Post Operative TMJ

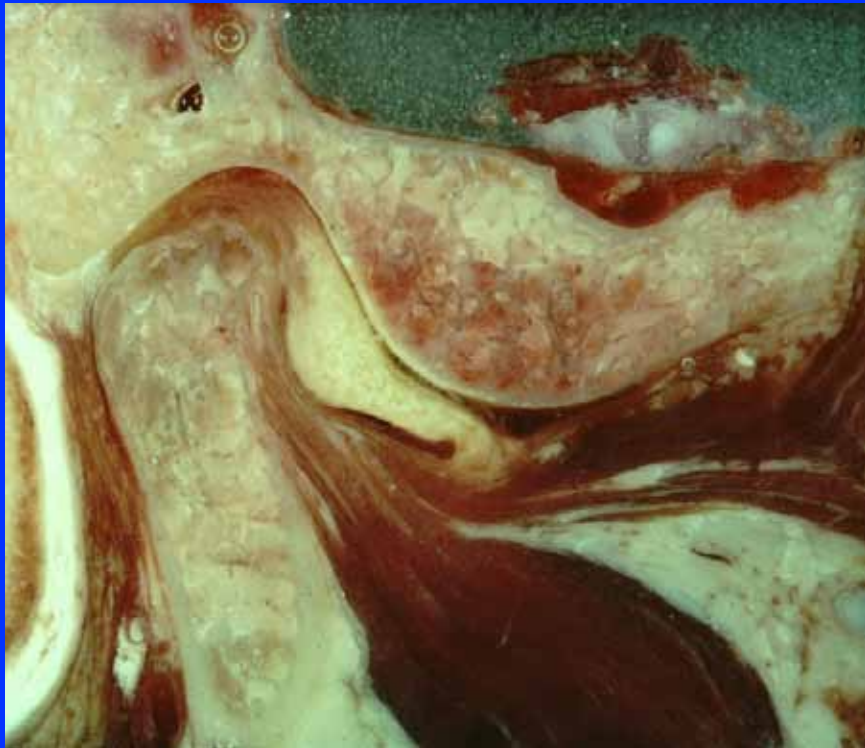**P-L Westesson, MD, PhD, DDS**

Neuroradiology

University of Rochester, Rochester, NY

Normal TMJ

Disorders Affecting the TMJ

- Disc Displacement

Arthritis

Treatment of TMJ Disorders

- Self limiting disease - 50%
- NSAID and Muscle relaxants - 25%
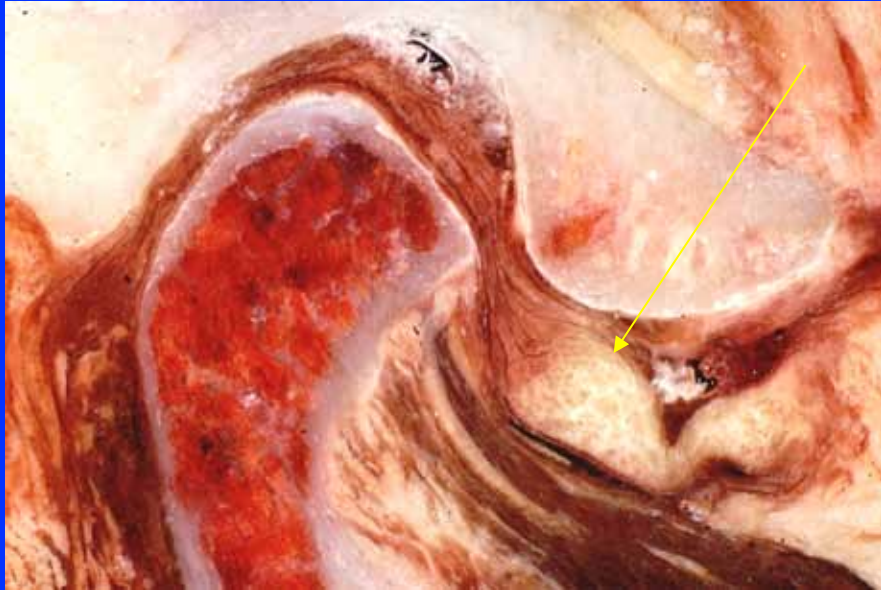- Oral Appliances - 20%
- Surgery - 1-2%

TMJ Surgery

- Arthroscopic lysis and lavage
- Disc Reposition
- Mandibular Osteotomy
- Discectomy
- Disc Replacement Implant
- Rib grafts
- Total Joint Prosthesis

