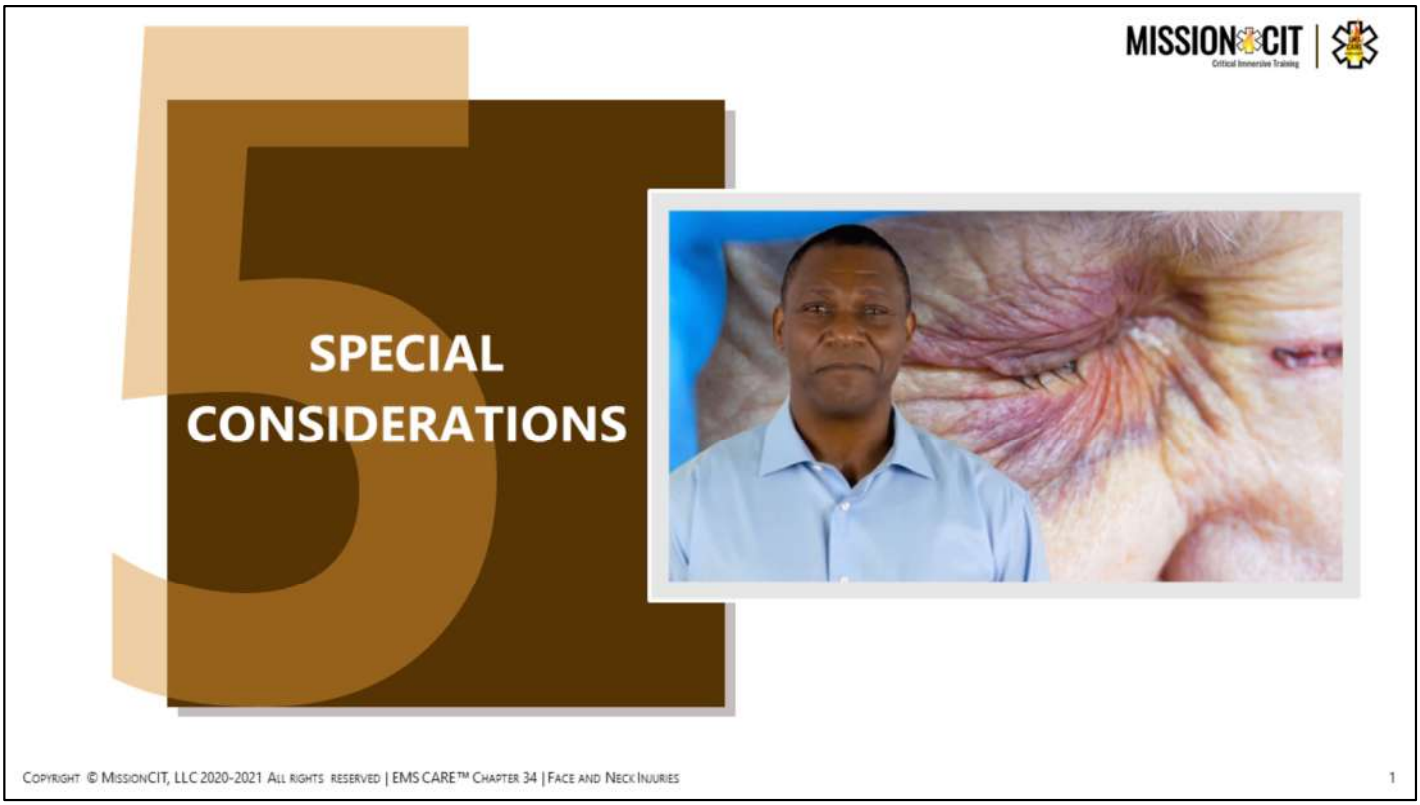
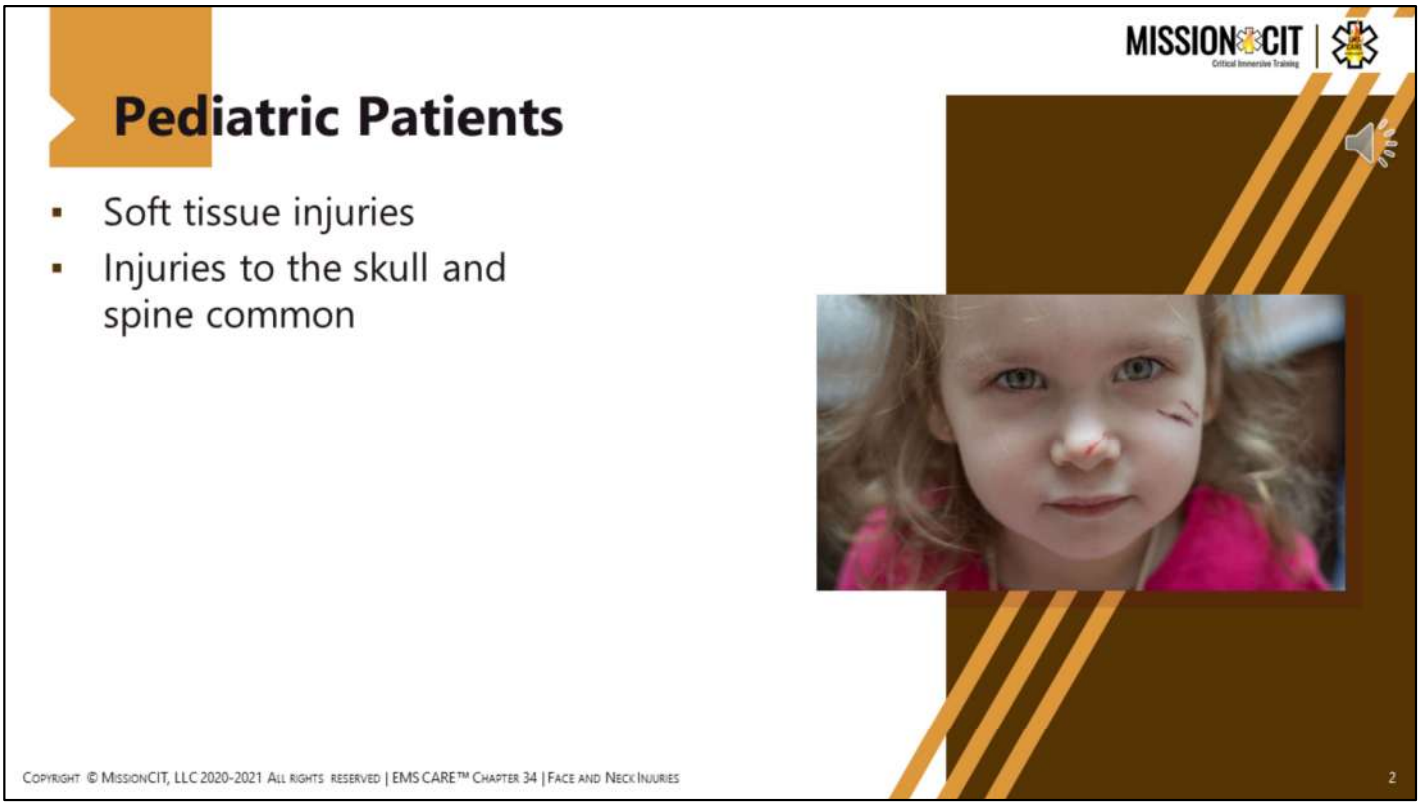


