Conservative Management for Recurrent Temporomandibular Joint Dislocation

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Temporomandibular joint (TMJ) dislocation is a condition when the mandibular condyle is displaced anteriorly beyond the articular eminence from its articulations and requires manipulation by another individual to return to its normal position.\(^1,2\) TMJ dislocation is subdivided into acute, chronic/long standing dislocation, and recurrent dislocation. The predisposing factors are laxity of ligaments, capsule and ligament injury, degenerative joint disease, non-synchronized muscle function, the morphologic condition of the condyle and eminence. Conservative or surgical manipulation may be required to reduce the dislocated condyle.\(^3\)

An 18-year-old female reported to the dental department with a chief complaint of inability to close the mouth; she was diagnosed to have TMJ dislocation. Manual reduction of the joint was done by Nilatons technique. After many attempts of manual reduction, she continued to have the same problem for many weeks. Following several unsuccessful attempts of manual reduction, the patient

Figure 1: Clinical picture after placing upper and lower arch bars

Figure 2: Clinical picture after placing posterior bite block on both sides

Figure 3: Clinical picture after placing elastics along with posterior bite blocks

Figure 4: Posterior acrylic bite blocks
was managed conservatively by placing upper and lower arch bars along with posterior acrylic bite blocks and application of elastic traction. After 3 weeks, the elastics and the posterior acrylic bite blocks were removed but the upper and lower arch bars were retained for 3 more weeks. The patient never got her joints dislocated in these 3 weeks, and finally the arch bars were removed. Every case of prolonged dislocation has its own unique features (Figures 1-5). Conservative approaches should be attempted initially; surgical treatment can be used only after these have failed.

**Points to Ponder**
- IMF with guiding elastics and posterior bite blocks after reduction is recommended to allow inflammation and oedema to subside and to prevent redislocation
- Initially try all the conservative treatments first, surgical treatment can be used only after these have failed.

**REFERENCES**


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