knowledge and armamentarium. A few can be considered sentinel in that they either validated or changed the way things were managed. In this and forthcoming issues, we will review an article of the past and note how it impacted management.

The inaugural sentinel article is selected from the Spring 1996 issue of the *Journal of Craniomaxillofacial Trauma* (Ellis E III. Treatment methods for fractures of the mandibular angle. *J Craniomaxillofac Trauma* 1996;2[1]:28–36). In this article, Ellis summarized six studies in which he and his colleagues reported on accepted methods for treatment of fractures of the mandibular angle. These included nonrigid fixation and a variety of rigid fixation techniques with convalescent function. The patients were comparable: all from an

inner city indigent population. The fractures were comparable: the complication-prone mandibular angle. The surgeons were comparable. This was perhaps the first and only time comparable data on mandibular fractures were assembled and reported comparing “apples to apples.”

The results of these studies were startling to say the least. Dynamic compression, the “gold standard” for absolute immobilization, paled in comparison to semi-rigid fixation with a single transoral miniplate with respect to major complications (32% versus 2.5%). Two-plate fixation for angle fractures was, for many surgeons, now relegated to the “historical approach” category.

This article established the evidence base for using either a noncompression miniplate placed on the superior border transorally or a transfacially placed reconstruction plate as the rigid internal fixation technique for the management of mandibular angle fractures.

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Craniomaxillofac Trauma Reconstruction 2008;1:71–72. Copyright © 2008 by Thieme Medical Publishers, Inc., 333 Seventh Avenue, New York, NY 10001, USA. Tel: +1(212) 584-4662. DOI 10.1055/s-0028-1098960. ISSN 1943-3875.