Athroscopic Surgery

- Do not change compared to presurgical imaging
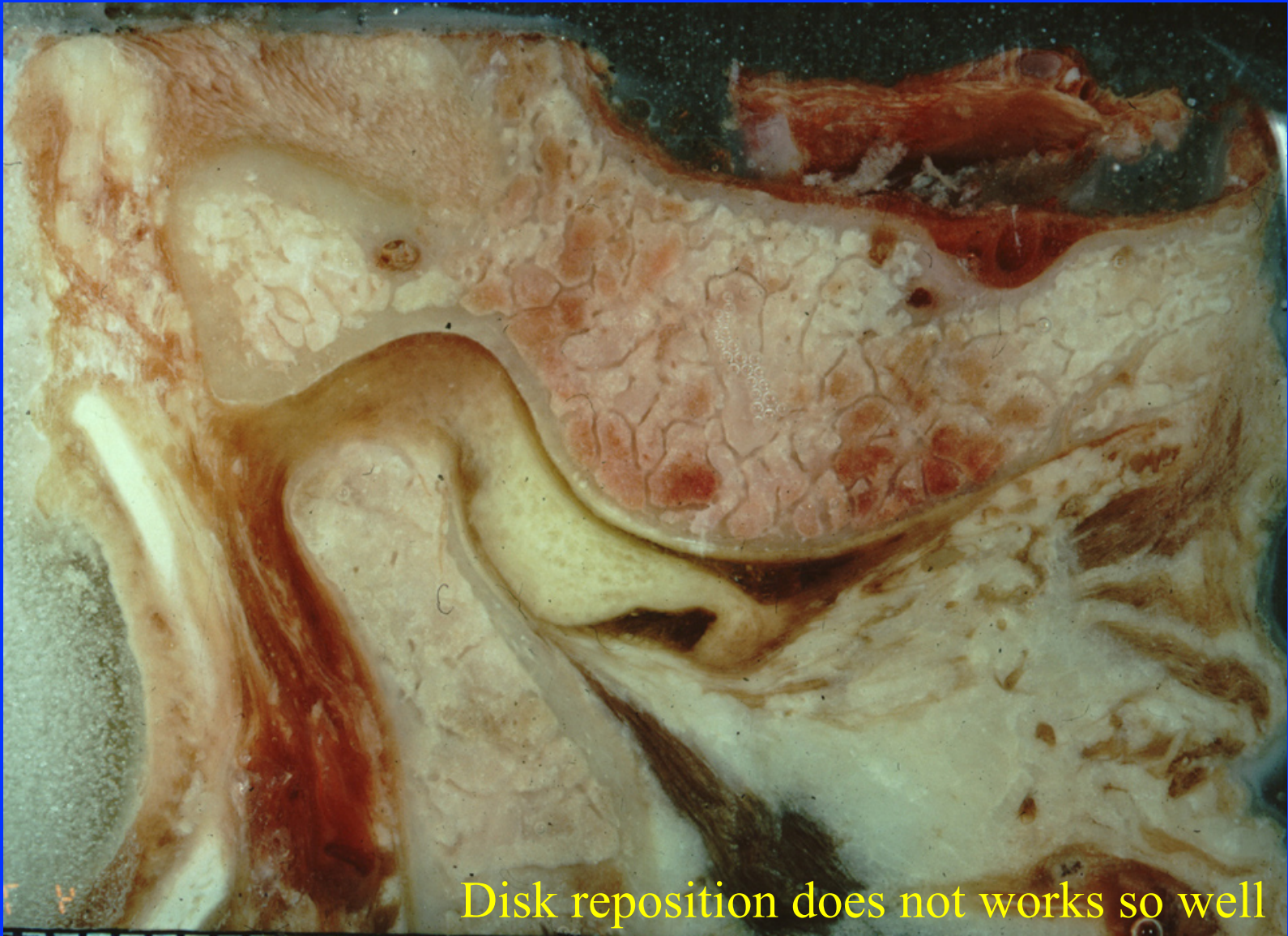- No special postoperative imaging features
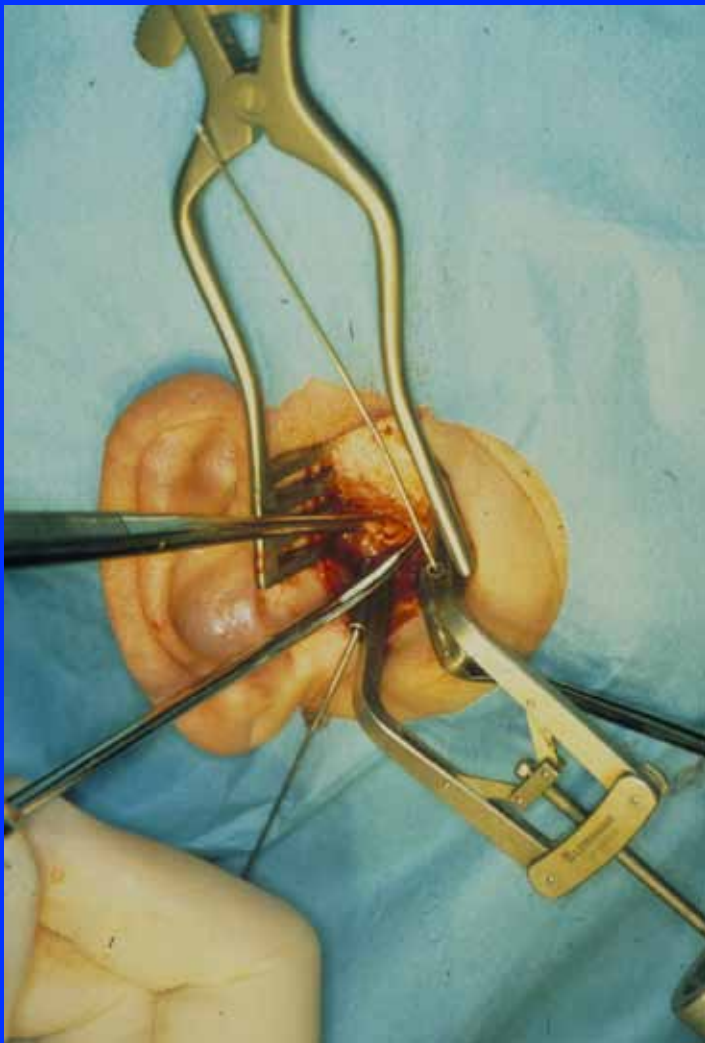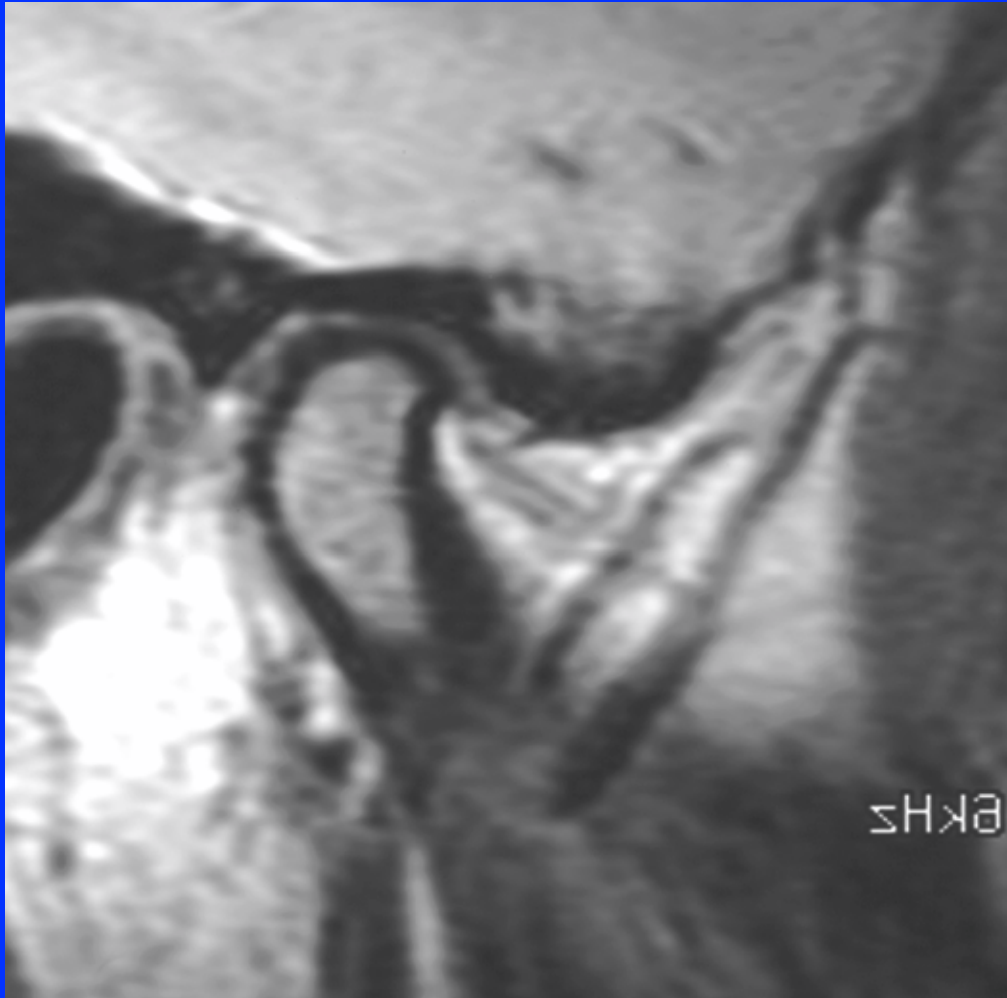
Disk reposition

