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Opinion

Craniofacial Injuries

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Craniofacial lesions involve the Neurocranium region (rounded framework that involves the brain region and inner ears, which correspond to the upper and postero-inferior part of the skull) and the Viscerocranium region (related to the respiratory, digestive and sensory systems, which is correlated with the anterior part of the skull, corresponding to the bones of the face). The Neurocranium is composed of 8 Bones, Front; Occipital; Parietals; thunderstorms; Sphenoid and Ethmoid. The Viscerocanium is composed of 14 Bones, Inferior Nasal Shells; Lacrimal Bones; vomer; Jaws; Nasal Bones; Palatines; Zygomatics and Mandible. Thus, figures 1, 2 and 3 show the Bones of the Neurocranium and Viscerocranium. Therefore, the anatomical knowledge of the Skull - Maxillo - Facial region, as illustrated in figures 1, 2 and 3, is of paramount importance; because it is essential from aesthetic-functional procedures related to the correct restoration of fractured or decayed teeth, making prostheses in patients who have already lost dental elements or who have been affected by extensive maxillofacial injuries.

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Figure 2: Skull bones (right side): Medial view.

Figure 3: Skull bones: Left side view.

Figure 1: Skull bones: Anterior view.

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However, Craniofacial Lesions correspond to abnormal changes in the biological tissues of the Craniofacial region, which are divided into Epithelial Tissue, Connective Tissue (Adipose Tissue; Cartilaginous Tissue; Bone Tissue and Hematopoietic Tissue), Muscle Tissue (Smooth and Skeletal) and Nervous Tissue.

However, Craniofacial Lesions can originate through Trauma; Odontogenic Tumors; Developmental Odontogenic Cysts; Potentially Malignant Lesions of the Oral Cavity; Malignant Neoplasms of the Oral Cavity and Syndromes involving the Maxillofacial region. 41