

OSTEOMYELITIS AS A COMPLICATION OF FACIAL TRAUMA IN A SYSTEMICALLY DECOMPENSATED PATIENT

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INTRODUCTION

Osteomyelitis is an inflammatory medical condition of the medullary bone, which results in ischemia and vascular stagnation, followed by an accumulation of microorganisms and tissue necrosis. It can be divided into acute and chronic, the former being quicker to diagnose and with little time for the body to react, while the latter forms granulation tissue and bone sequestration, since the intensity of the inflammation is reduced, but lasts longer. The jaw is one of the most affected areas because it naturally has little vascularization and greater bone density, but osteomyelitis also progresses to the maxillary bones, depending on the virulence of the microorganism, systemic conditions and even the patient's habits.

GOAL

To report a clinical case of Chronic Suppurative Osteomyelitis in a patient with decompensated Hypertension and Type 2 Diabetes Mellitus who developed the disease due to untreated trauma to the jaw, and to emphasize the importance of early diagnosis and treatment.

METHODOLOGY/CASE REPORT

A 56-year-old male patient was admitted to the Dental Emergency Room of *Universidade Estadual de Londrina* complaining of pain and swelling in the face for days. During the anamnesis performed by the Oral and Maxillofacial Surgery and Traumatology team, they discovered that the patient has Hypertension, Type 2 Diabetes Mellitus, is a chronic smoker and alcoholic, and has also suffered a Stroke (CVA). During the clinical examination, the lower third of the left side of the face was swollen and showed signs of secretion, the 38th element was fractured, and the soft tissues were thick. The result of the

radiographic examination showed sequesters and bone discontinuities. The team submitted the patient, after 10 days of hospitalization for systemic stabilization, to surgery to remove the bone and the tissue that had become necrotic, in addition to the extraction of element 38. The jaw was reconstructed with the aid of an internal rigid plate and the patient remained hospitalized for another 10 days for antibiotic therapy.

RESULT

After 7 days, bone sequestration remains were removed and, as a result, the patient progressed satisfactorily. He remained stable after 90 days of follow-up. **Conclusion:** It can be concluded that osteomyelitis is a compromising condition, but the patient's systemic condition is extremely important for the progression of the disease. Therefore, it is necessary to prioritize the control of these other factors, to strengthen the organism and carry out the treatment adequately.