

Treatment of Recurrent Dislocation of TMJ

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1. Introduction

Recurrent dislocation of T.M.J

Dislocation in which the condyle will be anterior to the glenoid fossa and the patient can not be relocate. Many factors have been implicated to this phenomena; 1-trauma. 2-neurological factor . 3- Drugs lik tricyclic antidepressent drugs 4-Systemic disease example Ehler's Danlas Syndrome, osteogenesis imperfecta and Marfan's Syndrome

Treatment of this phenomena have been continuo to challenge among the maxillo facial Surgeons by using augmentation of the articulareminence with iliac or crania bone graft, or down fracture of the Zygomatic arch by iliacbone graft and fixed with screw plate, some surgeon prefer to use condylectomy or eminectomy to get free movment of condyl with the glenoid fossa. The aim of this paper is to present an effective treatment method For recurrent dislocation of T.mj with out interfere with the capsule of condyle while the articular eminence is augmented by on lay iliac bone graft which fixed by bone.



2. Patients and Methods

Eight patients, five females and three males have recurrent dislocation, three of them are bilaterally, those patients have suffer for seven months of pain in the preauricular area with mouth opening 45-55m.m .Also patients have disturbance of mandibular movement duo to loss of temporo-mardibnlar ligaments and disturbance of muscular activity . Patients diagnosed clinically and by o.p.G which show flattening of the eminence and the codyle anteriorly.

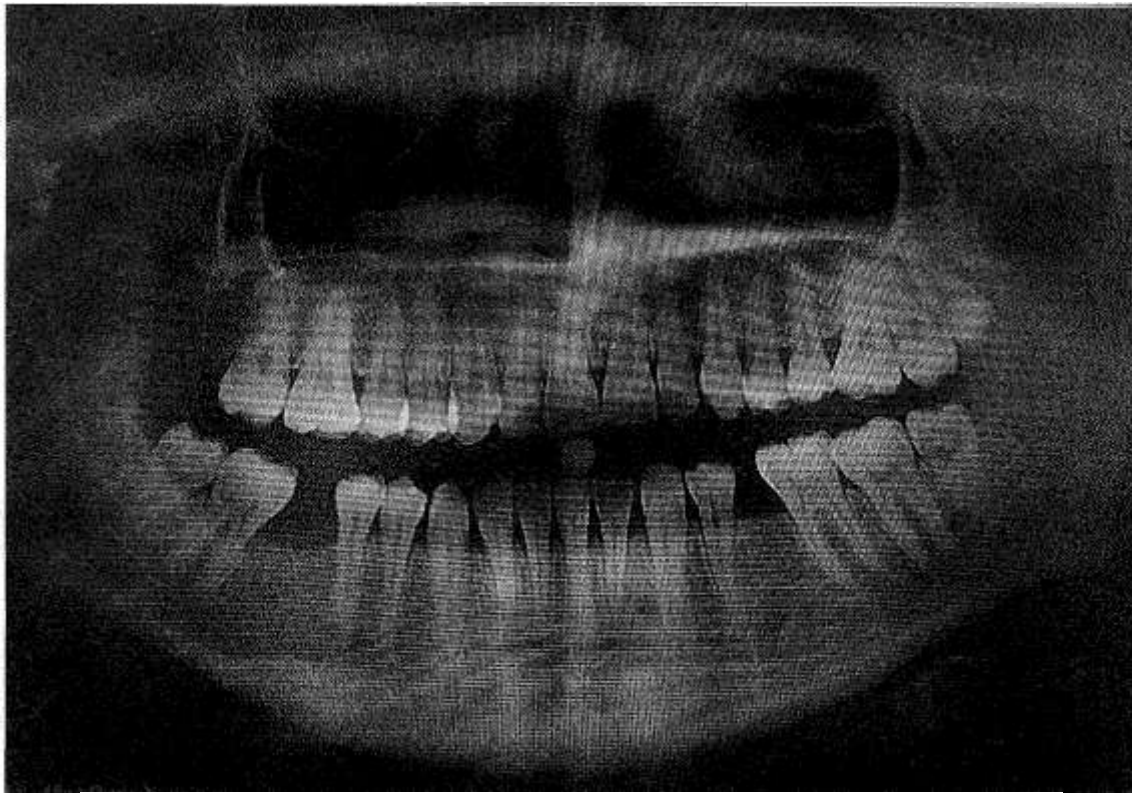
Those patients not respond to non surgical procedure like STD sulphate, IMF 3Bottox in the capsular area 3and injection of platelets Richplasma or blood clot in the TMJ region.

