A mild laceration was noted on right side of chin. Upper and lower anterior permanent teeth were involved in the trauma with uncomplicated jaw fractures (#8, #9, #10, #26), subluxation (#8, #9, #24) and lateral luxation (#25,26) requiring reposition and flexible splinting. Mild soft tissue damage to surrounding gingiva constant with these injuries were noted. Several over-retained primary teeth remained, and it was concluded that the “spit out” teeth as reported by dad were exfoliated primary teeth. Along with periapical images, a panoramic was ordered. Upon review bilateral mandibular fractures were discovered.

**Treatment**

A consultation with ENT determined that treatment to reposition the jaw was to be completed under general anesthesia. A flexible splint was placed at the time of manipulation of the mandible to approximate the fracture. Soft food diet was recommended, and follow up with ped's dentistry in one week, one month, and 6 months.

**Follow up 1 week**

Teeth were significantly less mobile and stable

**Follow up 1 month**

Teeth were non-mobile and mandibular fracture healing well. Splint removed. Patient to continue soft diet.

**Follow up 6 months**

Complete fracture healing

**Abstract:**

Traumatic injuries from falls occur frequently in children, but diagnosis of these injuries can be more difficult to ascertain due to behavior, speech, and even asymptomatic presentation. Treatment modalities for children with facial or mandibular fractures differ from adults due to the difference in growth and facial structure. A thorough history and exam is needed to make sure that the full extent of a traumatic injury is diagnosed. This case report details the incident, interception, and treatment of a bilateral mandibular fracture, and luxation of several anterior teeth, as an 8-year-old female with mixed dentition. The initial encounter occurred in the emergency department, followed by treatment in the operating room under general anesthesia, as well as follow-up visits occurring in the dental clinic.

**Case presentation:**

Eight year old healthy female in mixed dentition, presented to the Geisinger Emergency department four hours after suffering facial trauma. The incident occurred at home while she was playing on a swing. Parents deny loss of consciousness and both witnessed the trauma. Upon presentation to the Geisinger Emergency department, the father reported that the patient was “spitting out teeth.” The patient presented as inconsolable and crying, with obvious dental injuries. Clinical and radiographic exam was done followed by treatment using a multidisciplinary approach.

**Examination**

Teeth were non-mobile and mandibular fracture healing well. Splint removed. Patient to continue soft diet.

**Discussion**

According to literature mandibular fractures are the most common facial skeletal injury in pediatric trauma patients. 4. Failure to diagnose a mandibular fracture is not a rare occurrence. Kannari L, et all reports mandibular fractures are commonly missed on the first health care visit and are missed most frequently when patient is <13 years of age. Their article states that missed fractures in this report shared one significant variable: a skin wound on the mandible 1.

Upon presentation the pediatric patient may be in a state of distress along with having obvious immediate dental emergencies, both of which can mask underlying trauma. Time sensitive dental emergencies should be dealt first. Moule and Cohenca suggests that avulsion, lateral and extrusive luxation require immediate dental treatment. After these have been ruled out or treated, a thorough exam must take place. When diagnosing facial trauma, the CT scan remains the gold standard. Panoramic radiographs give information of areas not completely visualized with standard films, but they do not offer the complete anatomy of the injury. Kannari L et all notes however that failure to diagnose a mandibular fracture has less to do with the type of radiograph taken, rather under evaluation of clinical symptoms and findings. 3.

**Conclusion**

After time sensitive dental treatment is addressed, reassessment of facial trauma, especially with skin wounds present on the chin, is important to rule out other non-obvious injuries such as mandibular fractures.

**References**
