

DEPARTMENT OF
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**REPORT OF A CASE OF PATHOLOGIC FRACTURE OF THE
MANDIBLE CAUSED BY A MALPOSITION OF A BICUSPID**

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PATIENT CHAS. B., age thirty-eight years; occupation, laborer.

Complaint.—Fistula below the mandible in the region of the right bicuspids.

History.—In April, 1918, patient noticed external swelling in region of



lower right bicuspid; the swelling was about the size of a walnut and hard to touch. A few weeks later it broke and a large quantity of pus was discharged. Patient neglected caring for the wound and soon pain became very severe until September when he was referred here.

Examination.—Upon palpation of the jaw a slight grinding sensation was felt. Further examination with the aid of the x-ray revealed a bicuspid tooth lying in the jaw bone upside down causing a fracture in the mandible. There was also a morbid condition involving the root-end of the cuspid on the same side. This, no doubt, was a contributing factor in bringing on the infection. See illustration.

Treatment.—Bands with hooks were fitted to the upper and lower incisors and to one upper and lower molar on each side and were then cemented in place. Patient was then referred to Trinity Hospital. Under ether anesthesia an incision one and a half inches long was made beneath the mandible and the soft tissue was retracted. The bone was exposed and the embedded tooth dissected out; the cuspid was extracted and the entire area curetted. The borders of the broken bone were thoroughly freshened and the wound was packed with iodoform gauze to permit drainage. The wound closed and the next day the bone was put at rest by ligating the banded teeth with wire ligature.

After one week the wound showed no further signs of pus. Three weeks later the bands were removed and the patient was discharged.

ABSTRACT OF LITERATURE

Ununited Fractures of the Mandible. Percival O. Cole. Proceedings of the Royal Society of Medicine, April, 1918.

Cole says that cure of this condition can be obtained only by direct surgical intervention. Palliation belongs exclusively to the dental surgeon, but cure lies in a realm shared equally by dentist and doctor. The author's estimate of nonunion is based on experiences that in one thousand unselected cases of fracture treated on ideal lines, nonunion will occur in one hundred. In ten of these, operation to determine union will be impracticable. The essence of his method is the control of the edentulous posterior fragment by a padded extension piece which enables him to think of the mandible as though the fragments were once more in continuity, and the use, then, of an anatomic articulator makes the question of correct occlusion no longer guess work. The operation of bone grafting for united fractures of the jaw has passed beyond the experimental stage into the region of assured success.