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MATERIALS AND METHODS

The present retrospective study was carried out at the department of oral and maxillofacial surgery of Saveetha Dental College and Hospital, Chennai. Patients aged above 8 years presenting with mandibular fractures, and treated in our institution from June 2019 to March 2020, were included in our study. The study was initiated after approval from the institutional review board. (SDC/SIHEC/2020/DIASDATA/0619-0320). Patients with pathological fractures were excluded from our study.

Patients were examined clinically and radiographically in the outpatient departments of Oral and Maxillofacial Surgery, and a detailed history was taken. Both intraoral and extraoral clinical photographs, X-rays (orthopantomogram) were properly analyzed and the parameters regarding fractures were recorded.

The study protocol was approved by the Ethical Committee and all included patients provided written informed consent. Patient information, including, name, age, and gender were recorded on pre-designed forms. Other parameters recorded were Type of fracture, other associated fractures, type of reduction done, sides involved and presence of mandibular third molars based on radiographic and clinical details.

Data were analyzed using IBM SPSS Statistics for Windows, Version 20.0 (IBM Corp., Armonk, NY). Descriptive statistics were done. Continuous variables were reported as mean and standard deviation and categorical variables as frequency and percentage. Patients were stratified by age, gender, and site of mandibular fracture to determine the etiology, incidence and patterns of mandibular fractures. Tests of association between categorical variables were done using chi square test and results obtained. The level of statistical significance was set at $P < 0.05$.

poor conditions of roads and vehicles. The high incidence of mandibular fractures due to assault was likely due to tribal quarrels and mode of life in South India.

In our study, the most common site of mandibular fracture was the angle (23.9%), followed by the parasymphysis (15.2%). Other sites included the condyle (8.7%), body (13%), symphysis (2.2%). The causes and anatomic sites of mandibular fracture may correlate. For example, the majority of angle fractures were caused by RTA and also due to the presence of impacted third molars. The most common bilateral fracture was dentoalveolar; whereas, the most common combination was parasymphysis and angle fracture. Similar findings were reported by a study in India (Abhinav *et al.*, 2019)(Abhinav *et al.*, 2019)(Abhinav *et al.*, 2019)(Abhinav *et al.*, 2019)(Abhinav *et al.*, 2019)(Abhinav *et al.*, 2019)(Abhinav *et al.*, 2019)(Abhinav *et al.*, 2019)(Abhinav *et al.*, 2019)(Abhinav *et al.*, 2019).

An awareness campaign to educate the public, especially young drivers, about the importance of helmets and protective measures in motor vehicles should be started. Education of parents about the consequences of falls in children may reduce the incidence of injury in pediatric populations(Kumar, Patil and Munoli, 2015; Kumar and Sneha, 2016; Marimuthu *et al.*, 2018)(Kumar, Patil and Munoli, 2015; Kumar and Sneha, 2016; Marimuthu *et al.*, 2018)(Kumar, Patil and Munoli, 2015; Kumar and Sneha, 2016; Marimuthu *et al.*, 2018)(Kumar, Patil and Munoli, 2015; Kumar and Sneha, 2016; Marimuthu *et al.*, 2018)(Kumar, Patil and Munoli, 2015; Kumar and Sneha, 2016; Marimuthu *et al.*, 2018)(Kumar, Patil and Munoli, 2015; Kumar and Sneha, 2016; Marimuthu *et al.*, 2018)(Kumar, Patil and Munoli, 2015; Kumar and Sneha, 2016; Marimuthu *et al.*, 2018)(Kumar, Patil and Munoli, 2015; Kumar and Sneha, 2016; Marimuthu *et al.*, 2018)(Kumar, Patil and Munoli, 2015; Kumar and Sneha, 2016; Marimuthu *et al.*, 2018)(Kumar, Patil and Munoli, 2015; Kumar and Sneha, 2016; Marimuthu *et al.*, 2018)(Kumar, Patil and Munoli, 2015; Kumar and Sneha, 2016; Marimuthu *et al.*, 2018)(Kumar, Patil and Munoli, 2015; Kumar and Sneha, 2016; Marimuthu *et al.*, 2018).

CONCLUSION

More mandibular fractures were present in men than in women mostly in the young adults. The most common etiological factor for mandibular fractures was Road traffic accidents due to drunken driving, followed by falls. The most frequently fractured site was the angle of mandible followed by parasymphysis. The incidence of Road traffic accidents and resultant fractures may be reduced by strict prohibition of drunken driving, mandatory wearing of helmets, maintaining speed limits, and obeying proper traffic rules.