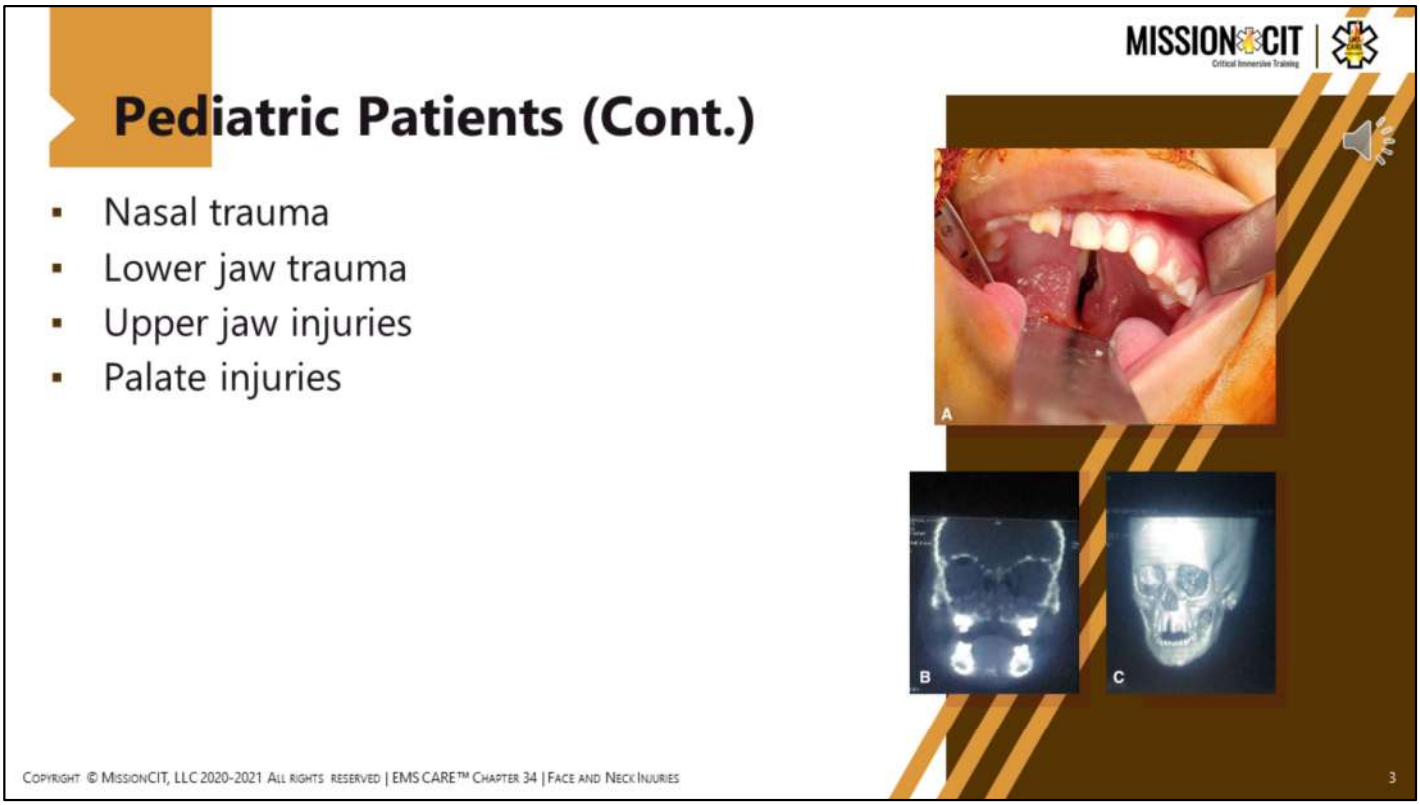
Thank you, Missah!