After

Disk reposition does not works so well

Discectomy

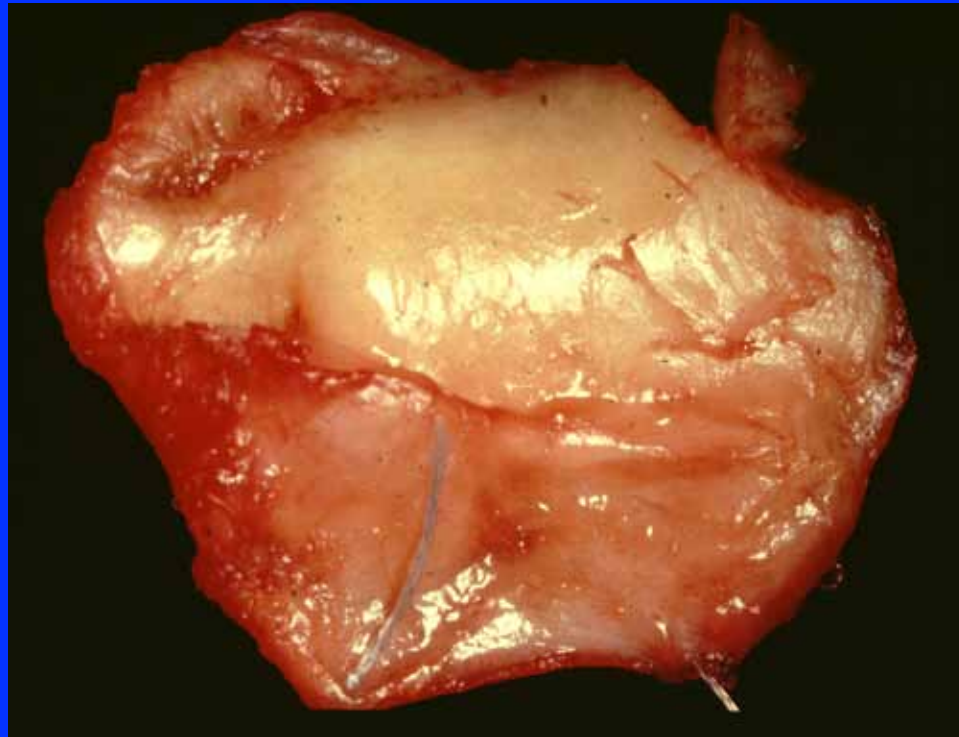- Removing the disk via a small preauricular incision

