AN UNUSUAL CASE OF CLICKING JAW

E. GROSSMAN, F.D.S.R.C.S.

St. Lawrence Hospital, Chepstow, Mon.

ENLARGEMENT of the mandibular condyle is a well-recognised entity. Rushton published a comprehensive review of 29 cases in 1946. Other reports have been given by Geschickter & Copeland (1931), Thoma (1945), Hovell (1960) and Shultz (1960).

Almost all the cases described had marked facial asymmetry and many were between 15 and 30 years of age.

The features of interest in the present case and the manner in which it differs from previous descriptions are as follows:

1. The exostosis attached to the condylar neck was the principal characteristic of the deformity rather than the condyle itself.
2. Facial asymmetry was absent.
3. The age at which the patient attended for treatment was older than usual.
4. The case presented as a clicking jaw syndrome.

It is possible that the aetiological factor concerned in this case was that abnormal growth continued at only part of the condylar surface, with the result that a mass of bone and cartilage arising at that side of the condyle developed as a separate entity and was excluded from the joint.

CASE REPORT

A male patient aged 58 was seen at the hospital on 17th February, 1960, complaining of pain and clicking in the left temporomandibular joint area. He had first noticed the clicking four years previously after having 19 teeth extracted. The loud click had occurred at breakfast two days following his dental extractions and for a short time he was unable to move his lower jaw. However later that day he was able to open his jaw but with difficulty. Since that occasion he had often experienced clicking and severe pain when eating. The site of the pain was just anterior to the external auditory meatus.

On examination.—On opening there was a marked deviation to the right and a loud, crunching noise could be heard coincident with a painful spasm which radiated from the left temporomandibular joint area. Deviation occurred to the sound side.

Radiological examination.—The following comments were made on the radiographic projections:

1. The posterior-anterior view shows a large condyle and medial to this a half-round, fairly dense area of bone looking somewhat like an extra condyle. Fig. 1.
2. In the films of the temporomandibular joints, the left condyle is deformed with a large bony projection medially. It does not fit into the glenoid cavity and remains in the forward position with the mouth closed. The right condyle and joint appears to be normal.

Treatment.—It was decided to treat the case by means of condylectomy, followed by active movement post-operatively and the provision of full upper and lower dentures. On 24th February, 1960, a condylectomy was performed. Exposure of condyle and ascending ramus was achieved on left side by stripping of the masseter muscle. There
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FIG. 1
Radiograph showing left condyle with exostosis (P.A. view).

FIG. 2
Photograph of exostosis with condyle (x 3).
was profuse haemorrhage. The condyle neck was sectioned with a Gigli saw and removed with its attached exostosis. Fig. 2. The wound was closed with drainage after packing with Gelfoam. On 10th June, 1960, the patient's condition was very satisfactory with good vertical and lateral movement.

**Pathological report.**—The specimen shows an outline of bone covered in some places by cartilage and finally by a layer of fibrous tissue, consistent with exostosis.

**Post-operative progress.**—Further follow-up appointments were satisfactory but on 10th March, 1962, the patient complained of an occasional click in the right temporomandibular joint which he said had been present for about six months. There was a slight deviation to the left at the end of the opening movement. It was thought that the click on the right side might be due to increased movement of this joint.

The patient was re-examined on 2nd May, 1963. There was still a slight deviation to the left at the end of the opening movement, and clicking of the right temporomandibular joint. However the latter is not audible now and not associated with pain. Mandibular movements in vertical and lateral extension are excellent.

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**REFERENCES**