Hello again, this lesson discusses important special conditions you may face while dealing with pediatric and geriatric patients.

Good studying.



Facial and neck trauma occurs frequently in children, however, because of the small face size, skeletal flexibility and increased fatty tissue in a child's face, most of these injuries result in soft tissue (cuts and bruising) injuries. Fortunately, serious facial and neck fractures are uncommon. Serious injuries are not normally caused by childhood play, but are usually the result of motor vehicle accidents, kicks by animals, or fights. Serious face and neck injuries are more difficult to recognize in children compared to an adult and are often a challenge to treat.



Here are some commonly seen problems in pediatric patients:

Nasal trauma:

The bones in the nose are the most frequently broken (fractured) in the face. Identification of a nasal bone fracture in children is not easy, as there is usually a lot of swelling, making touching the nose difficult. Additionally, x-rays are difficult to interpret. Immediate evaluation is necessary to make sure a collection of blood (hematoma) is not present in the septum (divider of the nose). If no hematoma is found, the patient is usually re-examined in two to three days, once the swelling has gone down. If the nose looks crooked, then immediate evaluation by an ear, nose and throat surgeon is necessary.

Lower jaw (mandibular) trauma:

Because the jaw of a child is more flexible than an adult, few fractures result. However, the jaw joint (in front of the ear) may be pushed out of position causing the jaw to be locked open or not function normally. Fractures are identified with an x-ray.

