

Risk Factors of Traumatic Brain Injury in Patients with Mandibular Fractures

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Background

- Traumatic brain injury (TBI) associated with facial fractures: major public health concern worldwide
- Mild TBI reported in up to 29.7% of mandibular fractures^{1,2}
- o Risk factors of TBI in patients with mandibular fractures remain unknown

Methods

- o Retrospective review:
 - 2018-2019
 - Adult patients
 - R Adams Cowley Shock Trauma Center with mandibular fracture
- *Primary outcome:* **concomitant TBI** on presentation:
 - Positive head CT=hemorrhage, parenchymal contusion, diffuse axonal injury, or
 - Negative CT with GCS<15 or any neurologic symptom/sign*
- Secondary outcome: persistent/incident neurologic symptoms >4 weeks after injury

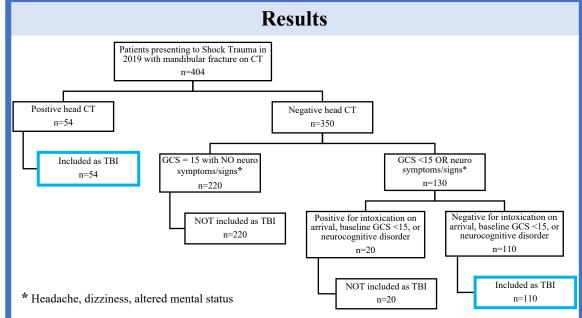


Figure 1. Flow diagram for the selection of our patient population.

- 404 patients included: 164 (40.6%) had concomitant TBI on presentation
 - Older age: 1 year increase → 1.02 X increase in odds of TBI on presentation
 - Parasymphyseal fracture → 1.8 X increase in odds of TBI on presentation
- 236 patients with follow up \geq 4 weeks after injury:
 - Median follow up of 71 days (IQR: 44-197)
 - 105 (45.0%) with neurologic sequalae
- Positive head CT on presentation \Rightarrow 9 X increase in odds of persistent neurologic sequelae at \geq 4 weeks after injury

Conclusions

- o Patients who:
 - Are older
 - Have parasymphyseal mandibular fractures
 - Have abnormal head CT on presentation may benefit from:
 - TBI screening
 - Close and prolonged follow up for the persistence of neurologic sequelae

References

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