Preface
Pediatric Maxillofacial Surgery

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Guest Editors

Pediatric maxillofacial surgery, though not a formally recognized subspecialty by training initiatives in graduate education, is nonetheless a burgeoning area of surgical focus, clinical practice, and postresidency experience across dentistry and medicine. Children are unique in anatomy, physiology, and response to trauma and disease and, at every step in management, there is the prospect of growth and development coming to bear on our treatment proposals. Disease spectrums are changing—increased incidence of trauma among youth, evolving patterns of infections, advances in treatment of certain pathologic entities; yet it is important to be current in our understanding of common presentations of disease in children that we may see—for example, the child with a neck lump and those with dermatologic disease or vascular lesions. And, the ever-menacing prospect of abuse and neglect set amid the complexity and stress of trauma and disease requires all of our focus on behalf of those children seeking and needing our help.

We have endeavored to address these issues by inviting recognized contributors in the various fields and disciplines of pediatric management. The articles on trauma have specific focus on the uniqueness of the immature skeleton and fragile nature of the soft tissue envelope in children. Surgeons who manage trauma and deformity will encounter children with ear and nasal deformities; therefore, it is important to be well versed in the timing of surgical intervention, tissue selection, and flap design when reconstructing these complex entities. Both common and unusual pathological conditions that we may encounter in pediatric care are deftly discussed in their presentation and management. We have included an article on infections written from the pediatric infectious disease perspective, which is comprehensive and illuminating, as well as an update on sinonasal-orbital infections. It is vital that oral and maxillofacial surgeons understand the adverse influences of injury and disease on the developing craniofacial region, thus a very thorough discussion regarding assessment and management of that complex topic. Finally, all of us will at some point treat children who have been abused or neglected, and we need to be able to wisely and effectively screen for abuse and intervene, when necessary, on behalf of that child’s welfare.

This issue of *Oral and Maxillofacial Surgery Clinics* is not and cannot be a comprehensive tome on all entities we may encounter in children—cleft lip and palate, cysts and tumors of the jaws in children, pain control and anesthesia,
etc., all deserve mention, but those conditions represent and require special focus in a broader sense and have been deservedly published in previous *Oral and Maxillofacial Surgery Clinics*. Therefore, we deemed it wise rather to select a few areas of interest, uniqueness, commonality, and necessity within the ever-evolving practice of oral and maxillofacial surgery and the *subspecialty* of pediatric maxillofacial surgery. We trust you will agree.

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