

Head, neck imaging uncommon in patients with palate trauma

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(HealthDay)—Patients presenting to the emergency department with a

primary diagnosis of palate trauma often do not undergo head and neck imaging, according to a study published online Feb. 1 in *JAMA Otolaryngology-Head and Neck Surgery*.

Aaron Smith, M.D., from the University of Tennessee Health Science Center in Memphis, and colleagues conducted a retrospective analysis of 22,094 patients with a primary diagnosis of palate trauma presenting to U.S. emergency departments during 2006 to 2010.

The researchers found that during the five-year study period, there was a decrease in total hospital visits from 1.58 to 1.26 per 100,000 people. Overall, 89.7 percent of patients had routine discharge from the hospital, while palate repair and mortality were rare (4.4 and 0.2 percent, respectively). Admission occurred infrequently (4.6 percent); the likelihood was increased with complicated palate trauma, male sex, codiagnosis status, and residence in the Northeast versus the South (odds ratios, 5.32, 1.57, 2.75, and 2.73, respectively). Head and [neck](#) imaging occurred in 11.9 percent of [patients](#) after restriction to reliable *Current Procedural Terminology* coding facilities. Living in a medium versus large metropolitan area was correlated with imaging (odds ratio, 1.62), while a negative correlation was seen for living in the Midwest versus the South (odds ratio, 0.43).

"Although it is often suggested in the otolaryngology literature to perform imaging, primary palate [trauma](#) usually results in a routine discharge home without imaging or repair," the authors write.

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