

Primary Intention Wound Healing and Esthetic Restoration in a Lacerated Lip Wound: The Hidden Drama, The Dynamics of Healing Process and Unanticipated Clinical Outcomes

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This is a beautiful case of a patient who reported to the Outpatient Department with a deep-seated, lacerated wound on the lip apart from several minor abrasive injuries over the entire maxillo-facial region. The patient was conscious, well-oriented to time and place and very cooperative for clinical examination. On history elicitation, the patient gave a history of fall from a bike, a road transport accident (RTA) following which the patient along with the attendant rushed to the Centre for needful. On palpation, though the patient was found anxious and responded with pain, there was no clear-cut evidence found of any bony fracture in the maxillo-facial region which was later, also, confirmed by the orthopantomograph (OPG) of the patient and the other requisite views of the patient taken immediately after the clinical examination including a para-nasal sinus view and several intra-oral peri-apical views as per the indication to check evidence of any minor, dento-alveolar fractures in the concerned regions. The intra-oral peri-apical radiograph of the patient in the anterior maxillary region, though, revealed Ellis class IV fracture in relation to tooth no.#11. The patient's lip was found to be badly lacerated for which healing by first intention was attempted by the vigorous cleaning of the wound area followed by induction of fresh bleeding and going for a clean, approximation of the torn tissues with support from external bandaging. The patient was given injection of anti-tetanus serum (ATS) and was prescribed an antibiotic-anti-inflammatory coverage for 7 days. The patient was kept on a regular follow-up and for periodic reevaluation of the healing lip wound. Splinting was done to restrict mobility of the teeth in the anterior maxillary region. The results were found to be highly surprising on a meticulous follow-up of the patient. The healing was found to be uneventful and the patient's esthetics were, also, eventually, surprisingly, restored. The need for any surgical procedure for the re-approximation of the lacerated wound with the need for suturing was, thus, completely bypassed which has often been reported with an unesthetic scarring and retraction of the lip tissues in case it has been performed in patients with similar wounds. The present case, thus, needs a mention in the literature and highlights the success of an attempt towards inducing healing by primary union (healing by first intention) in the lacerated facial tissue which can be used in other similar wounds, if required, and permitted by the situations under a strict, anti-infective environment and with maintenance of cleanliness in the wound apart from a meticulous follow-up and periodic re-evaluation of the patients. The images presented have been acquired on follow-up of the patient on subsequent visits for reference [1-15].



Figure 1: Immediate post-trauma- facial profile view.



Figure 2: Immediate post-trauma closer view.



Figure 3: 4-days post-trauma facial profile view.



Figure 4: 4-days post-trauma closer view.



Figure 5: 4-days post-trauma closer view.



Figure 6: 6-days post-trauma facial profile view.



Figure 7: 6-days post-trauma closer view.



Figure 8: 6-days post-trauma closer view.



Figure 9: 8-days post-trauma facial profile view.



Figure 10: 8-days post-trauma closer view.



Figure 11: 8-days post-trauma intra-oral view.



Figure 12: 8-days post-trauma intra-oral view.



Figure 13: Orthopantomograph of the patient revealing no clear-cut evidence of any bony fracture and splinting done in anterior maxillary region.



Figure 14: Facial profile view at 4-weeks.



Figure 15: Post-trauma closer view at 4-weeks.

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