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non-fall impacts, assaults, road-user accidents, sports, occupational, and others. A significant proportion of facial lacerations were due to "non-fall impacts" (19%), defined as collisions with furnishings, fixtures, and structural elements, both inside and outside the home but not at the work place. It is, therefore, interesting to note that Key et al apparently did not find any lacerations due to the mechanisms of injury responsible for "non-fall impacts".

Secondly, case 5 with a laceration over the right angle of mandible and adjacent part of the neck seems to have not been clearly included in Figure 2, showing the sites of the facial lacerations. I should, therefore, like to advocate the use of a grid system dividing the whole head into 43 zones. Each zone is related to underlying anatomical differences and the system provides a means for, not only clearly recording the sites of lacerations, but also their severity.

I also feel, like I am sure many of your readers, that operator experience is a very important factor in achieving good results from repair of facial lacerations, a point not mentioned by Key et al.

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References