

Injuries Caused By Terrorist Bomb Attack In Nairobi, Kenya. Int J Oral Maxillofac Surg. 2002 Aug;31(4):374-7.

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Abstract:

Although military conflicts are common on the African continent, there is a paucity of data regarding bomb-blast injuries in this region and in Kenya in particular. This paper describes the pattern of maxillofacial injuries sustained after the August 1998 bomb blast that occurred in Nairobi, Kenya. A retrospective cross-sectional study was carried out using hospital-based records of 290 bomb-blast survivors admitted at the Kenyatta National Referral and Teaching Hospital in Nairobi. Using a self-designed form to record information about variables such as the sex and age of the survivors and type of location of soft- and hard-tissue injuries, it was found that of the 290 bomb-blast survivors, 78% had sustained one or more maxillofacial injuries. Soft-tissue injuries (cuts, lacerations or bruises) were the most common, constituting 61.3% of all injuries in the maxillofacial region; 27.6% had severe eye injuries, while 1.4% had fractures in the cranio-facial region. This paper concludes that the effective management of bomb-blast injuries as well as those caused by other types of disaster requires a multidisciplinary approach. The high percentage of maxillofacial injuries confirm that maxillofacial surgeons should form an integral part of this multidisciplinary team.