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Bone supported arch bars : A boon or curse in condylar fractures?

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Abstract

Intermaxillary fixation (IMF) is one of the basic and mainstay treatment modalities for maxillary and mandibular fractures. One of the oldest wiring techniques reported in studies for doing maxillomandibular fixation (MMF) have been eyelet interdental wiring given by Robert H. Ivy in 1922, Erich's arch bar, Gilmer's wiring, and Stout wiring. Owing to discomfort, difficulty and injuries during wire removal, and difficulty in maintaining the oral hygiene adequately patients have a low acceptability to arch bars^[5]. Not only this, the incidence of glove perforation was significantly high with wiring techniques, which eventually lead to needle stick injury risk. One of the modifications is Universal Bone-supported arch bar that although is similar to traditional Erich Arch bar but it gets integrated in both maxilla and mandible through bone-borne locking. This is a case report to convey our experience of bone supported arch bar on patient with reduced mouth opening and poor accessibility

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