

CraniOrofacial Trauma: The first law

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ABSTRACT

Trauma has been given the utmost importance in the field of medicine since ages and is still being the most common cause of mortality and disability worldwide. Every hospital must have a fully equipped trauma care unit, operation theaters and intensive care units to render a better care to trauma patients and also emergency medical services and specialist from all the medical specialties.

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"TRAUMA" is a Greek word, meaning wound caused due to physical injury by external sources. It is a mysterious word of all times most often leading to life threatening situations. It has been given the utmost importance in the field of medicine since ages and is still being the most common cause of mortality and disability worldwide.[1] Trauma is broadly classified as poly trauma, head trauma, facial trauma, chest trauma, extremity trauma, pelvic trauma and spine trauma. Trauma remains a multi disciplinary disease requiring participation of consultant expertise specialists including neuro surgeons, maxillofacial and reconstructive surgeons along with orthopedic surgeons.[2] The scenario of providing trauma care to the patients has change drastically over the last decade. The introduction of routine computed tomography with 3 dimensional scan and ultrasounds has facilitated non-operative management of blunt solid organ injuries.[3, 4] Having seen and operated many cases of craniorofa-



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cial trauma for years, we have seen a certain common things which we would like to share. These are the basic laws of trauma along with underlying principles used for management. We would talk regarding the first law of Trauma.

The first law of trauma states that: Any anomaly in your trauma patient is due to trauma, no matter how unlikely it may seem. [1, 2]

Some examples: A 23 year old young male riding a bike without a helmet crashes to a tree and sustain multiple facial injuries with mild extradural hematoma which is managed conservatively and has an epileptic attack 3 years later. A spot in the abdomen with minimal bleeding episode after a blunt trauma is not a cyst; it is a laceration until proven otherwise clinically and radiologically. A patient found lying on the stairs with blood in his head did not have a stroke and then fall down. The possibility and susceptibility of trauma always comes first in a trauma patient. It is the job of the trauma surgeon who is expertise in their respective field to rule it out. The problems which are caused due to trauma are devastating and life threatening and must always be considered first and foremost and treated accordingly as per the plan. A trauma surgeon is a qualified, experienced and expertise in managing the trauma patient as well as planning the treatment within the golden hour period to save one's life[5]. Prevention of these injuries includes reinforcement of law in road traffic legislation, decreasing the speed limits of motor vehicles, reinforcement of wearing seat belts and helmets.[1,4,6] Every hospital must have a fully equipped trauma care unit, operation theaters and intensive care units to render a better care to trauma patients and also emergency medical services

and specialist from all the medical specialties.[6] In this article we have shortly elaborated the assessment of craniofacial injuries and the importance of trauma care centre in our country with our experience and also tried to highlight the first law of trauma.

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