MRI after succesful Discectomy
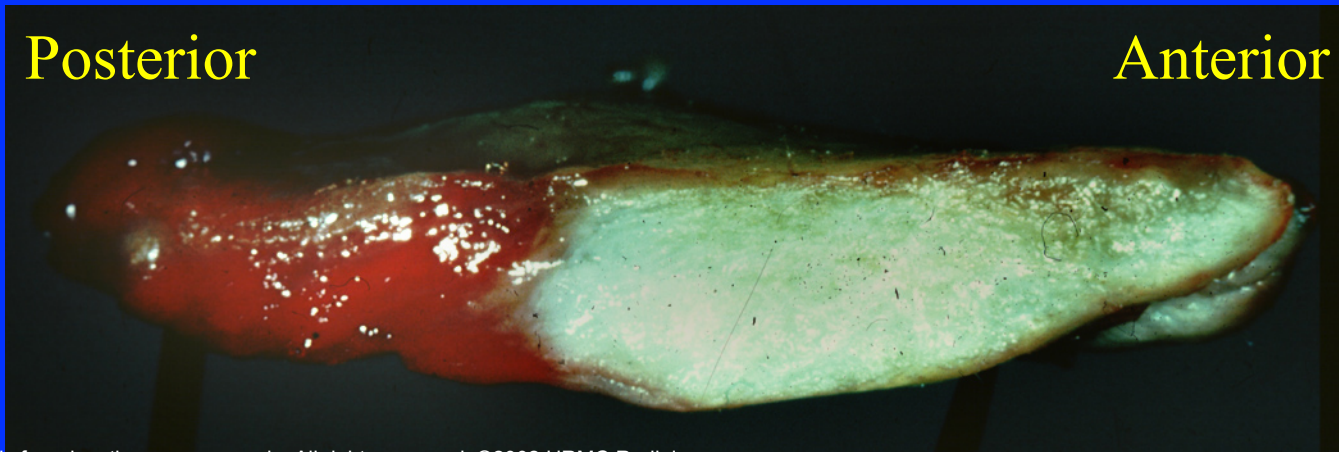

- Decreased joint space
- No disk
- No adhesions
- Diskectomy has 85% 6-year succesrate for eliminating pain

Discectomy Specimen

Posterior   Anterior

MRI after Failed Diskectomy

Capsule Adhesions
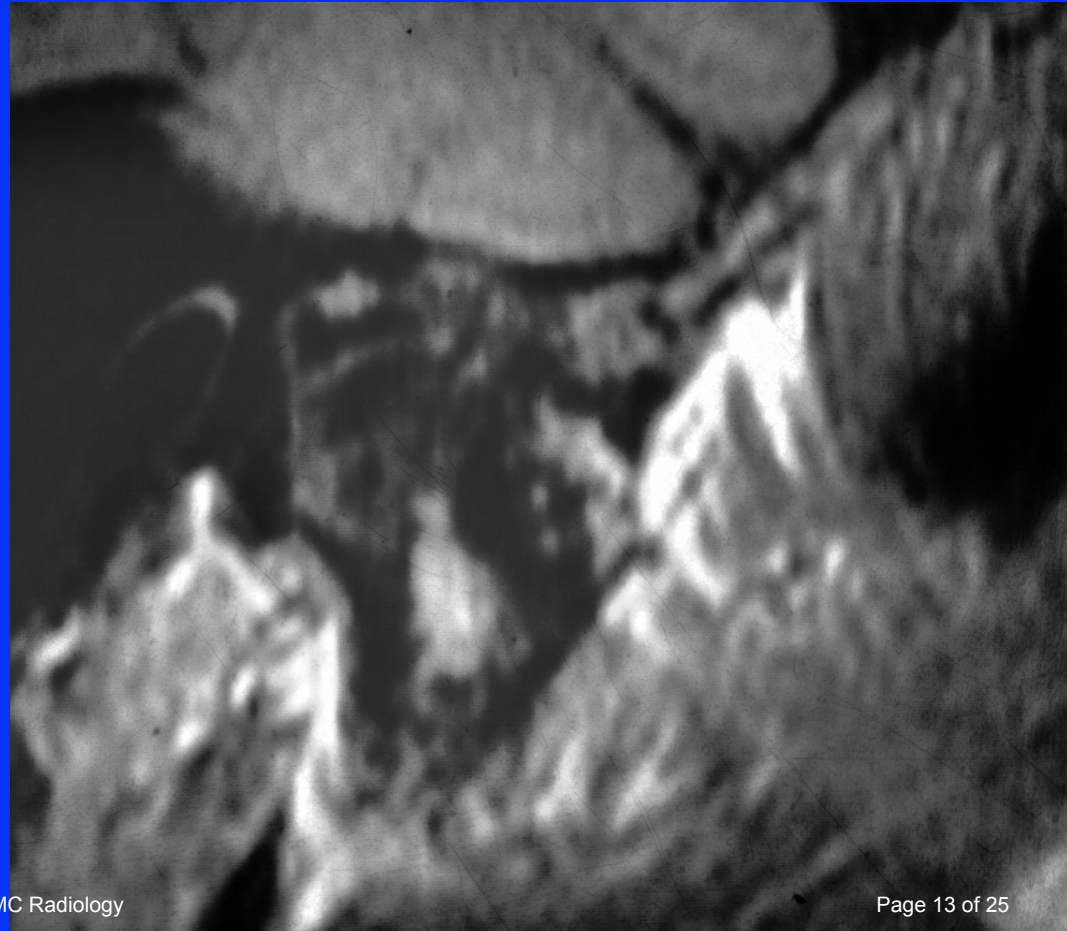
Intra Articular Adhesions
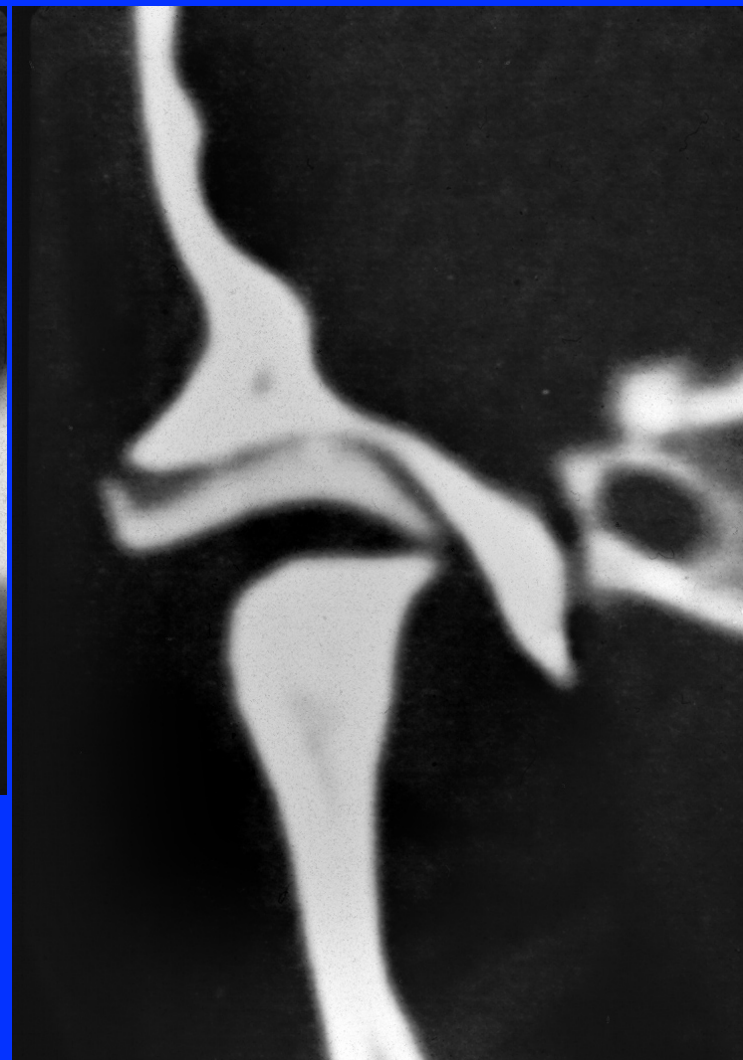
MRI after Failed Diskectomy

