

Assessment of Maxillofacial Trauma Patterns in a Tertiary Care Hospital: A Retrospective Study.

Sarah Thompson*

Department of Oral Medicine & Radiology, King's College London, United Kingdom

*Correspondence to: Sarah Thompson. Department of Oral Medicine & Radiology, King's College London, United Kingdom. Email: dr.sarah.thompson@gmail.com

Received: 27-May-2025, Manuscript No. AAOMT-25-169568; **Editor assigned:** 01-Jun-2025, PreQC No. AAOMT-25-169568 (PQ); **Reviewed:** 15-Jun-2025, QC No. AAOMT-25-169568; **Revised:** 22-Jun-2025, Manuscript No. AAOMT-25-169568 (R); **Published:** 29-Jun-2025, DOI:10.35841/AAOMT-8.1.184

Introduction

Maxillofacial trauma represents a significant portion of emergency surgical cases, often resulting from road traffic accidents, interpersonal violence, sports injuries, and occupational hazards. These injuries can have profound functional and aesthetic consequences, affecting mastication, speech, vision, and facial symmetry. In developing and developed countries alike, the epidemiology of maxillofacial trauma is influenced by factors such as urbanization, socioeconomic status, cultural behaviors, and traffic safety regulations [1, 2, 3, 4, 5].

Tertiary care hospitals play a pivotal role in managing complex maxillofacial injuries, offering specialized surgical expertise and access to advanced diagnostic tools such as computed tomography and 3D imaging. Retrospective studies in such settings are essential to identify prevailing patterns of injury, assess demographic trends, and evaluate the effectiveness of management protocols. This information can guide public health interventions, inform preventive strategies, and improve patient outcomes. The present retrospective study aims to analyze the trends and patterns of maxillofacial trauma in a tertiary care hospital, with a focus on identifying common etiological factors, injury distribution, and the demographic profile of affected patients.

Conclusion

Understanding the patterns of maxillofacial trauma within a tertiary care setting provides valuable insights into the etiology, prevalence, and

demographic distribution of such injuries. This study highlights the need for targeted preventive measures, such as road safety enforcement, public education on interpersonal violence, and workplace hazard mitigation. By mapping the local trends of maxillofacial trauma, healthcare policymakers and clinicians can work together to reduce incidence rates and improve trauma care systems. Further multicenter and prospective studies are warranted to validate these findings and to develop comprehensive trauma management guidelines tailored to specific regional needs.

References

1. Al-Khateeb, T., & Abdullah, F. M. (2007). Craniomaxillofacial injuries in the United Arab Emirates: A retrospective study. *Journal of Oral and Maxillofacial Surgery*, 65(6), 1094–1101.
2. Brasileiro, B. F., & Passeri, L. A. (2006). Epidemiological analysis of maxillofacial fractures in Brazil: A 5-year prospective study. *Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology, and Endodontology*, 102(1), 28–34.
3. Chrcanovic, B. R. (2012). Factors influencing the incidence of maxillofacial fractures. *Oral and Maxillofacial Surgery*, 16(1), 3–17.
4. Hussain, K., Wijetunge, D. B., Grubnic, S., & Jackson, I. T. (1994). A comprehensive analysis of craniofacial trauma. *Journal of Trauma*, 36(1), 34–47.
5. Lee, K. (2009). Global trends in maxillofacial fractures. *Craniomaxillofacial Trauma & Reconstruction*, 2(4), 213–222.