



Primum Non Nocere

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Short Communication

On November 15th, 2020, during COVID pandemic with resulting restrictions on movements, the author was called to examine an elderly patient aged about 86 years giving a h/o fall the day before followed by swelling and bruising of left side of face and left eye with inability to open the latter. No definite h/o unconsciousness was found. For quite some time, she had no vision in the left eye except for a faint perception of light. She had coronary stents. She was on antihypertensives, statin, aspirin, gabapentin (100 mg) and a combination of duloxetine (20 mg) and methylcobalamin.

Clinical Examination Revealed the Following

Patient was conscious and cooperative.

Inspection: Swelling, ecchymosis in left upper and lower eyelids, inability to open them. There was also swelling and bruise in malar region with a few small blisters (Figure 1). She couldn't open her mouth due to pain.

Palpation: Gentle palpation along infraorbital margin revealed tenderness with a small step at one place. Gentle retraction of eyelids showed conjunctival ecchymosis. No bony irregularity was detected on intraoral digital palpation. A few teeth were present.

Blood pressure was 150/85 mmHg and pulse rate 80/m with occasional irregularity.

Problems in management: Owing to COVID situation, taking this patient for investigations, hospitalization and subsequent observation in isolation until she was proved negative, was an ordeal faced with logistic issue of transportation and subsequent management. A CT scan of brain, orbit and facial skeleton [1] was a minimum necessity in addition to coagulation profile and routine investigations. It would also have been an expensive affair as such an elderly patient would have to be observed in an ICU set up. The overall estimated expense would have come to around 400,000/- in Indian currency, amounting to around 5000 US dollars.

The author decided to observe the patient at home with reports of clinical condition from the relatives taking care. She was asked to stop blood thinners for 5 days. A course of Amoxicillin + Clavulanic acid (625) and Paracetamol (650) thrice daily for five days was all that prescribed. Oral hygiene was maintained by mouth wash. She was asked to take soft diet.

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Figure 1: Appearance of the patient about 16 hours after a fall.



Figure 2: Appearance after 18 days of injury.



Figure 3: Appearance at 6 weeks post injury.

She gradually recovered sending follow up photographs at 18 days (Figure 2) and 6 weeks (Figure 3). In the initial stages minor bite problem was there but didn't matter as she was having soft diet and many teeth were missing. By 6 weeks her mouth opening was full, taking normal diet, only a mild tenderness on left malar area persisted which took a little more to settle. The initial mild crossbite also gradually settled later.

Discussion: Although often dramatic in appearance, maxillofacial injuries by themselves are rarely life-threatening [2]. Ideal management for any orbitomaxillary injury is to investigate and formulate a plan of treatment based on the clinical findings supplemented by investigations. Other injuries including ophthalmic are to be excluded first [3] followed by either Open Reduction and Internal Fixation (ORIF) or Maxillomandibular Fixation - MMF (temporary or for a varying period may be up to 6 weeks) [4].

In medical science, each case has to be judged by its own merit. Whatever may be the standard dictum, difficulties in logistics, economic condition and whether the treatment is more uncomfortable than no treatment with acceptable deficit and deformity are all to be considered. The ultimate goal is restoring form and function with minimum morbidity [5]. The author having considered all aspects decided in favor of no active treatment (*primum non Nocere*). The logic was

1. Age & sedentary habits
2. The left eye had poor light perception
3. No gross displacement of bony segments
4. Absence of bite problems due to absence of many teeth

Her uneventful recovery with full mouth opening and no residual deformity justified the decision of the author saving both money and discomfort of investigations and treatment.

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