Coronal
Lateral Capsule adhesions

Sagittal
Complete Fibrous Ankylosis
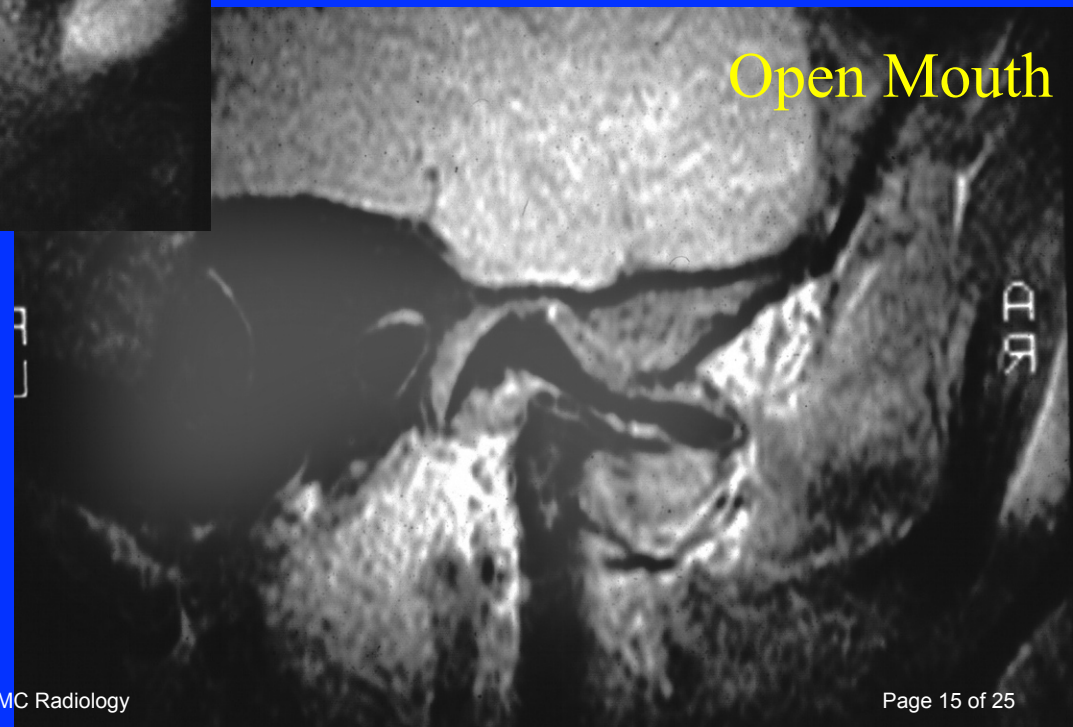
TMJ Implant