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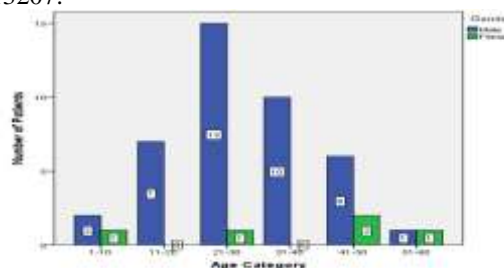


Fig.1: Bar chart depicting association between the age and gender distribution of the trauma patients. X-axis represents the age category and y axis denotes the number of trauma patients in

each gender. Pearson's chi square test was done; $p < 0.05$ and the results were statistically significant. Thus, male patients and most of the patients in the age category of 21-30 years had mandibular fractures.

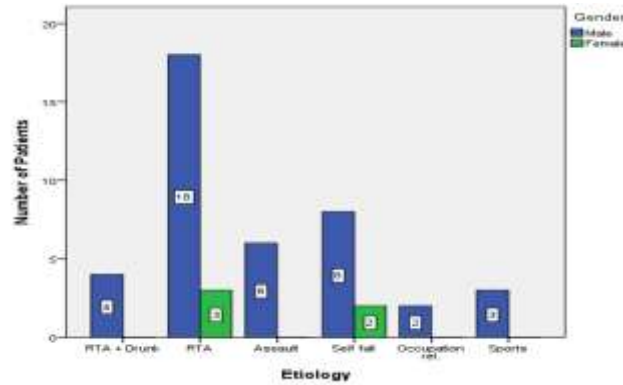


Fig.2: Bar chart depicting the association between gender of trauma patients and etiology of mandibular fractures. X axis denotes the various etiologies for mandibular fractures and Y axis denotes the number of trauma patients in males and females. Pearson's chi square test was done; $p < 0.001$ and the results were statistically significant. Thus, the most frequent cause of mandibular fracture was road traffic accidents and males were mostly affected.

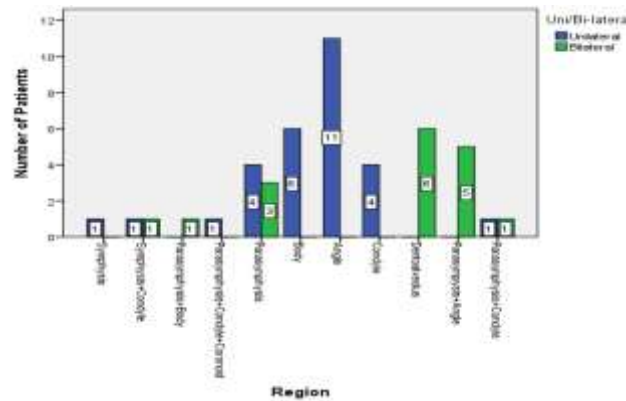


Fig.3: Bar chart depicting the association between anatomic site of mandibular fractures and side of face affected. X axis denotes anatomic site of the mandibular fracture and Y axis denotes the number of trauma patients based on the sides affected. Pearson's chi square test was done; $p < 0.001$ and the results were statistically significant. Thus angle region of mandible is the commonly affected site in unilateral mandibular fractures and dentoalveolar fracture commonly occurs in patients with bilateral mandibular fractures.

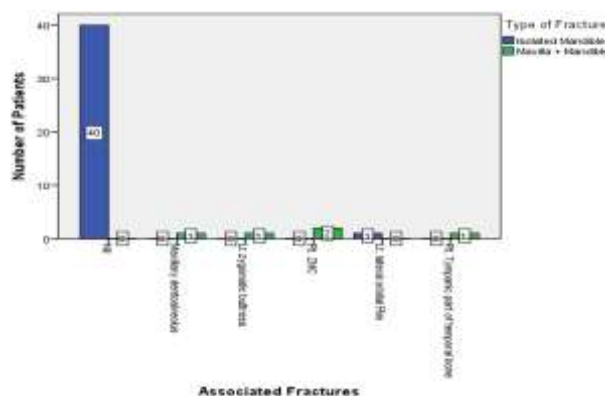


Fig.4: Bar chart depicting association between type of mandibular fractures and the other associated fractures. X axis denotes associated fractures (in other sites) and Y axis denotes the number of trauma patients having mandible and maxilla fractures. Pearson's chi square test was done; $p > 0.05$ and the results were statistically not significant. Thus the associated fractures did not occur at any specific region of the facial skeleton.