

Mandibular fractures: load-sharing and load-bearing



Version 2 (December 12, 2018) Faculty can add a clinical or imaging picture







The line between tension and compression zones is biomechanically ideal for osteosynthesis.

Champy and Michelet (1973) described the use of miniplate osteosynthesis

Clinical findings

- Malocclusion
- Difficulty with mouth opening
- Anesthesia, paresthesia
- Fragment mobility



Imaging modalities for mandibular fractures

Orthopantomogram and PA plain x-rays may be sufficient for simple fracture lines







CT scan is a recommendation in more complex patterns and fractures in the condylar region.



In the load-sharing situation there are different levels of force distribution between the plate(s) and the bone (left and middle images).

In the load-bearing situation the plate assumes all the forces (right image).

Left-sided arrow on each diagram represents the force undertaken by the bone.

Right-sided arrow on each diagram represents the force undertaken by the plate. Also refer to AO Surgery Reference

Requirements for bone buttressing

- Anatomical reduction
- Interfragmentary contact
- No comminution
- Good bone stock

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Note: faculty must explain that stability at the fracture site is created by the frictional resistance between the bone ends and the hardware used for fixation.

Another way to achieve load sharing

Two lag screws









The right image is an example of load-bearing osteosynthesis for the treatment of a defect fracture in the angular region. The osteosynthesis assumes all masticatory loads while the bone graft matures and consolidates in a protected environment.

Complex fractures requiring load-bearing fixation



- Comminuted or defect fractures
- Chronically infected fractures
- Fractures in atrophic mandible





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Take-home messages

- Load sharing in simple fractures
- Load bearing for all other situations, eg:
 - Comminuted patterns
 - Chronically infected fractures
 - Fractures in atrophic mandible

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