

Conservative Management for Recurrent Temporomandibular Joint Dislocation

M Khaja Khalid Nawaz

Consultant Oral and Maxillofacial surgeon, Dr. H Gordon Roberts Hospital, East Khasi Hills, Shillong, Meghalaya, India

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



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



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

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



Figure 4: Posterior acrylic bite blocks

Access this article online



www.ijss-sn.com

**Month of Submission : 07-2015
Month of Peer Review : 08-2015
Month of Acceptance : 08-2015
Month of Publishing : 09-2015**

Corresponding Author: Dr. M Khaja Khalid Nawaz, Hospital Quartress, Dr. H Gordon Roberts Hospital, East Khasi Hills, Shillong, Meghalaya, India. Phone: +91-9952654408/9444433030. E-mail: khaldnawazm@yahoo.com

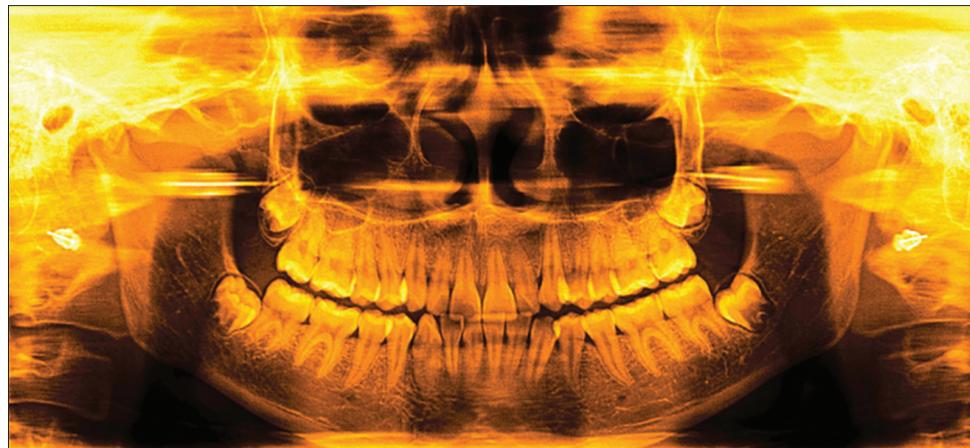


Figure 5: Orthopantomogram

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

- Sato K, Umeno H, Nakashima T. Conservative treatment for recurrent dislocation of temporomandibular joint. *J Laryngol Otol Suppl* 2009;72-4.
- Tipps SP, Landis CF. Prolonged bilateral mandibular dislocation. *J Oral Maxillofac Surg* 1982;40:524-7.
- Akinbami BO. Evaluation of the mechanism and principles of management of temporomandibular joint dislocation. Systematic review of literature and a proposed new classification of temporomandibular joint dislocation. *Head Face Med* 2011;7:10.

How to cite this article: Nawaz MK. Conservative Management for Recurrent Temporomandibular Joint Dislocation. *Int J Sci Stud* 2015;3(6):253-254.

Source of Support: Nil, **Conflict of Interest:** None declared.