

## Facial Injuries

The phrase, head injuries in soccer, often refers to concussive injuries of the brain. There are however, a whole host of other injuries that need to be considered as well. Initial assessment should include checking the child's level of consciousness. Clearly any loss of consciousness requires emergent medical evaluation. More subtle, but just as serious, is a state of lethargy (mental slowing) that does not resolve immediately after the injury. This also requires emergent evaluation. Traumatic injuries to the eye (could be an entire other article) also require emergent evaluation.

Injuries to the mouth may occur from contact with the ball, another player, the ground or the post. The results can include lip lacerations and cracked or broken teeth. If a tooth is loose, it is best to leave it in place and have it immobilized by a dentist. If the tooth comes out, one should try to place the tooth back in the socket if possible. If this is not possible place the tooth in a preservative or simply place it in your water bottle. You should avoid trying to "clean the tooth" as this may actually damage it. An alveolar ridge fracture usually involves two adjacent teeth and the bone next to it. This injury requires enough force that it occurs with contact with either another body or the post. The correction for this involves wire and bracing. It generally involves the upper jaw. A mandible or lower jaw fracture is usually a more severe trauma and may require wiring the jaw shut for an extended period and possibly plating.

The zygoma (often thought of as the cheek bone) can be fractured from direct trauma. The fracture is often depressed and requires surgery to lift up the bone. It may also require plating. There is a thin band of bone called the zygomatic arch that also can be fractured. This needs surgical repair if it is depressed as well.

Nasal fractures are probably the most common facial injuries. Although they are painful, they do not always require a trip to the emergency room. Sideline treatment should include ice and Afrin nasal spray. The Afrin will help stop the bleeding and does not risk injury to the nose. It is not painful, whereas putting firm pressure on top of the nose to stop the bleeding would be in the presence of a fracture. There are minimal side effects from a single dose of Afrin. History of allergy or high blood pressure (rare in children) would be contraindications. I do believe that all the medical kits should include a bottle of Afrin for this purpose. The child should be seen by an ENT in about 5-7 days after the injury. This will allow time for the swelling to go down and the ENT can best assess if the nose will need to be reset.

For the reasons above, all facial injuries should be taken very seriously as the risk of significant injury is present.

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