

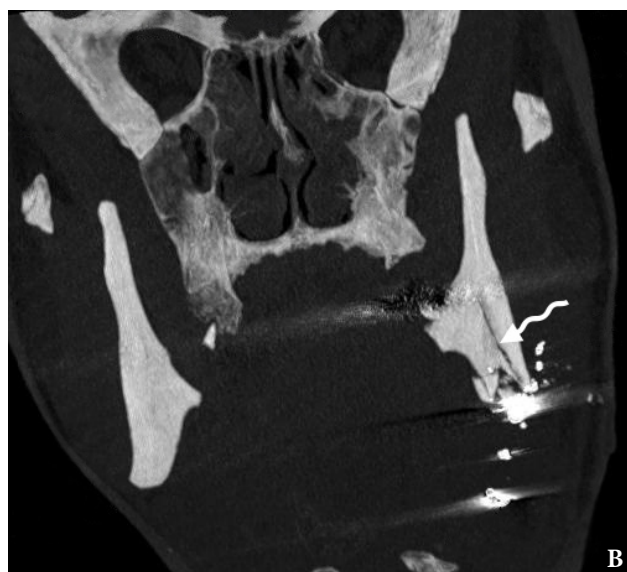
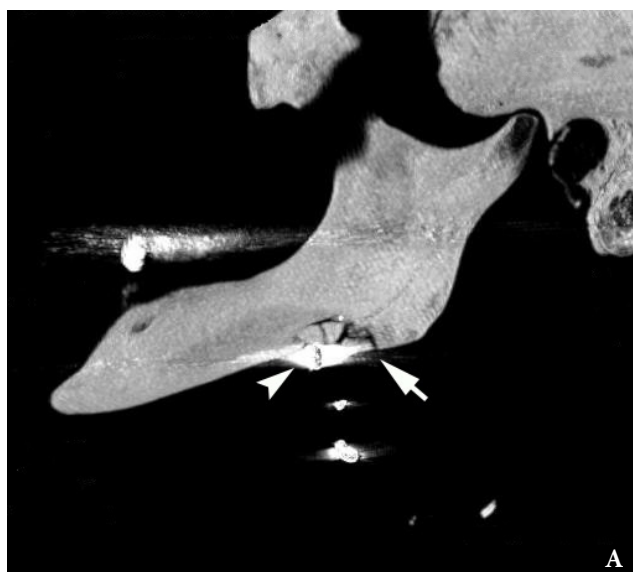


## IMAGES

Camilo Mosquera, DDS, *Editor*

# Gunshot Fracture of the Mandible

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A 51-year-old male was transferred to the hospital with a gunshot injury of the lower face. Three-dimensional scan of the multislice computed tomography (MSCT) revealed a severely comminuted fracture (Panel A: *arrow*) of the left mandibular body at the inferior margin area (what corresponds to the *gunshot marginal mandible*

*fracture diagnosis among 12 variants of gunshot mandibular fractures)*<sup>1</sup>. Also, the implantation of multiple different shape radiopaque foreign bodies (*arrowhead*) was also visualized along with metal artifacts. A rotated coronal scan of the MSCT (Panel B) showed linear continuation (*waved arrow*) of the fracture to the ramus (visualized as incomplete

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fracture)<sup>2</sup>, partially splitting it into medial and lateral fragments. Although the incomplete fractures are more common for the pediatric jaw fractures, in this gunshot injury the MSCT data also indicates an incomplete fracture. In this particular case, it was a gunshot compound fracture (also known as open fracture) of the mandible.<sup>3</sup> Intermaxillary fixation (also known as maxilla-mandibular<sup>4</sup> or maxillomandibular fixation<sup>5</sup>) was performed for 3 weeks without open intervention in the mandible margin area. Antibiotic therapy (Ceftriaxone 1.0 g 2 times daily applying intramuscular administration) was done during 7 days after trauma. ■ DTJournal.org

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