The Differences in Management of Isolated Orbital Floor Fractures

Conclusion
The management of isolated orbital floor fracture appear to be based on both individual and local traditions. There are considerable differences in the management of orbital floor fracture, due to lack of reliable consensus. Guidelines based on randomized prospective study in orbital floor fractures are required.

Objective:
To evaluate differences in opinion between the subspecialties and surgeons from Sweden and USA in the management of isolated orbital floor fracture.

Method and Material:
Eleven patients with isolated orbital floor fracture were selected randomly from the records in the Department of ENT and Head & Neck Surgery, Karolinska University Hospital. They were presented to surgeons from different countries and subspecialties who gave their opinion regarding the need for surgery and risk for late enophthalmus.

Result:
The surgeons (13) from Sweden in 55% (6) and the surgeons (15) from USA in 36% (4) of cases were in agreement in management of the patients regarding whether operate or not. In evaluating the risk for late enophthalmus the surgeons were in agreement in 51% of the eleven cases. The surgeons from USA found need of surgery 36% more than the surgeons from Sweden.

Studies in process:
Prospective Controlled Randomized Study in Isolated Orbital Floor Fracture.