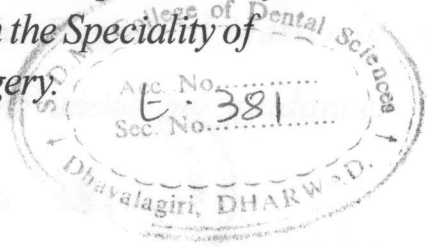
TREATMENT OF MANDIBULAR ANGLE FRACTURES USING ONE NON-COMPRESSION MINIPLATE

Dissertation Submitted to the Rajiv Gandhi University of Health Sciences, Bangalore, in Partial Fulfillment of the Requirements for the Degree of Master of Dental Surgery, in the Speciality of Oral & Maxillofacial Surgery.



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The treatment of mandibular fractures has been in a constant state of evolution. Since the first known case in 1650 B.C. Mandibular fracture was considered to be incurable and therefore was not treated, but mandibular fractures commanded special attention as it disrupts normal life of the patient. With the ever increasing incidence of assaults, road traffic accidents there have been an increase in cases of mandibular fractures which account for highest rate as compared to other facial fractures and mandibular angle makes up to 23-42% of all fractures on face.

Till 1180 B.C. treatment of mandibular fractures was by manually reducing the fractures with mandibular maxillary dental fixation with bandaging and this concept of closed reduction remained till 1900. Breakthrough in the treatment of fractures came with the introduction of dynamic compression plating system introduced in 1970's, but this system had same inherent drawbacks. In 1973 Michelet et al and 1978 Champy et al advocated the use of small, bendable, non-compression plates in the lines of ideal osteosynthesis, which followed the use of 2 mini-plates, one plate in the superior border i.e. zone of tension and second plate in the lower border i.e. zone of compression to control the torsional forces to prevent