

**SURGICAL MANAGEMENT OF
TEMPOROMANDIBULAR JOINT
ANKYLOSIS WITH TEMPORALIS
MUSCLE FLAP INTERPOSITIONING.
SURGICAL AND PROGNOSTIC
EVALUATION**

CLINICAL STUDY

A thesis

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ABSTRACT

Seventeen patients: ten patients with unilateral TMJ ankylosis and seven patient with bilateral TMJ ankylosis were treated by condylectomy or osteoarthrectomy with temporalis muscle flap inter positioning with or without coronoidectomy for the involved side. The patients were followed up for 10 months and the maximum inter incisal distance (MID) were measured at 3 month, 6 month and 10 month post operatively. They were assessed clinically for the moth opening, range of mandibular movement, lateral deviation of the mandible and anterior open-bite.

At 10 months post-operatively the average MID for 15 patients was 33.4 mm.

Reankylosis happened in two patients which may be attributed to the poor selection of the patient in relation to the age of the patient at the time of surgery and the patient motivation and their cooperation in performing good post-operative physiotherapy.

For one patient with bilateral osteoarthrectomy, the ramus height restored with sialastic block, and for more than 10 months follow up the MID was 45 mm without anterior open-bite.

Its found that:

- Physiotherapy is of paramount effect and the jaw opening rehabilitation exercise should continued at least 6-8 months post-operative.
- The successful result is directly related with the age of the patient at the time of the surgery and the patient motivation.
- Replacement of the ramus height is the best method in prevention of post-operative anterior open-bite after bilateral arthroplasty.
- The temporalis muscle flap is a good autogenous inter positioning material as a good barrier between the ramus stump and the skull base in prevention of reankylosis.