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The face is in a position exposed to trauma, which often leads to soft tissue rupture, favoring the penetration and retention of foreign bodies. The present paper is a case report which aims to clarify some pitfalls in the evaluation of traumatic wounds. A 28-year-old female who was a victim of an automobile accident, presenting lacerations in the face already sutured during our evaluation, with suspicion of bone fractures. Computed tomography evaluation showed comminuted fractures in the anterior frontal sinus wall and foreign bodies similar to glass fragments within the frontal sinus and right orbit. Surgical treatment was planned and performed to reduce bone fractures and remove the foreign bodies. The patient is in postoperative follow-up without major complaints. The present study contributes to the current literature with a case where a careful diagnosis, with the collection of the history of the wounds, careful inspection of the wounds under suitable conditions lead to a good treatment of the lacerations and identification of foreign bodies.

Keywords
Glass, Wounds and injuries, Penetrating wounds, Penetrating head injuries, Diagnostic imaging

Introduction
The treatment of soft tissue injuries in the face has great prominence for the care of polytraumatized patients since incorrect handling can lead to aesthetic and psychological sequels in the patients, being the objective of the treatment to minimize infectious processes and unsightly scars [1,2].

Face injuries may occur in a variety of ways, varying according to their complexity, extent, degree of contamination, etiologic agent and time elapsed from the trauma [3]. Among the basic principles in the treatment of lacerations is the wound cleaning. All foreign bodies, such as dirt, metal, clothes and glass, should be removed with minimal mechanical trauma and adequate debridement should be performed [1,2].

Every traumatic wound should be investigated for foreign bodies, and all available diagnostics maneuvers or complementary exams should be used. Besides the history taking and visual/tactile inspection, some imaging exams should complement and in some situations determine the presence, type, number and location. Misdiagnosis of a foreign body may result in functional and esthetic complications due to migration or chronic inflammation. Consequently, patient functional impairment and permanent sequel may result in legal issues [1-5].

The present study aims to report a case highlighting the fundamental pitfalls in an adequate primary evaluation and management of traumatic injuries, especially facial injuries minimizing scarring and avoiding serious infectious processes and functional impairment, consequently minimizing the risk of psychological changes in patients.
was through lacerations resulting from the trauma (Figures 3A and Figure 3B). The fractures were quite comminuted and the foreign bodies could be identified as glass shards (Figure 3C).

The glass fragments in the frontal sinus and between the upper and conjunctival eyelids were removed and the fractures were treated with a mini-plate of the 1.5 system with low profile and monocortical screws, in addition to a titanium mesh fixed with monocortical screws which allowed to reestablish the contour of the region (Figure 3B).

In the immediate postoperative period, the patient presented an aspect of facial contour improvement in the region confirmed by postoperative computed tomography (Figures 4A, Figure 4B and Figure 4C), with procedure-compatible edema. The patient is undergoing outpatient follow-up, presenting a good clinical evolution after 60 days of the procedure (Figure 4D).

Discussion and Conclusions

Short-blunt injuries are quite frequent in trauma care services, in which 27% of foreign body injuries have glass as an etiologic factor and potential foreign body [4]. Young adults, as reported in the present manuscript, represent the most affected age group [4,5]. With regard to the face, the anatomy is emphasized as differentiated due to the underlying bone tissues that favor soft tissue rupture, especially the orbit that represents a critical and vulnerable region since the fragile and friable tissue, together with the conformation of the eyelids, favor the retention and penetration of foreign bodies [6].

Thus, at admission, the patient presented laceration on the face with abundant bleeding. Preliminarily,
Figure 2: A,B) Sagittal tomography showing frontal bone fractures and foreign bodies; C) Coronal tomography showing frontal bone fractures and foreign bodies; D) Axial tomography showing frontal bone fractures and foreign bodies.

Figure 3: A,B) Photograph showing reconstruction of the orbit using a mini-plate of the 1.5 system with a titanium mesh fixed with monocortical screws; C) Removed glass fragments.
mass suture was carried out by another team which we believe had the primary purpose of providing hemostasis (Figures 1A and Figure 1B). Emergency sutures may be indicated in cases where there is airway compromise or there is significant bleeding that causes hemodynamic instability. Otherwise, lacerations are included in the secondary assessment [7].

It is important to emphasize the importance, prior to any inspection or intervention over the wound, of the detailed collection of the history that caused the injury, occasion and etiological factor. The causative agent and the intensity of the trauma are strong indicators of the magnitude of the trauma and possible foreign bodies present in the wound. Once the patient’s history has been collected, careful inspection of the wound should be continued under minimal conditions to identify lesions in the anatomical structures and presence of foreign bodies in the wound. For this, loco-regional anesthesia, adequate hemostasis by compression, abundant irrigation and under good lighting, meticulous visual inspection and palpation of the injuries are performed. In situations where there are punctiform injuries, blind inspection and clamping of foreign bodies must not be performed since damage to important structures may occur [5,6].

A variety of foreign bodies can be found in the lacerated tissues of the patient depending on the history reported. Among them, fragments of dirt, metal, wood, glass, plastic, clothes, bone, graphite, blunt objects or even teeth can be expected, so it is imperative to investigate the etiological factor and the circumstances of the event [8].

In the suspicion of any foreign body inside the wound, additional examinations must be performed in order to identify, locate and quantify the fragments. Several modalities of imaging have already been used and studied in the identification of foreign bodies, among them the use of radiographs, computed tomography, ultrasound and even magnetic resonance, although there is no consensus on the best method to be used in the identification of foreign bodies [5,6,9].
Detailed diagnosis, with the collection of the history of wounds and careful inspection under appropriate conditions is imperative for the proper treatment of lacerations and identification of foreign bodies.

References