Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Letter to the Editor

Battle ready for maxillofacial injuries

With the COVID-19 pandemic being established throughout the world, we find ourselves in an odd situation wherein we have to reassess our knowledge of surgical procedures and devise ways and means to circumvent the truly unique challenges posed by the new disease entity encountered.

However, is it really so? With surgical specialties taking a backseat at best during these times it is no wonder that we find ourselves in unfamiliar territory. It has, however rightly been said that every crisis is an opportunity. Some of the most groundbreaking advancements in the management of maxillofacial injuries were made during the world wars where surgeons did not have the luxury to be thoughtful and tempered in their approach. In those terms at least, we seem to be better placed today.

Over the years the amount of literature surrounding closed reduction of maxillofacial trauma has largely gone unnoticed even though it has seen a steady ebb of contributions being added to it. To manage a fracture with an open reduction is generally considered as 'gold standard' in most situations and to quite a justifiable extent.

With aerosol generating procedures (AGPs) suddenly becoming taboo, now would seem to be the appropriate time to revisit these 'older' methods. A number of guidelines have emerged which advocate the postponement of 'elective' procedures and a move towards conservation of resources by utilizing closed methods of management [1].

Closed methods of fracture reduction typically require a more watchful approach and perhaps a closer relation to the understanding of how tissues heal. Conservative management faces an unfair bias when it comes to deciding treatment modalities [2].

This occurs to the extent that it is wrongfully labelled as 'doing nothing' even though that simply refers to not undertaking an open reduction and fixation.

This 'crisis' should be viewed as a drill for us to prepare ourselves for similar situations in the future, be they as a result of an infectious disease or some other unfathomable situation wherein we find ourselves strapped for resources in the face of an ever growing case load. The entire point of a drill is to ensure that one is never caught off guard and proceeds efficiently in order to tide over duress. It would hence, seem imperative to institute greater emphasis on the conservative management of cases from the training level itself along with robust refresher courses for practitioners both specialists and GPs since, we can see that when calamity strikes it does not really allow us the luxury to train a workforce to be put into action.

It would also seem prudent, as long as we are emphasizing on conservative management to stress on the importance of patience, as being used to open reduction and fixation modalities it would be natural to expect quick outcomes.

The current situation should force us to re-evaluate care practices and how irrationally ignoring older methods of management in the name of technological advancement has left us largely stymied in this hour of need. Inculcating more sympathy towards conservative management principles and tissue healing amongst trainees by their teachers who have seen the transition happen would not only go a long way in producing more skilled and empathetic future surgeons but also a community which is more battle ready.

Declaration of Competing Interest

The author has no financial interests to disclose.The author does not perceive any conflicts of interests financially or in terms of publication of this manuscript.

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