

## MULTIDISCIPLINARY MANAGEMENT OF CRANIOFACIAL TRAUMA

**Paweł Tabor, Anna Bromirska-Małyszko**

*Department of Maxillofacial Surgery, Municipal Hospital in Olsztyn*

**Introduction.** An increase in the frequency of craniofacial traumas has been observed in recent years. These traumas cause severe defects in facial morphology and esthetics, as well as functional disorders within the central nervous system, vision and hearing organs, respiratory tract and stomatognathic system. Patients with such injuries require an individual approach with respect to solving specific problems connected with pathogenesis, diagnosis and treatment of such complex traumas. Therefore, close cooperation between specialists in various fields is indispensable in managing such traumas. These traumas require cooperation between maxillofacial surgeons, neurosurgeons, ophthalmologists and otorhinolaryngologists as regards a patient's qualification for surgical treatment, surgery itself, as well as the follow-up afterwards.

**Aim.** To discuss up-to-date principles of multidisciplinary management of patients with craniofacial injuries based on long term observations and experience.

**Materials and methods.** The study material comprised clinical cases treated in the Department of Maxillofacial Surgery at the Municipal Hospital in Olsztyn and the Department of Neurosurgery at the Provincial Specialist Hospital in Olsztyn.

**Results, discussion and conclusions.** In the case of combined craniofacial traumas, due to the complex anatomy of this region, only multidisciplinary treatment ensures successful outcomes. The time between the injury and the undertaking of surgical intervention greatly affects the treatment outcome. Logistical problems appear at the stage of planning and scheduling the surgery. Such patients should undergo surgery within the shortest possible time following the injury to ensure the best morphological, esthetic and functional treatment outcomes. Patients in stable general condition requiring immediate neurosurgical intervention should be operated on by a multispecialist team during a single procedure. In patients with a post-traumatic sight loss the surgery should be performed within 24 hours following the injury. In

the case of patients who cannot be operated on immediately, it is recommended to plan the surgery for when the soft tissue reaction subsides, that is after 7 to 14 days. Patients hospitalized in Intensive Care Units constitute a separate problematic group regarding the risk of specific bacterial flora infections. In those patients who cannot be operated on for many weeks following an injury due to their general condition, fractured fragments heal in malposition causing severe reconstructive problems.