

TEMPOROMANDIBULAR JOINT ANKYLOSIS MIMICKING AN OSTEochondroma

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INTRODUCTION

Temporomandibular joint (TMJ) is a bilateral synovial articulation between the head of the mandible and mandibular fossa in the temporal bone, and disorders can occur frequently, commonly referred as temporomandibular disorders (TMD). Conditions such as condylar hyperplasia/hypoplasia, arthritis, trauma, tumors and ankylosis eventually present in TMJ. Trauma is the leading cause of TMJ ankylosis (TMJA) that is the fusion between bone surfaces inside the articulation. Condromas are benign tumors of the mature hyaline cartilage, which most commonly affects the anterior maxilla and condyles - when occurring the craniofacial region - of patients in 3rd and 4th decade of life. When in the condyles and depending on the size, it causes mouth opening limitation.

CASE REPORT

A 45-year-old man presented for evaluation with the chief complaint of “limited mouth opening”. His past medical history was significant because he reported a 3-year evolution of this condition and a history of trauma with a low condylar fracture at the age of 13, treated with steel wire osteosynthesis. Physical examination showed a 14 mm mouth opening, without symptoms and deviation to the right side when opening the mouth. Panoramic radiography revealed a mass of bone tissue on the right side, with an increase in the height of the condylar neck and an osteosynthesis steel wire in the right gonion region. CT scans showed an increase in intraarticular circumferential volume. Diagnostic hypotheses were chondroma and ankylosis. The surgery was performed through a preauricular incision and a low condylectomy was performed to remove the lesion. Histopathological report confirmed ankylosis and the patient is being followed up with mouth opening of 39 mm after physiotherapy sessions.

CONCLUSION

Whenever there is a history of previous trauma in the condylar region, the possibility of ankylosis should be considered when there is a mouth opening limitation.

Authors declare there is no conflicts of interest.



Fig 1. Preoperative extraoral view of asymmetry caused by the TMJA.



Fig 2. Preoperative mouth opening (14mm).



Fig 3, 4 and 5. Preoperative CT scans revealing bone growth in the intra articular space, causing mouth opening limitation

