

## PSV-10

### **A Case of Severe Rare Faciomaxillary Trauma Managed in a Peripheral Hospital**

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Faciomaxillary trauma are common injuries seen in surgical practice. The problem is compounded by associated head injuries. Injuries are common in road traffic accidents or blast effects or a fall or assaults. Apart from threat to airway, these injuries have far- reaching effect on cosmetic outcome. This is a case where a severe case of faciomaxillary trauma where loss of left eyeball was a significant loss. A man aged 24 was hit by a moving train as he was relieving himself next to a railway track. He had been presented with severe pain, bleeding from face and loss of vision in left eye. On examination he was fully conscious and well oriented. The vital parameters showed hypotension and tachycardia. He had no other complaints of pain abdomen, chest or limbs. The face was ripped apart with skin over left half of face hanging by its side, the left eyeball hanging out of the left orbit. There was a blowout fracture of left orbit. The nose was opened and nasal bridge collapsed. The patient was resuscitated and facial injuries repaired by left orbital reconstruction using miniplates and wire fixation. The left eyeball was enucleated, and the facial skin was sutured back in place. He was put on elective ventilation postoperatively. Other supportive measures continued. Facial edema subsided. He developed oronasal fistula, which healed once the communication was repaired. A prosthetic eye was implanted in the reconstructed left orbit. The nasal septum was also reconstructed. He made a good recovery. All faciomaxillary injuries require attention to details. Major life-threatening injuries must receive priority. Airways must be ensured. Timely correction of injuries and reconstruction will lead to good return of form and function.

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