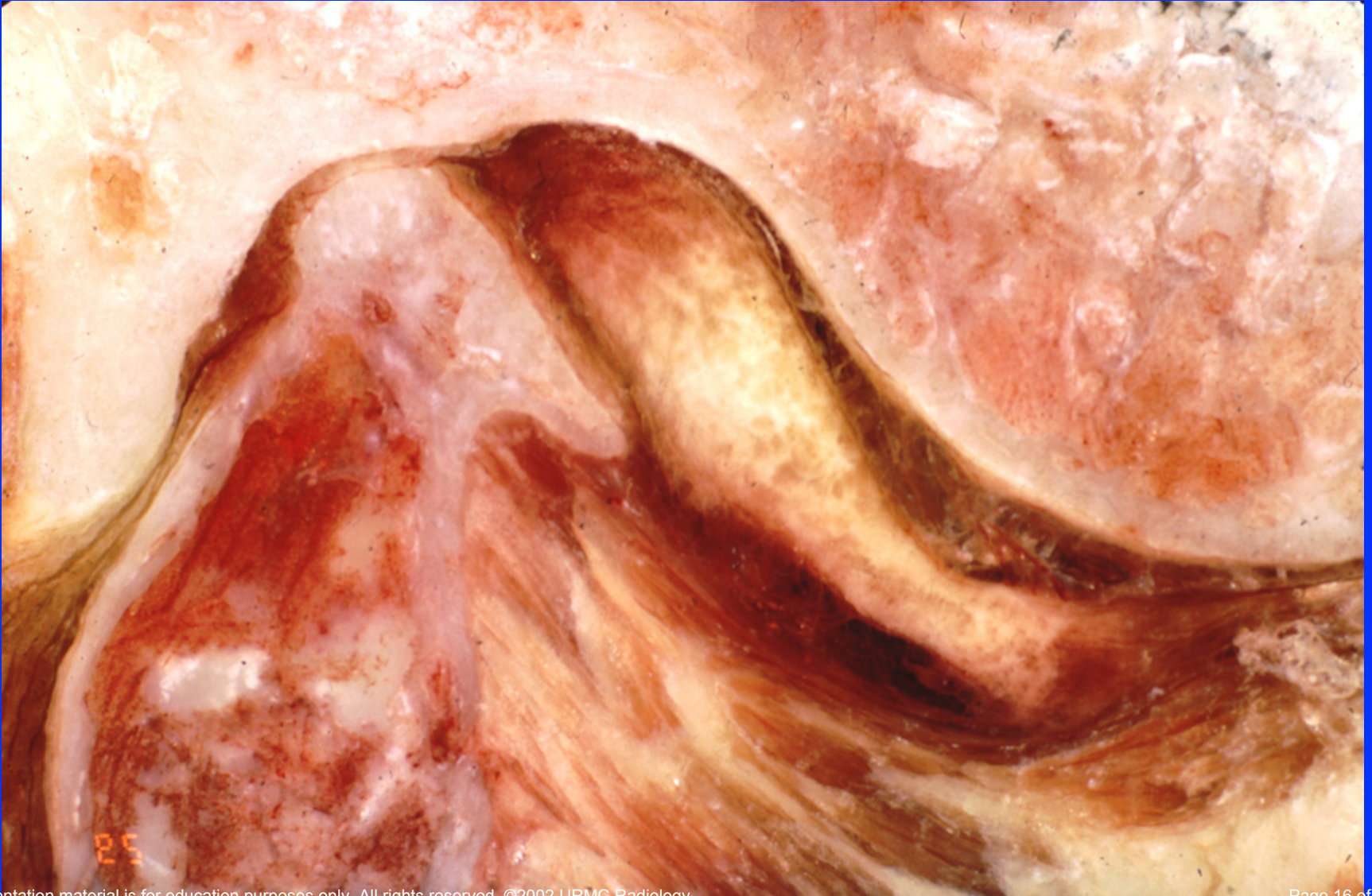
MRI of TMJ Implant
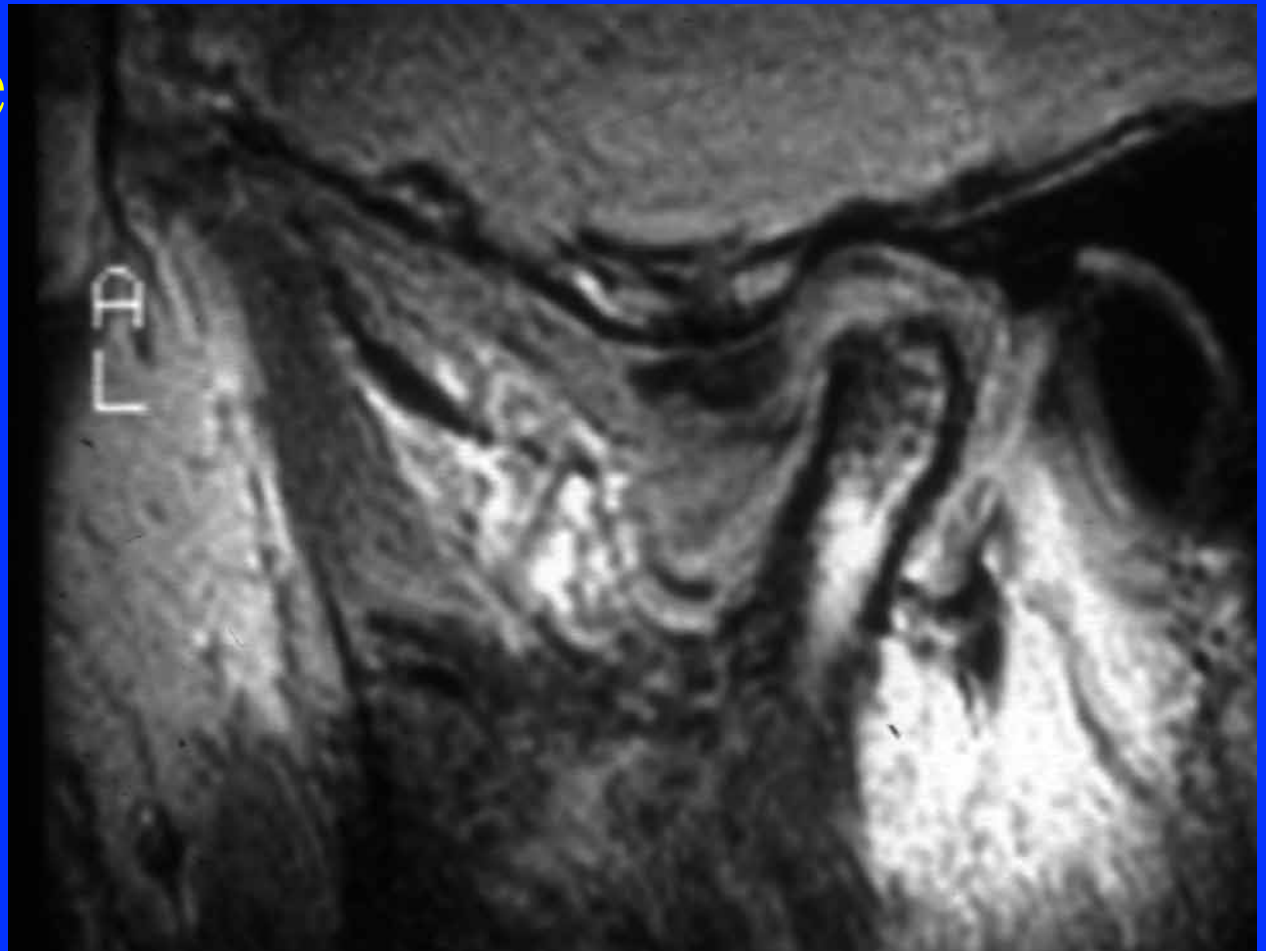
Closed Mouth

