

mandibular (Risdon) incision was used 2cm behind and below the angle of mandible.

When extra-oral was used, the plate was placed at the inferior border of the mandible. However, when an intra oral approach was used, the plate was placed along the Champy's ideal line of osteosynthesis, that is Anterior to the mental foramen, 2 miniplates were used, one sub-apical and another 5mm below. If the # was minimally displaced or when segmental arch bar used, 1 miniplate was used. Posterior to the mental foramen 1 miniplate was placed subapically above the inferior dental canal.

Result

From the 24 patients in this study, 15(62.5%) were males and 9(37.5%) were females. The age of patients ranged between 16-45 years. The mean age of the patients was 26.6 years.

The distribution of the etiological factors of mandibular #s, reveals that road traffic accidents (RTA) (11 patients), followed by altercation (9 patients) were the most common etiological factors. Sports, bullet injury, occupational and fallen from height (FFH) were the least common etiological factors in the study with one patient for each.

From the 24 patients in the study, there was a total of 28 #s, which was treated by RIF. Twenty-one patients (87.5%) had only 1# line, 2 patients (8.33%) had 2# lines and only one patient (4.16%) had comminuted #.

The distribution of the 28 #s was as follow:

1. Symphyseal and parasymphyseal region, 11 #s (39.28%).
2. Mandibular body region, 7 #s (25%).
3. Mandibular angular region, 10 #s (35.71%).

The patients were grouped into two groups according to the approach to the # site.

Group I included 10 patients in which intra oral approach was used. The vestibular incision was used to approach the body,

parasymphyseal and symphyseal #s. The mental nerve was identified in all the patients except in the case of symphyseal # and another patient in whom the area of the nerve was surrounded by fibrosis, postoperative IMF was not used in any patient in this group, and the patients resume normal function soon after operation. This group included 1 patient with symphyseal #, 6 patients with parasymphyseal #s and 3 patients with mandibular body #s. all the patients in the group had a single # line.

Group II included 14 patients in which extra oral approach was used. The submental incision was used for symphyseal and parasymphyseal #s. the submandibular incision was used for mandibular body #s. the angular #s was approached through retromandibular (Risdon) incision. There was one patient in which the parasymphyseal # was approached through the trauma scar. IMF was used for variable periods ranging between 2-6 weeks. In this group, there were seven patients with isolated angular #, two patients with isolated body # and 2 patients with isolated parasymphyseal #. There was one patient with body and contra lateral angular #s, and another patient with angular and contra lateral parasymphyseal #s. There was only patient with comminuted # involving angle and body in one side, and parasymphyseal region in the other side. This group included 4 parasymphyseal #s, 4 mandibular body #s and 10 mandibular angular #s.

In the group in which extra oral approach was used, IMF was used for 2-6 weeks because the plate was applied along the inferior border of mandible. Only in one patient, in whom the approach was through the trauma scar, IMF was not used. When a single # is present, IMF was used for 2 weeks postoperatively, while when 2 # lines are present, IMF was used postoperatively for 3 weeks. IMF for 6 weeks postoperatively was used in 2 patients, the first one had comminuted # and the other one had a delay in treatment of 70 days. The