

Case study

Rare fracture of coronoid process along with zygomatic complex fracture- a case report

ABSTRACT

Road traffic accidents (RTAs) are changing their presentations over the years, as the type of causative factors evolve. With advent of faster motorbikes and racing cars the RTAs with much greater impact are seen. The most commonly fractured facial bone is the mandible followed by maxilla, zygomatico-maxillary complex, orbital floor, naso-orbitoethamoidal complex, nasal and frontal. One of the important factors determining the success of treatment of midfacial fractures is early and correct diagnosis. Fractures of the coronoid process are uncommon and can easily be missed. The incidence of coronoid process fractures is 1% of all mandibular fractures analyzed. Moreover, the incidence of zygomatic fracture causing fracture of underlying coronoid process is extremely rare. Here we report a rare case of coronoid fracture accompanying zygomatic complex fracture, which was diagnosed solely due to clever 3D CT scan image interpretation.

Keywords: [coronoid process fracture, zygomatic complex fracture, 3D Computed tomography]

1. INTRODUCTION

According to National Crime Records Bureau Report, India recorded more number of deaths from road traffic accident (RTA) than any other countries in the world. [1] Every year 20–50 million people suffer from nonfatal injuries worldwide [2] and the most important cause of maxillofacial trauma is RTAs. [3-5] RTAs are changing their presentations over the years, as the type of causative factors evolve. With advent of faster motorbikes and racing cars the RTAs with much greater impact are seen. Although use of helmets does reduce the incidence of RTAs in motorbike riders, [6] people still resist its use causing varied and complex maxillofacial injuries. It is a challenge to maxillofacial surgeon to correctly diagnose and treat such varied and complex maxillofacial fractures. The most commonly fractured facial bone is the mandible followed by maxilla, zygomatico-maxillary complex, orbital floor, naso-orbitoethamoidal complex, nasal and frontal. [5] The prevalence and patterns of mandibular fractures most commonly were parasymphyseal followed by condyle and angle. [7] The most important factor determining the success of treatment of midfacial fractures, is early and correct diagnosis. [8, 9] The 3D computed tomography (CT) scan is an important tool advised in initial investigations. CT scan is considered superior to conventional radiographs in diagnosing and assessing complex mid-face fractures. [10]

Fractures of the coronoid process are rare and can easily be missed. The incidence of coronoid process fractures is 1% of all mandibular fractures analyzed. [11, 12] Moreover, the incidence of zygomatic fracture causing fracture of underlying coronoid process is extremely rare. On our Pubmed search we found only three articles reporting similar fracture. [13,14,21] Here we report a rare case of coronoid fracture accompanying zygomatic complex fracture, which was diagnosed solely due to clever 3D CT scan image interpretation.

34 **2. CASE IN DETAIL**

35 A 20 year old male patient reported to the Department of Oral and Maxillofacial Surgery with
36 a chief complaint of pain and swelling on the right side of his face. History revealed RTA with
37 direct impact of his bike's handle to his face. On examination, diffuse swelling on right
38 periorbital region (Figure 1); lacerations on right cheek and forehead were evident.



39

40 **Figure 1:** Profile view showing diffuse swelling on right periorbital region and lacerations on
41 right cheek.

42 No apparent diplopia was seen. Tenderness was evident on right zygomatic arch region.



43

44 **Figure 2:** Worm's eye view showing depressed right zygoma as compared to left side.

45 Trismus was also noted. The patient was prescribed anti-inflammatory medications. After 3
46 days, on palpation, right zygoma found depressed as compared to left side (Figure 2).
47 Patient was advised routine blood and urine investigations. In our institute, 3D CT scan is

48 advised for all trauma patients as one of the initial investigations as routine protocol.
49 Accordingly, 3D CT scan was advised for this patient. The 3D CT scan revealed a comminuted
50 right zygomatic arch fracture accompanied by fracture of the coronoid process of the
51 mandible (Figure 3).



52

53 **Figure 3:** 3D CT scan revealed a comminuted right zygomatic arch fracture accompanied by
54 fracture of the coronoid process of the mandible.