Open Mouth

Proplast-Teflon
Implant

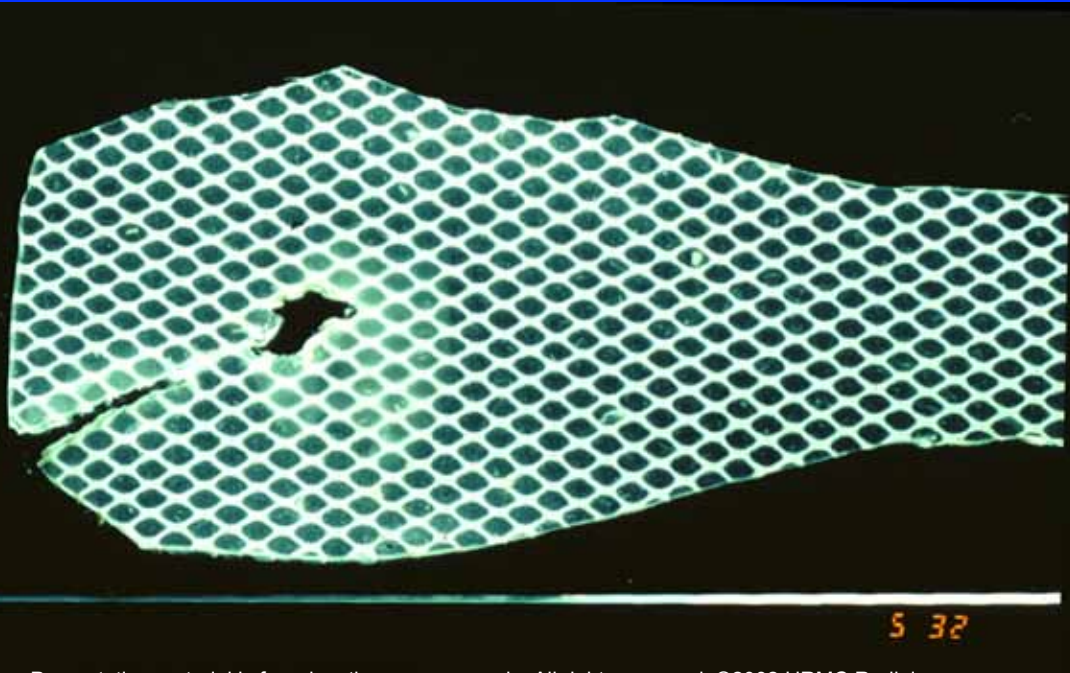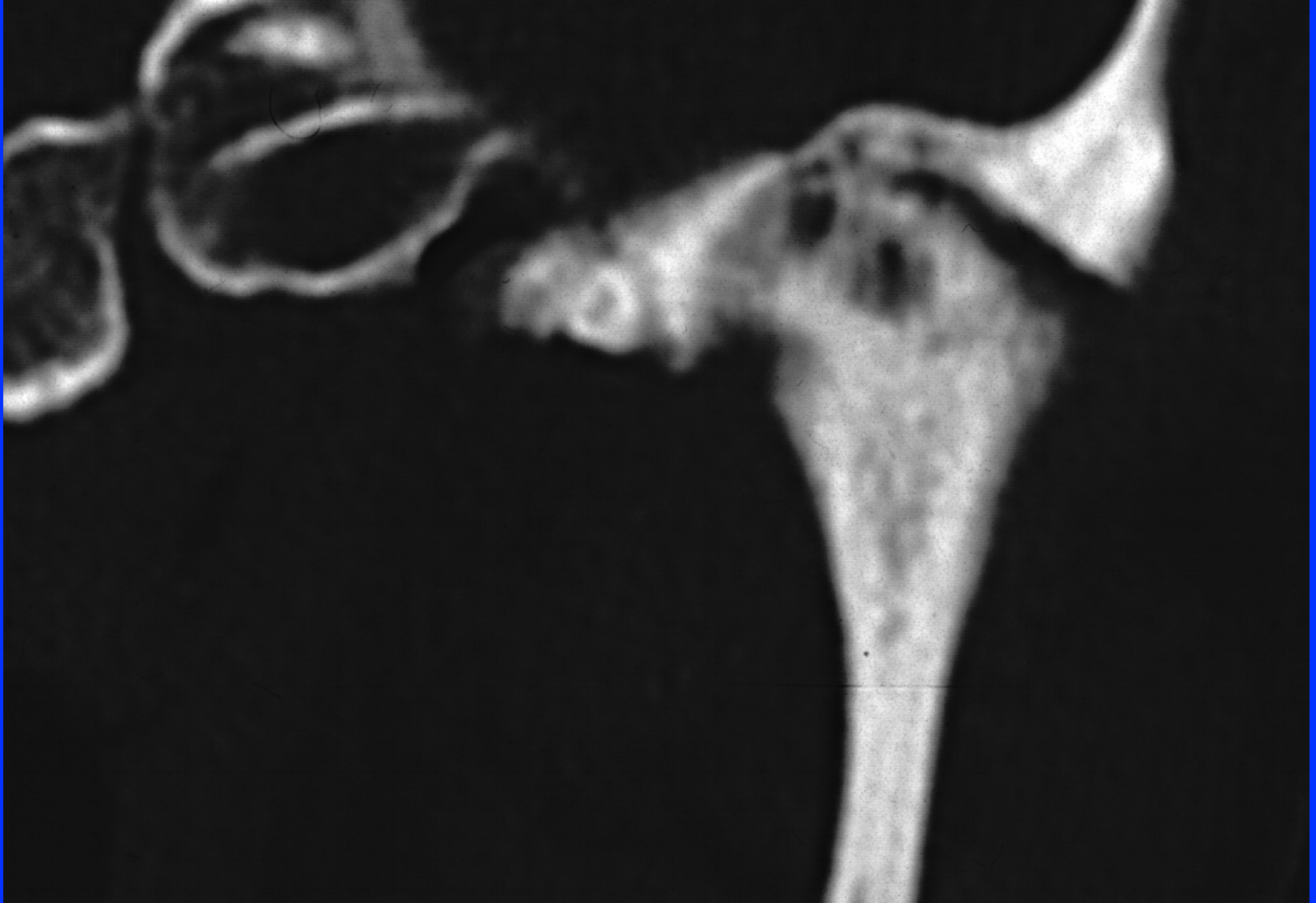# Typical Joint Condition for TMJ Implant

