performed in the mandible at some distance from the bony defect. External fixators are applied to the three fragments of bone. The osteotomized bone is then moved towards the defect, causing new bone formation in its wake. When the osteotomized bone end meets the other side of the bony defect, a further operation is performed to remove any residual interposing soft tissues and to freshen the bone ends. Healing then occurs across this small defect.

Skin grafts and random and axial skin flaps may be used to close skin defects. For more extensive wounds, muscle flaps may be utilized. Vascularized free flaps, such as the radial forearm flap (Figure 8), are particularly useful in replacing lost tissue.

Complex defects may be reconstructed using more than one flap (Figure 9). Composite flaps of bone and soft tissue, such as the deep circumflex iliac artery flap from the pelvis, give large amounts of tissue and are particularly useful in reconstructing severe mandibular defects.

Osseointegrated implants may be placed into reconstructed bone once it has an established blood supply, to restore the dentition. Facial osseointegrated implants in the piriform fossa region, the orbital rims or the zygomatic arches may be used to anchor a facial prosthesis. Conventional obturator and denture techniques can also be used to reconstruct maxillary defects.

SUMMARY

Ballistic injuries of the head and neck are initially managed according to established ATLS principles, with particular emphasis on airway preservation. Care is required not to overlook life-threatening injuries, particularly in the abdomen and chest, which are more likely to be the source of hypovolaemic shock. Avulsed teeth or fragments of broken teeth must be accounted for as far as possible.

Adequate debridement and drainage with the early closure of soft tissue and the stabilization of bone ends in their correct anatomical position is the mainstay of primary treatment. Reconstruction of facial tissue loss requires the area to be free of infection and have a good blood supply. Early reconstruction prevents soft-tissue scarring and contraction.

With prompt resuscitation and initial surgery preparing the environment for definitive reconstruction according to the surgical principles elucidated above, and summarized in the key-point boxes, acceptable functional and aesthetic results should be obtained in the management of maxillofacial missile injuries.

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ABSTRACT

CAN WE ALWAYS BELIEVE OUR PATIENTS?

Validation of Self-Reported Medical History Data in Dental Charts. B.L. Stewart, W.A. Sabbah and A.M. Alrasheed. *Saudi Dental Journal* 2003; **15:** 33–37.

This simple piece of research may have uncovered a hornet's nest. The authors assessed the accuracy of medical and demographic data entered by patients on their dental charts by comparing these to data abstracted from medical records. A total of 246 sets of dental and medical records were randomly selected at an Armed Forces Hospital. The study was well structured with assessment of examiner reliability.

It was found that, although there was moderate agreement between the two sets of charts on demographic issues, there was low agreement in the reporting of medical conditions between the two sets of records. Particular issues found to be at odds were the low reporting to the dentist of hepatitis B, blood transfusions, high blood pressure and renal disease. Concerns were also raised regarding the reporting of a range of medical problems, including epilepsy, sickle-cell anaemia, leukaemia and abortion.

In discussing why this was found, the authors suggest that patients may be ignorant of the medical condition, consider the questions an invasion of their privacy, or may be aware that, if the conditions were divulged, dental treatment could be postponed or cancelled.

The authors suggest that dentists should not rely totally on self-reported medical histories, and ideally should have access to patients' medical records or database. They also proposed a universal system of recording diagnoses of medical conditions to enable different healthcare workers to read and understand medical files.

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