Surgical treatment, compared to conservative treatment, probably leads to less joint pain, malocclusion and lateral deviation in buccal opening in mandibular condyle fractures. But it is not clear if there are differences between surgical and conservative treatment in terms of the risk of facial paralysis, pseudoarthrosis or infection.

**The Problem**

The mandible is one of the most frequently fractured bony structures, with mandibular condyle fractures being the most recurrent. There are two definitive treatment options for mandibular condyle fractures: surgical and conservative. The surgical options are open reduction of the condyle fracture by miniplates and titanium screws, and intraosseous fixation wires. Conservative treatment consists of intermaxillary fixation for one to two weeks duration and temporal fixation elements. Generally, favor surgical treatment because it achieves a closer to normal anatomical reduction, a better recovery of joint function and adjacent soft tissues, among others. However, it is associated with an increased risk of neurological damage. On the other hand, conservative treatment avoids surgical intervention with acceptable results, due to the capacity of condylar remodeling and the masticatory system. But, it carries a higher risk of temporomandibular joint pain, pseudoarthrosis, facial asymmetry and malocclusion.

**Methods**

1. We conducted a search in Epistemonikos, which is maintained through searches in multiple sources of information, including MEDLINE, Embase, and Cochrane, among others.
2. We extracted the data from the identified reviews and analyzed it from the primary studies.
3. With this information, we generated a structured summary called FRISBEE (Friendly Summaries of Body of Evidence using Epistemonikos), following a pre-established format, which includes key messages, a summary of the evidence set (presented as a matrix of evidence in Epistemonikos), meta-analysis of the total of the studies when possible, a summary table of results with the GRADE method, and a section of other considerations for decision-making.

**Conclusions**

- Surgical treatment probably leads to less joint pain than conservative treatment in mandibular condyle fractures.
- Surgical treatment probably leads to less malocclusion than conservative treatment in mandibular condyle fractures.
- It is not clear if there are differences in the risk infection between surgical and conservative treatment.

**Patient or healthcare consumer involvement**

- Considering the evidence presented in this summary, most patients and clinicians should prefer surgical intervention. However, there might be variability in the decisions made by patients, especially those who prefer to avoid complications of surgical treatment.

**Key Results**

- Information on the effects of surgical compared to conservative treatment for mandibular condylar fractures is based on six randomized trials involving 288 patients.
- The risk ratio for pain in the temporomandibular joint was 0.31 (95% confidence interval (CI) 0.13 to 0.73) in favor of surgery. The risk ratio for malocclusion was 0.29 (95% CI 0.14 to 0.60) favoring surgery. The risk ratio for infection was 3.35 (95% confidence interval (CI) 0.16-78.56) favoring conservative treatment. The risk ratio for lateral deviation was 0.41 (95% confidence interval (CI) 0.23 to 0.71) in favor of surgery.

**FRISBEE: Surgical versus conservative treatment for mandibular condyle fractures**

Dallaserra M1,2, Cuéllar J3, Villanueva J1,2
1 Faculty of Dentistry Universidad de Chile, Chile
2 Hospital Clínico San Borja Arriarán, Chile