Preoperative MRI

Typical Condition Predisposis for implant Failure

Silastic Implants after functioning 2-3 months

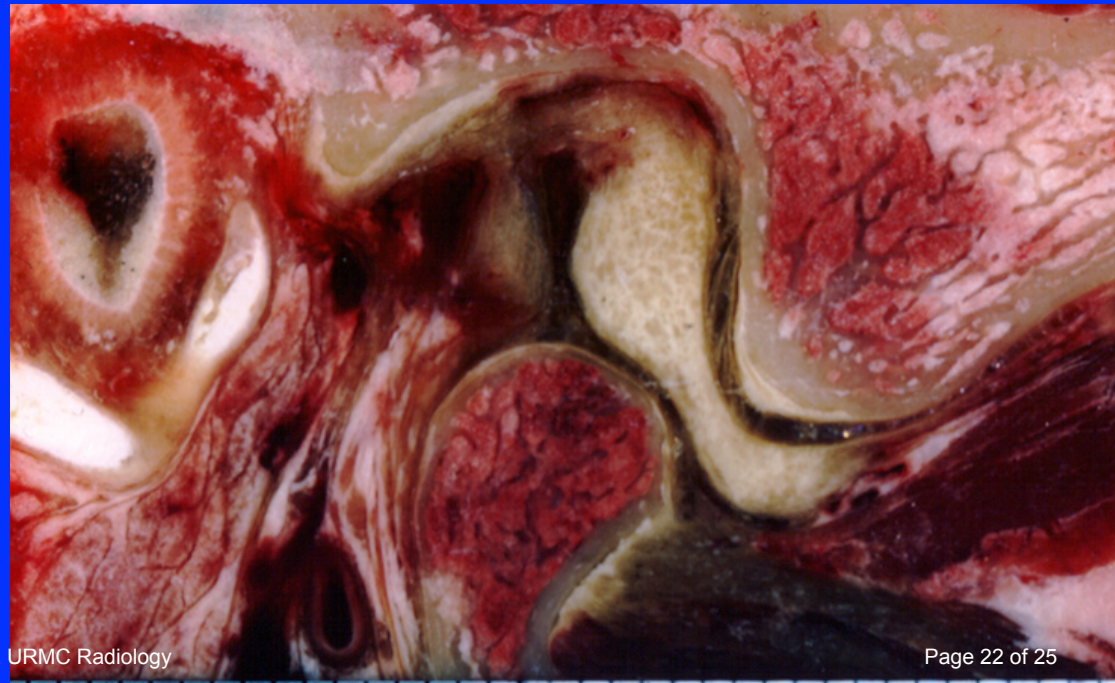# Sequella of TMJ Implant
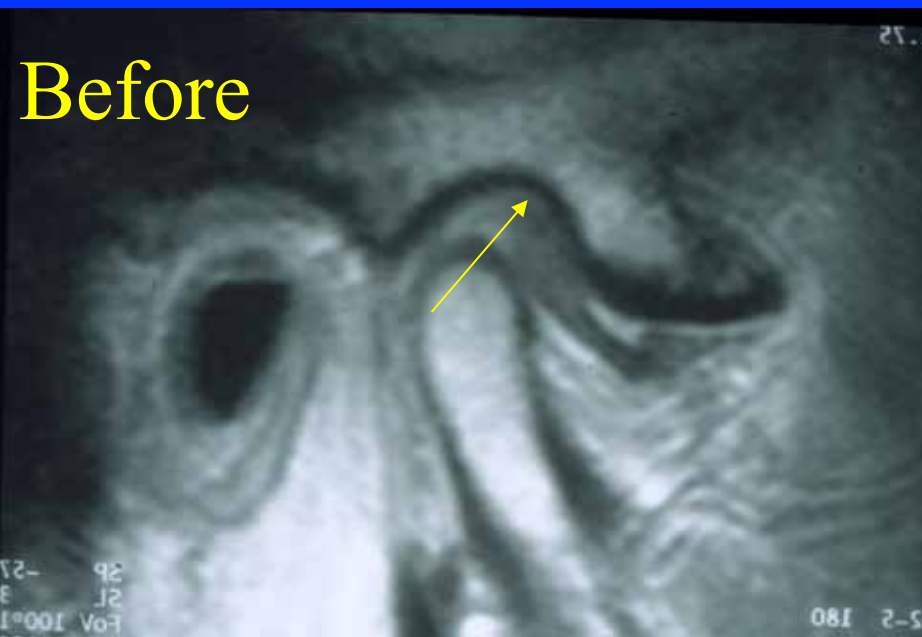
Sequella of TMJ Implant

Mandibular Osteotomy

Disk Repositioning via mandibular Osteotomy

Vertical Ramus Osteotomy -
can be used to correct disk displacement

Before

After

Mandibular Osteotomy

- Requires intermaxillary fixation

- Extra articular procedure

TMJ Reconstruction with Rib Graft in Failed TMJ surgery