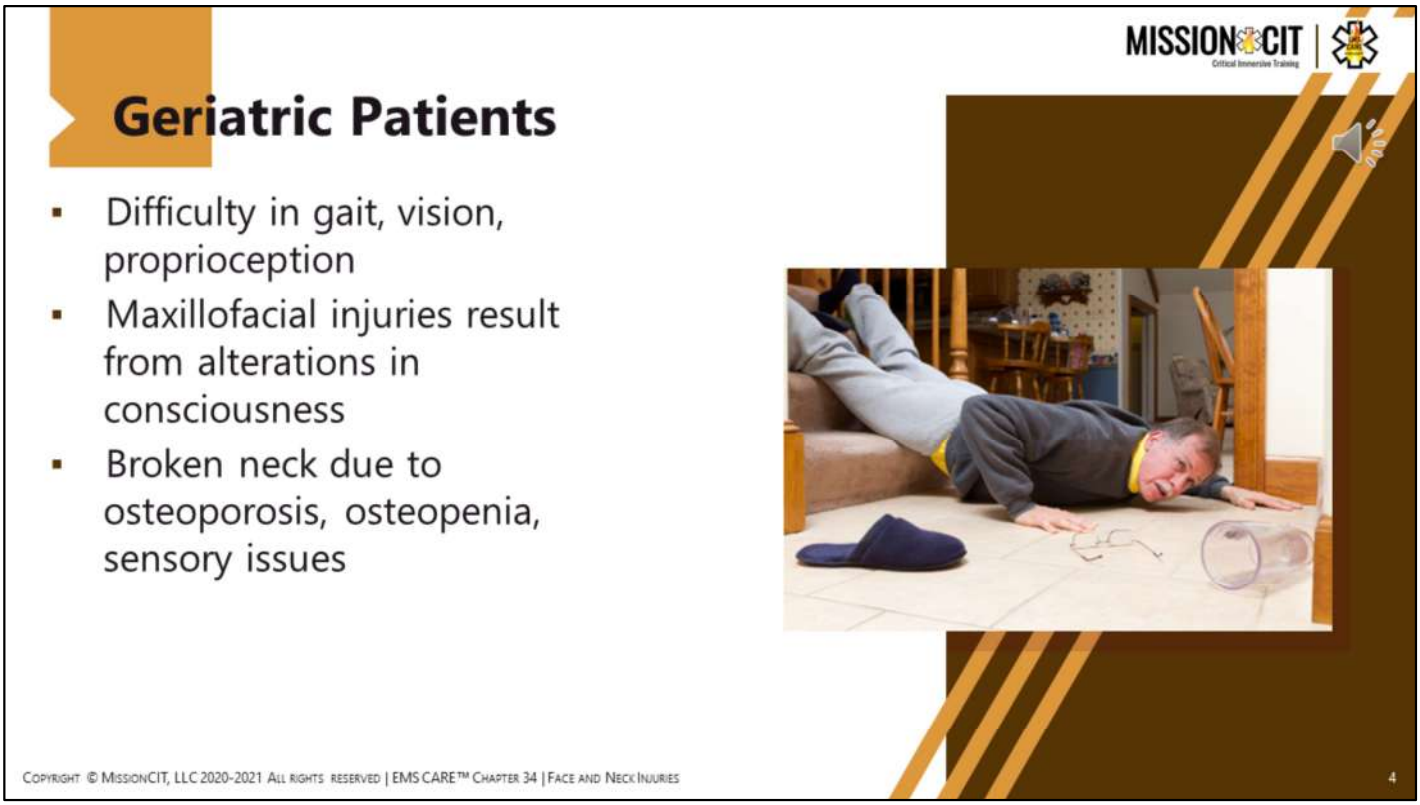
Upper jaw (maxillary) injuries:

Because the middle of the face (including the palate) in children is such a small area, fractures here are uncommon. However, when the middle of the face is involved, it is important to make sure that the eyes and nose are not involved. In addition, children are more likely to have brain injuries (concussions), skull fractures, or upper spine fractures

associated with facial fractures than adults.

Palate injuries:

Injuries involving the palate (roof of the mouth) are common in children. These usually occur when a child is running or playing with something in the mouth like a pencil, toothbrush or stick. Other injuries that may occur in the mouth include cuts or tears on the tongue, tonsils, and/or inside the cheek.



A significant number of elderly Americans reside in skilled nursing facilities, with the Centers for Disease Control and Prevention estimating 1.4 million residents in 2014.

Older adults, adults 65 years and older, have both an increased rate of trauma and an increased predisposition to injury from even minimal force. This makes older adults a high-risk population for traumatic fracture from high- or low-impact mechanisms.

Fracture risk factors in older adults:

Due to the physiologic changes of aging as well as common comorbidities, older adults are at high risk for fractures. Maxillofacial injuries in elderly people may result from alterations in consciousness as a result of a pre-existing medical condition. As with many injuries, the older a resident is, the more likely they are to suffer from a broken neck. Elderly residents who are more likely to suffer a broken neck include those with osteoporosis, osteopenia, and those who have sensory issues from medication.

This brings us to the end of this lesson and in the next one, Missah will take you through the chapter review.