

First announcement (immediately after operation)

Date of randomization: ___/___/___ **Fax no:** 0049 351 458 5348

Initials: **Number:** **Institution:**

3. Findings

3.1. Date of birth: _____

Age: _____ years Sex: male female

3.2. Result of Randomization: open closed

3.3. Preinterventional diagnosis:

3.3.1. Time intervall (fracture – treatment): _____ days

3.3.2. Type of the fracture

- 3.3.2.1. Judgement by:
- OPG
 - Towne/Clementschilds
 - CT (compulsory)



Fig. 1: Typ B



Fig. 2: Typ A

Fig. 1 and 2: Subclassification of condylar head fractures: Classification is determined by the course of the fracture line through the head of condyle. Fig. 1 shows type B demonstrating the course of the fracture through the lateral end of the condylar head with luxation of the medial fragment and loss of the vertical dimension. Fig. 2 shows type A with the course of the fracture through the condylar head that way that the lateral end and the vertical dimension of the joint are maintained on luxation of the small fragment.

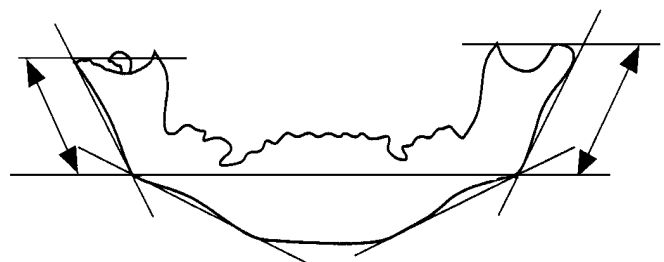
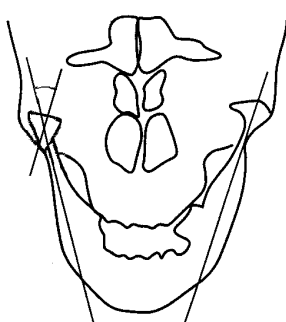
- 3.3.2.2. Level of condylar head fracture:
- | | |
|-------------------------------------|-------------------------------------|
| <u>left</u> | <u>right</u> |
| <input type="radio"/> Type A | <input type="radio"/> Type A |
| <input type="radio"/> Type B | <input type="radio"/> Type B |
| <input type="radio"/> Condylar neck | <input type="radio"/> Condylar neck |
| <input type="radio"/> Condylar base | <input type="radio"/> Condylar base |

3.3.2.3. Changing length of the ramus: left (+/-) right (+/-)

_____ mm _____ mm

3.3.2.4. Angulation of the fragment: left (+/-) right (+/-)

_____ ° _____ °

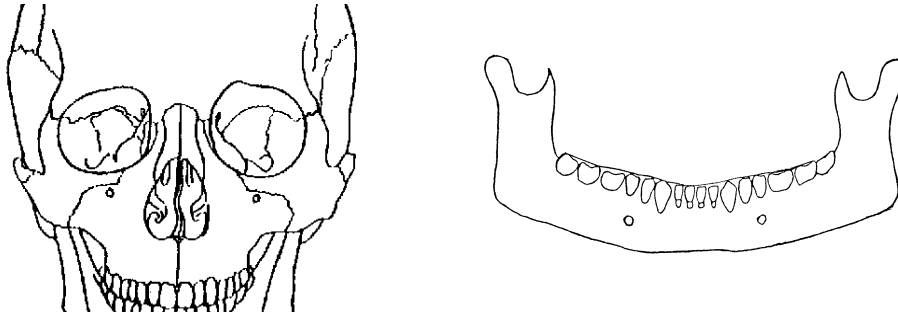


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3.3.3. Localisation of other mandibular and maxillar fractures and therapy



1. Mini Plate 2. Micro Plate 3. Others

3.3.4. Missing teeth (x):

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

3.3.5. Any lesions of the facial nerve: left right

branch (1-4):	1) 2) 3) 4)	1) 2) 3) 4)
yes	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
no	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

① temporal ② zygomatic ③ buccal ④ marginal

3.3.6. Lesion of the auriculotemporal nerve:

	left		right	
hypoesthesia/reduced sensation	yes <input type="radio"/> no <input type="radio"/>		yes <input type="radio"/> no <input type="radio"/>	
numbness	yes <input type="radio"/> no <input type="radio"/>		yes <input type="radio"/> no <input type="radio"/>	
hyperalgesia	yes <input type="radio"/> no <input type="radio"/>		yes <input type="radio"/> no <input type="radio"/>	

3.3.7. Lesion of the occipitalis minor respectively auricularis magnus nerve:

	left		right	
hypoesthesia/reduced sensation	yes <input type="radio"/> no <input type="radio"/>		yes <input type="radio"/> no <input type="radio"/>	
numbness	yes <input type="radio"/> no <input type="radio"/>		yes <input type="radio"/> no <input type="radio"/>	
hyperalgesia	yes <input type="radio"/> no <input type="radio"/>		yes <input type="radio"/> no <input type="radio"/>	

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3.3.8. Traumatic perforation of acoustic meatus

left

right

yes no

yes no

3.4. Treatment modality

3.4.1. Closed treatment

Intermaxillary Fixation no yes

Only with elastics !

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3.4.2. Open reduction

Date of operation: _____

Operative approach:

preauricular retroauricular

Type of fixation

Left:

Plates: Screws: Pin (resorb.): Screws (resorb.)

Number of Plates: _____

Type of plate (2,0/1,5/1,0): _____

Number of screws in proximal fragment: _____

Number of screws in distal fragment: _____

Number of screws/pin: _____

Diameter of screws/pin: _____

Length of screw/pins: _____

Right:

Plates: Screws: Pin (resorb.): Screws (resorb.)

Number of Plates: _____

Type of plate (2,0/1,5/1,0): _____

Number of screws in proximal fragment: _____

Number of screws in distal fragment: _____

Number of screws/pin: _____

Diameter of screws/pin: _____

Length of screw/pins: _____

Intermaxillary Fixation no yes

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3.5. Postinterventional period

3.5.1. Intermaxillary fixation

elastics _____ days

3.5.2. Orthodontic appliance _____ days

3.5.3. Physical therapy:

instruction by surgeon physiotherapist treatment

3.5.4. Complications

3.5.4.1. Infection no yes

3.5.4.2. Other complications: _____

3.5.5. Postinterventional radiograph (within 1 week)
(OPG, Towne/Clementsich, CT-Scan)

	<u>left</u>	<u>right</u>
1. Correct position:	no <input type="radio"/> yes <input type="radio"/>	no <input type="radio"/> yes <input type="radio"/>
2. Shortening of the ramus:	_____ mm	_____ mm
3. Angulation of the fragment:	_____ °	_____ °
4. Failure of osteosynthesis	no <input type="radio"/> yes <input type="radio"/>	no <input type="radio"/> yes <input type="radio"/>