The following case report describes the management of a unilateral condylar fracture of a child in mixed dentition.

**Case Description**

A 9-year-old male patient reported a chief complaint of pain on the opening of the mouth. The patient sustained a fall from a wall while he was playing. No other abnormalities were detected. On clinical extraoral examination, only a bruise was present over the middle of the mental region. Asymmetry is evident as a swelling on the left side. Palpation of TMJ elicited pain on the left side. On opening a slight mandible shift to the right side is evident. The interincisal distance of maximum opening was also compromised (less than 20 mm). An OPG was advised. Radiographic evaluation revealed a unilateral undisplaced fracture on the neck of the left condyle (Figs 1 and 2).

Management of condylar fractures can be surgical (open reduction and internal fixation) or nonsurgical (closed reduction, conservative management).3

The following case report describes the management of a unilateral condylar fracture of a child in mixed dentition.
Intermaxillary Fixation in Children

Immobilization is the mainstay of treatment for condylar fractures. Intermaxillary fixation was planned under local anesthesia. The lower right first primary molar was mobile so extraction was done. Arch bar fixation was planned using firm teeth as anchors for intermaxillary fixation. Four permanent central incisors (I) (two maxillary, two mandibular) and four primary second molars (E’s) (two maxillary, two mandibular) were used as anchor points for maxillo-mandibular fixation. A soft diet was advocated. The patient was recalled for follow-up after 3 weeks. Healing was observed in OPG. Arch bar removal was accomplished (Figs 3 and 4).

In the third-week postoperative follow-up visit, the patient has improved mouth opening and no deviation on opening which shows the improved signs of healing. No evidence of TMJ ankyloses was observed in this case. No adverse outcomes were reported. Arch bar fixation can be safely accomplished in the mixed dentition phase also with firm deciduous teeth and partially erupted permanent teeth. Semirigid fixation using arch bars also greatly improves the outcome in the healing of condylar fractures in children in the mixed dentition phase.

CONCLUSION
Conservative treatment option of Intermaxillary Fixation (IMF) using Primary molars in the posterior region and permanent incisors in the anterior region can be a cost-effective and less invasive treatment option for pediatric subcondylar fractures in the mixed dentition phase.

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