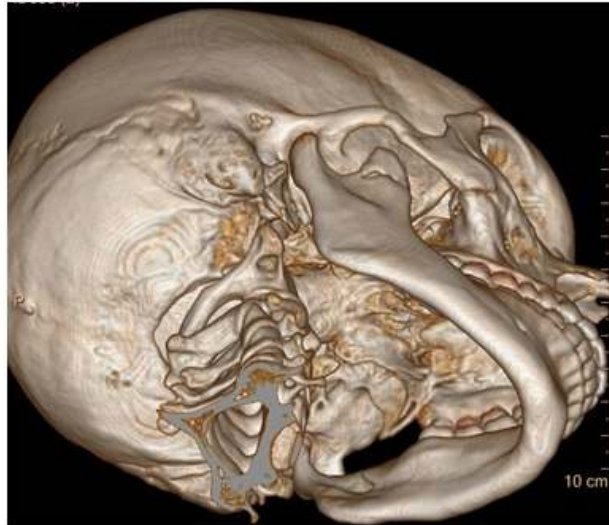
55 Under general anaesthesia, with Gillie's temporal approach, the zygomatic arch was
56 elevated using Rowe's zygoma elevator. (Figure 4)



57

58 **Figure 4:** Gillie's temporal approach.

59 Intra-operative oral opening of 40 mm was achieved. Patient was followed up once a week
60 for 1st month and once a month for next 6 months. Post- operatively, active physiotherapy
61 was advised to avoid ankylosis of coronoid process to the zygomatic arch. Postoperative
62 mouth opening remained 40 mm, which was maintained throughout the follow-ups. Follow-
63 up CT scan after 4 months showed satisfactory healing of the zygomatic arch fracture and
64 no ankylosis between the coronoid process and the zygomatic arch (Figure 5). The coronoid
65 process also showed satisfactory healing.



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67

68 **Figure 5:** 4 months follow-up CT scan showing satisfactory healing of the zygomatic arch
69 fracture and no ankylosis between the coronoid process and the zygomatic arch.

70 3. DISCUSSION

71 Zygomatic arch fractures are the most commonly occurring fractures of the middle third of
72 facial skeleton.[15] By virtue of its fracture, many important structures in infratemporal region
73 are protected, including the coronoid process of mandible. Thus, only a direct and forceful
74 impact of the face on that side can lead to fracture not only of zygomatic arch but also
75 underlying coronoid process of the mandible.[13] The coronoid process has attachment of
76 the temporalis muscle, which has a very strong pull action to close the mandible. Thus,
77 disturbance leading to dystonia of the muscle might lead to coronoid fracture and trismus.
78 [16]

79 Conservative management is first recommended for such fractures with minimal
80 displacement or restriction of mouth opening. For patients with
81 significant fracture displacement and trismus, or with concomitant fractures of the zygoma,
82 zygomatic arch, or mandibular ramus, open reduction and internal fixation (ORIF) via the
83 modified retromandibular approach through the **posterior** border of the parotid gland is an
84 alternative method of treatment. [17] Though elevation of arch through Gillie's temporal
85 approach is a tried and tested procedure, the **comminuted** nature of fracture makes it
86 susceptible to movement. The coronoid fractures ankylose with some portion of delicately
87 repositioned zygomatic arch. This remains a concern in postoperative phase. [18] Therefore,
88 active physiotherapy for mouth opening has to be advised.

One of the important factors determining the success of treatment of midfacial fractures is early and correct diagnosis.[8,9] It is proved that CT scan is superior to conventional methods for the diagnosis of zygomatico-maxillary complex fractures for two reasons - first, since the exact diagnosis of displacement of each of the five major articulations of the zygoma can be evaluated better with CT scan and it facilitates best surgical approach selection[19] secondly, depression of zygomatic arch may trap the coronoid process of the mandible and this complication is more easily appreciated on CT scan.[20]

4. CONCLUSION

We emphasize the use of 3D CT scan for zygomatico-maxillary complex fractures in routine diagnosis. Though rare, fracture of coronoid process should be ruled out in cases of zygomatico-maxillary complex fractures. We also emphasize active physiotherapy post-operatively, to avoid ankylosis of coronoid process to the zygomatic arch.

CONSENT

We, the authors declare that 'written informed consent was obtained from the patient (or other approved parties) for publication of this case report and accompanying images. A copy of the written consent is available for review by the Editorial office/Chief Editor/Editorial Board members of this journal.

ETHICAL APPROVAL

Not Applicable

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