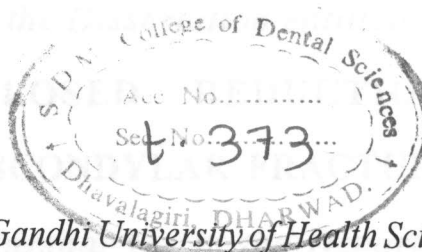


# OPEN REDUCTION VERSUS CLOSED REDUCTION IN MANAGEMENT OF LOW SUBCONDYLAR FRACTURES



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With the advent of fast moving automobiles, the era of 21<sup>st</sup> century has witnessed a considerable increase in the incidence of Road traffic accidents. Road traffic accidents are responsible for majority of the patients reporting with Maxillofacial Trauma. Mandibular fractures are more common among fractures in Maxillofacial region. Among mandibular fractures, Condylar region is the most frequent site accounting for about 25-35% (Killey 1968)<sup>22</sup>. Condylar fractures arise mainly through indirect injury from a traumatic impact on the chin and seldom arise from direct trauma unless accompanied by fracture of zygoma. Injury to condylar region deserves special consideration apart from rest of the mandible because of anatomical difference and healing potential. (Rowe and Williams)<sup>25</sup>.

Raymond J. Fonseca<sup>23</sup> describes subcondylar fractures as a fracture located below condylar neck from the deepest point of sigmoid notch anteriorly to the deepest point along the concave posterior aspect of mandibular ramus. Depending upon location, it can be either high or low subcondylar fracture.

There are 2 schools of thought regarding the management of condylar fractures. One is conservative approach by closed reduction