unreconstituted complication
anterior temporomandibular joint
facetectomy of condylar process in a 52 year-old woman

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whether the resorption has occurred to the extent that the situation is free of the resorption. This requires the examination of the patient every two to four weeks, after surgery, to determine if the bone is resorbing. This is because, if the bone is resorbing, the expansion will occur. If the bone is not resorbing, the expansion will occur.

The change in bone density is also a factor. If the bone density increases, the expansion will occur. If the bone density decreases, the expansion will not occur.

In conclusion, the expansion of the bone density is a critical factor in determining the success of the expansion process. It is important to monitor the bone density throughout the expansion process to ensure that it is increasing.

Discussion

Further evaluation of the patient is required to determine the extent of bone resorption. The patient will continue to be monitored for any signs of bone resorption.

References


due to immobilization of the joint during the period of IMF.

Several authors report on various time spans for IMF when inserting costochondral rib grafts. Kaban et al.³ applied about 1 week of IMF after reconstruction and rigid fixation of the graft with screws only. However, Lindqvist et al.⁴ kept the patient in fixation for a mean of 3.5 weeks and Macintosh & Henny⁶ for 4–8 weeks, both groups reporting very satisfactory long-term results. It cannot be ruled out that the reankylosis found during the fifth operation was caused by the period of IMF, but the authors still think that a significant muscular component contributed to this disappointing result.

In the case presented, it appeared that the graft was not strong enough to withstand the excessive forces necessary to promote mobilization of the TMJ. In retrospect, it would have been better to use general anesthesia with muscle relaxation for evaluation of the mouth opening and to try to increase its range. This would probably have reduced the risk for fracture of the graft.

This case demonstrates the potential weakness of a rib graft even 3–4 months after insertion. It is probably better not to position the rib in a transverse fashion. Forcible opening of the mouth should be avoided for at least 6 months to allow for complete bone remodeling. The period of IMF should also be reduced to a minimum in order to avoid the possibility of reankylosis.

References


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