



Navigating Challenge: Case Study of Glass Shard Removal from the Cheek

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Abstract

This case report highlights the intricate challenges posed by post-traumatic complications in the facial region, emphasizing the significance of prompt intervention. A patient with a history of left cheek injury presented to the Oral and Maxillofacial Surgery department. Clinical examination revealed a palpable extra-oral mass, later identified as a radio-opaque foreign object through radiographic assessment. Following meticulous protocols, surgical removal was executed, complemented by a structured follow-up regimen. The study underscores the role of interdisciplinary approaches in addressing facial trauma sequelae. Successful intervention exemplifies the fusion of technical proficiency and patient-centered care, reflecting the modern landscape of oral and maxillofacial surgery.

Introduction

Injuries to the facial region can often result in diverse pathological responses, necessitating prompt medical attention and intervention. One intriguing case that underscores the importance of thorough evaluation and management is that of a patient who presented to the Outpatient Department (OPD) of the Department of Oral and Maxillofacial Surgery with a pertinent history of left cheek injury sustained three months prior. The intricate anatomical nature of the oral and maxillofacial region makes it particularly susceptible to an array of post-traumatic complications, ranging from soft tissue trauma to osseous anomalies.

Upon clinical examination of both intra-oral and extra-oral sites, a discernible firm mass was palpable in the extra-oral region, serving as a striking indicator of the underlying pathological progression. The investigative arsenal, including radiographic assessment, brought to light a distinctive radio-opaque mass measuring approximately 2 cm x 0.5 cm.

This case serves as a compelling illustration of the multifaceted challenges that can arise following facial trauma and the critical role of interdisciplinary approaches in delivering effective patient care.

The subsequent sections delve into the comprehensive analysis of the clinical presentation, diagnostic processes, surgical management, and the favorable healing outcome, thereby shedding light on the intricate dynamics of managing post-traumatic sequelae in the oral and maxillofacial domain.

The narrative of this case not only underscores the importance of adhering to established protocols but also highlights the indispensability of diligent postoperative monitoring. Through a series of judiciously timed follow-up appointments, the absence of postoperative complications and the attainment of a satisfactory healing process were documented, underscoring the clinical proficiency that guided this transformative medical voyage.

Case Report

The patient reported to the OPD of the Department of Oral and Maxillofacial Surgery with a history of injury to the left cheek 3 months back. On examination of both intra-oral and extra-oral sites, there was the presence of a firm mass prominently felt on the extra-oral site. Radiographic examination revealed a radio-opaque mass of about 2 cm x 0.5 cm. Following all the SOPs, L.A. was administered locally around the palpable mass and an extra-oral incision was placed, the tissue was dissected and the mass was removed. Closure was done using 3-0 Silk. Regular follow-up was done on the 3rd, 5th, 7th and 14th day. No postoperative complications were encountered and healing was satisfactory



Figure 1a) L.A. Administered Extraorally 1b) Tissue Dissection 1c) Foreign object retrieval

Discussion

The retrieval of a foreign object from the left cheek represents a compelling medical scenario that necessitates meticulous planning, technical proficiency, and a patient-centered approach. Such cases, though relatively uncommon, underscore the intricate nature of oral and maxillofacial surgery, where precision and empathy converge for optimal outcomes.

1. Patient History and Evaluation: The initial step in addressing a foreign object in the left cheek is to gather a comprehensive patient history. In this specific case, a history of injury to the left cheek three months prior was pivotal. Understanding the circumstances and duration of the foreign object's presence informs treatment decisions. Concurrently, a thorough physical examination, including both intra-oral and extra-oral assessments, was performed. This dual approach is crucial to determine the exact location, size, and nature of the foreign body.

2. Radiographic Examination: Radiographic imaging plays a pivotal role in identifying and characterizing the foreign object. In this instance, the discovery of a radio-opaque mass measuring 2 cm x 0.5 cm provided essential insights. Radiographs guide the surgical approach, ensuring minimal tissue disruption and reducing potential complications.

3. Surgical Approach: Retrieving a foreign object from the cheek demands a surgically precise approach. Local anesthesia is administered to ensure patient comfort, and a well-placed extra-oral incision is made. The location and size of the incision are carefully calculated to minimize cosmetic concerns and tissue damage. The dissection process is executed with utmost care to avoid damage to vital structures in the vicinity.

Closure and Follow-Up

The success of the procedure hinges on proficient closure techniques. Postoperative follow-up appointments, conducted on the 3rd, 5th, 7th, and 14th days, exemplify the commitment to patient care. Monitoring for any complications and ensuring satisfactory healing are vital aspects of postoperative management.

Conclusion

In conclusion, the retrieval of a foreign object from the left cheek encapsulates the essence of modern oral and maxillofacial surgery. It showcases the intersection of medical science and humanism, where cutting-edge techniques and patient-centered care converge to provide optimal outcomes. Such cases underscore the importance of interdisciplinary collaboration and the ongoing pursuit of excellence in the field of healthcare.

Conflict of interest: There was no conflict of interest.

Consent: Both Informed and written consent were taken.

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