

A CASE REPORT

Dvoranová B¹, Vavro M¹, Hirjak D¹

¹Department of Oral and Maxillofacial Surgery, Comenius University, University Hospital Ružinov, Bratislava, Slovakia

Introduction: Enlargement of mandibular coronoid process results in painless mechanical restriction of mouth opening. This rare condition is often overlooked, patients are treated for temporomandibular dysfunction. For further examination, OPG and CT are recommended.

Bilateral coronoid elongation was reported in over 80 cases. Hyperplasia may occur due to trauma or functional alteration. In most cases the patients are male, with first symptoms occurring at the onset of puberty. Main clinical symptom is painless progressive restriction of mouth opening, lateral excursive movement remains free. Recommended treatment is bilateral surgical resection of the coronoid processes via intraoral approach.

Case report: 18-year-old patient was referred to the Department of Oral and Maxillofacial Surgery by the general dentist with TMJ dysfunction lasting 26 months.

- Maximum mouth opening (MMO) 8 mm
- Lateral excursive movement normal - 8 mm
- Protrusion disabled
- No pain, clicking of the TMJ or trauma to mandibular and temporomandibular joint region
- CT showed considerably elongated coronoid processes on both sides
- No evidence of condylar pathology

Bilateral coronoidectomy via intraoral approach in general anaesthesia



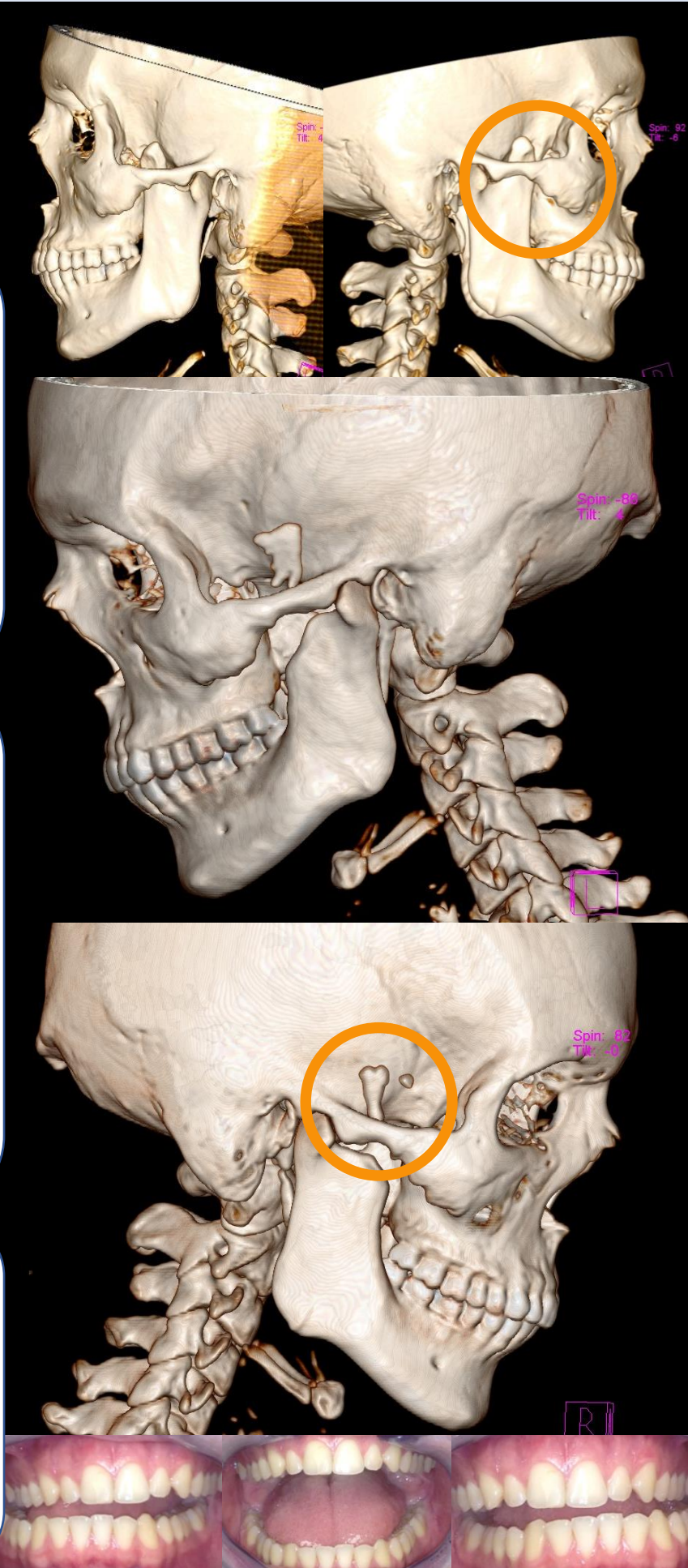
MMO 28 mm immediately after surgery



2 months after surgery – muscular pain, MMO 30mm



3 months after surgery – pain free, MMO 40mm



Conclusion: In the check-up CT scan performed 12 months after surgery, osseous foci appeared in the location of coronoid process/temporal muscle bilaterally. The patient still shows no signs of clinical symptoms, mouth opening is stable at 40 mm. He stays in careful dispensarization.

The authors certify that they have NO affiliations with or involvement in any organization or entity with any financial or non-financial interest.