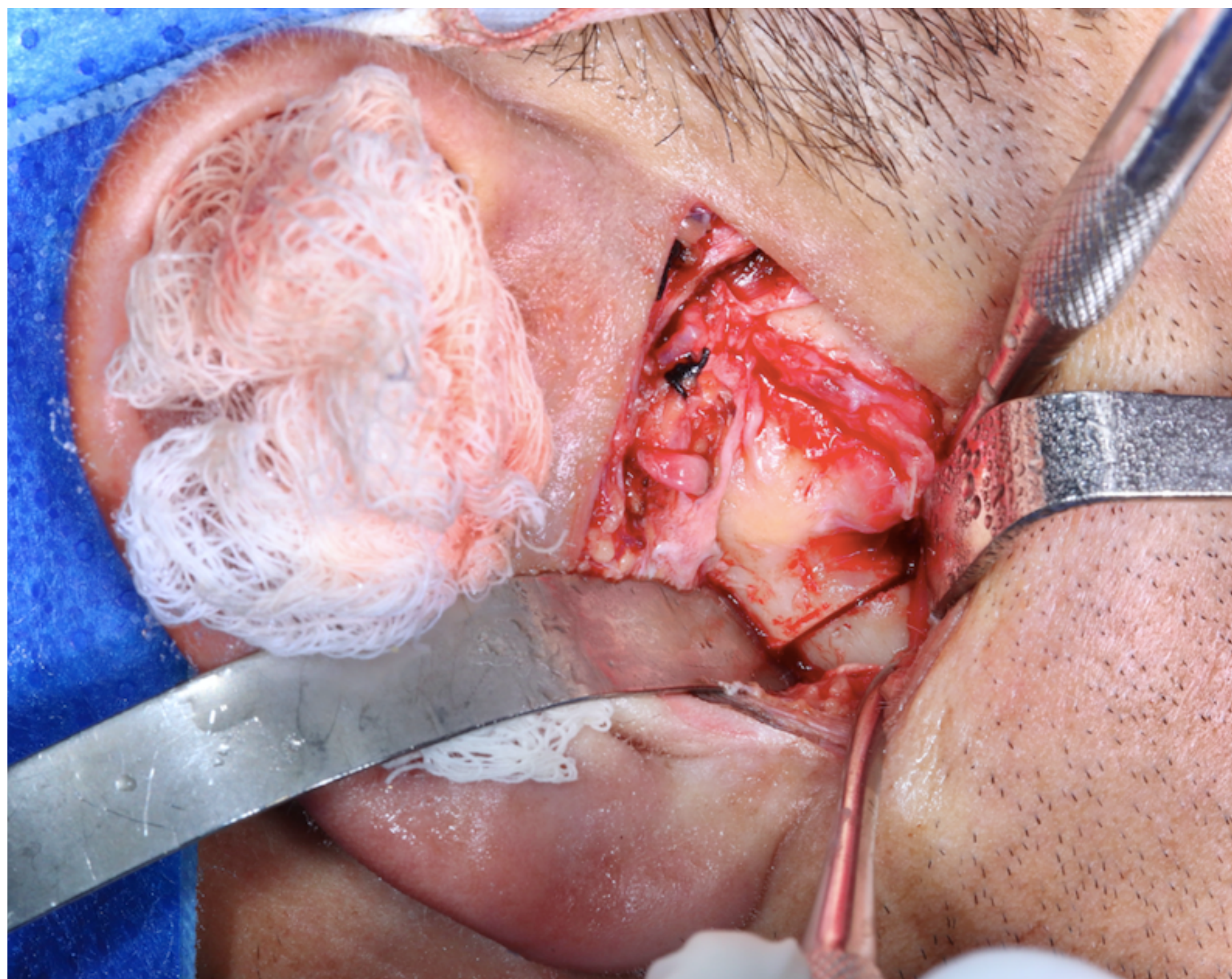


Fig 6. Transoperative view by preauricular approach.



Fig 7. Macroscopic view of the bone growth. HP confirmed TMJ ankylosis.



Fig 8. Preauricular scar hidden in the skin fold.



Fig 9. Postoperative extraoral view.



Fig 10. Postoperative maximum mouth opening. Note the difference from the preoperative picture.

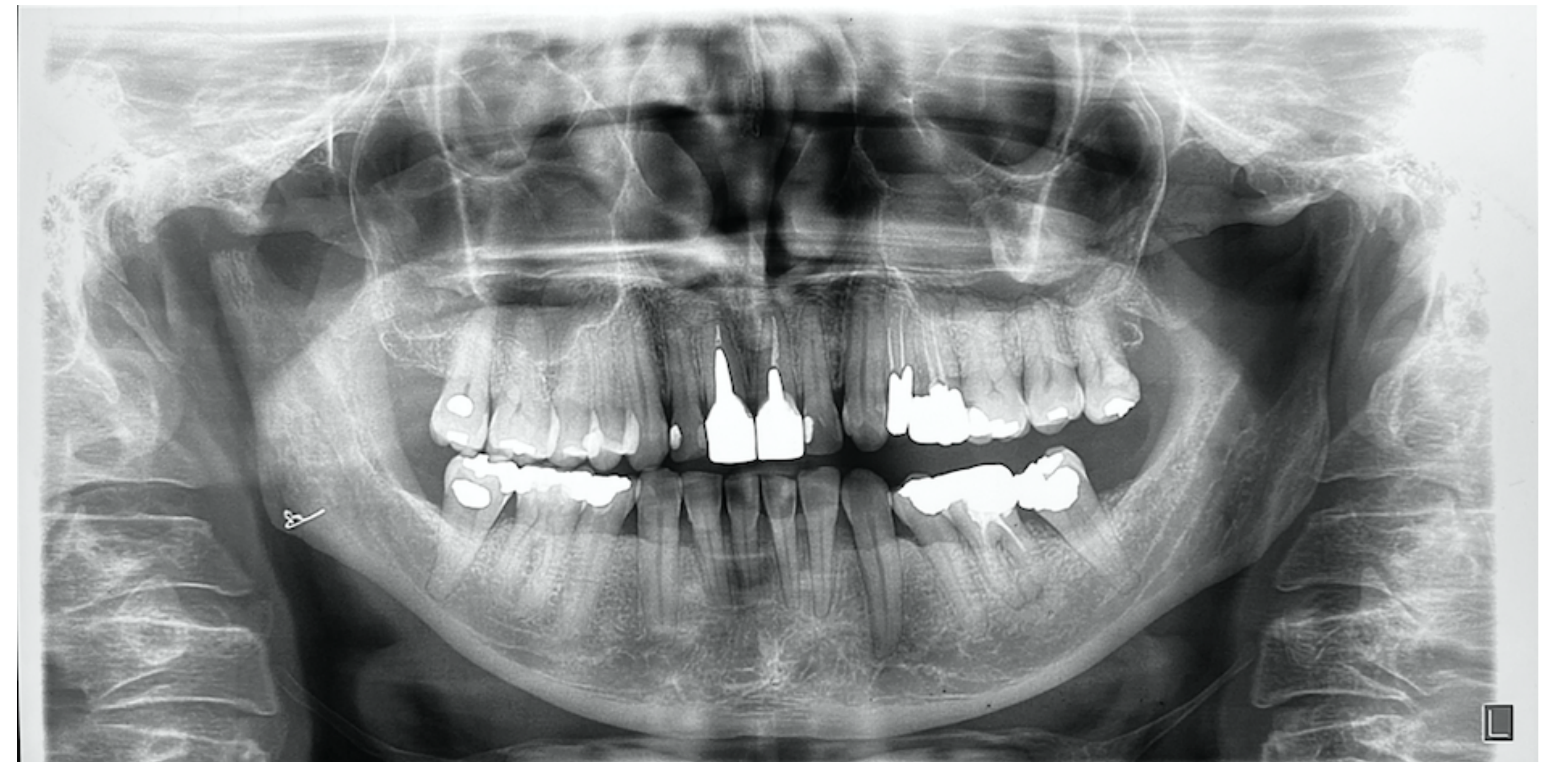


Fig 11. Postoperative panoramic radiography revealing the low condylectomy performed and the gap from the mandibular fossa.

REFERENCES

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