Surgical procedure done by preauricular incision with frontal extension (Brantly- Alkeyate incision), with out exposure to the capsule of the condyle ^striping of the muscle from the articular eminence and putting onlay iliac bone graft 0.5xi.5cm which ligated by miniplate to the articular eminence of the temporal bone, with out IMF for the patient jaws .

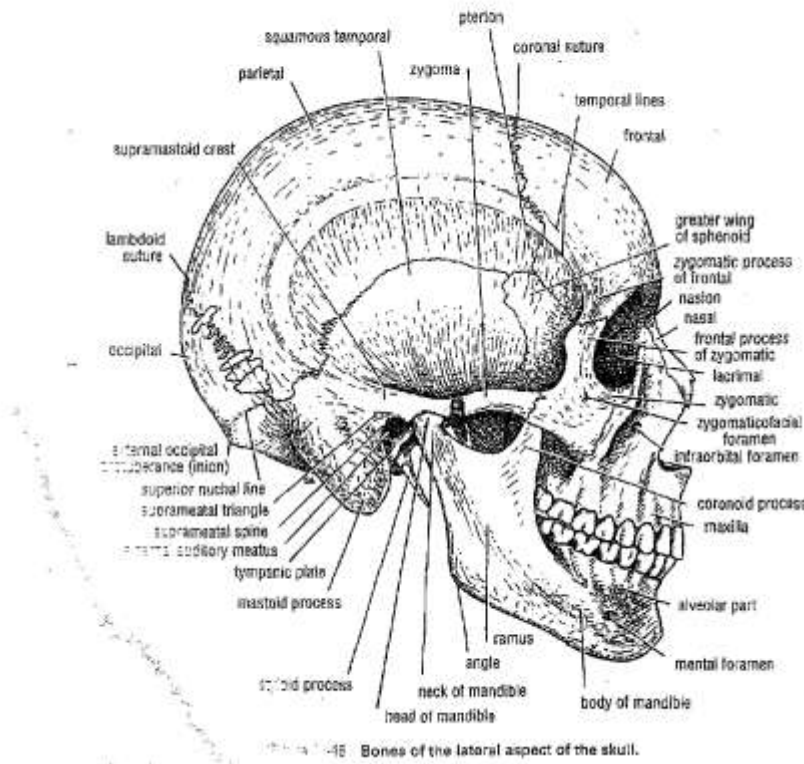
3. Result

All patients have normal mouth opening (32-40mm)3without pain in the preauricular area . patients adviced to take **soft** diet one month There is temporary facial nerve weakness noted in onepatient (frontal brunch of facialnerve) then patient resolved after two weeks .patient take 0,P.G to show the normal site of condyls and the onlay iliac bone graft.

Patient no	Gender	Age	Side	Complain	follow-up
1	female	30	left, right	Recurrent dislocation and difficulty to chew food and uncontrol joint duing eating	Two years
2	female	30	left, right		One years
3	female	35	Right, left		One years
4	female	35	Right		Two years
5	female	30	Right		One years
6	Male	35	Left		One years
7	Male	32	Left		One years
8	Male	30	Right		One years



Basic Anatomy 763



4. Discussion

Many procedures have been advocated for the treatment of recurrent dislocation of T.IV! j .Conservative treatment which

include injection of Sclerosing agent like STD sulphate, bottox, platlets rich plasm (PRP), but these Procedures are rarely successful and therefore surgical option is indicated for the treatment of this phenomena . Surgical Procedure include

either condylectomy or eminectomy, but in these procedures, there is destruction of the ligaments and muscles (lateral pterygoid muscle which insert in the Condyle and the disc).

Another Surgical Procedure by using augmentation of the articular eminence by onlay iliac bone graft which is the best method for treatment of dislocation and keep the capsule of condyle and disc in its normal position. There is another procedure for treatment of dislocation by down fracture of the zygomatic arch (interpositional iliac bone graft).

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