

INTRA-ORAL BUCCAL SULCUS APPROACH FOR FRACTURED ZYGOMAS - A CLINICAL STUDY



DISSERTATION

**SUBMITTED TO THE UNIVERSITY OF CALICUT
IN PARTIAL FULFILMENT OF THE REQUIREMENT
FOR THE AWARD OF THE DEGREE OF
MASTER OF DENTAL SURGERY
IN BRANCH - I**

ORAL AND MAXILLOFACIAL SURGERY



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1992-1994

INTRODUCTION

Zygomaxillary complex fractures present challenging diagnostic and reconstructive problems to the surgeon. The incidence of zygoma fractures have increased since the Second World War which may be attributed to the increase in mechanisation, industrialisation and assaults.

The diagnosis of zygomatic fractures is primarily based upon clinical and radiologic examinations. The history frequently suggests the possibility that one may exist and gives an indication of the nature, direction and force of the blow.

The initial clinical examination is frequently difficult to perform adequately owing to the nature of the patient's mental state and the amount of facial oedema and pain which may conceal facial deformity. Palpation is the hall mark in the diagnosis of fracture displacement.

The most useful plain facial radiographs for the reliable diagnosis of zygomatic fractures are the Water's view and the submento-vertex view. The former view reveals displacement at the inferior orbital and zygomaxillary buttress. The submento-vertex projection helps to assess the retrodisplacement of the