Bilateral temporomandibular joint dislocation after upper gastrointestinal endoscopy in an intensive care unit patient: a rare complication

A 60-year-old man, without dental articulation disorders or a history of dislocation of the temporomandibular joint, was admitted to our intensive care unit after surgery for aortic dissection. He had been intubated without complication 4 days earlier. On the day of surgery, he was sedated with midazolam and sufentanyl, and received a neuromuscular blocker. Using a flexible endoscope, upper gastrointestinal endoscopy to rule out gastrointestinal bleeding was performed without technical difficulty. Immediately afterwards, examination demonstrated an inability to close the mouth and emptiness of the mandibular fossa. Bilateral temporomandibular joint dislocation (TMJD) was diagnosed and was corrected temporarily using the Nélaton maneuver. A subsequent computed tomography (CT) scan ruled out a fracture of the mandible and extend a forced opening of the jaw. When endoscopy is performed on both sides, emptiness of the mandibular fossa, anterior mandibular condyle displacement (blue arrow), and dental asymmetry can be seen. a left side; b right side.

Fig. 1 Facial computed tomography (CT) scan with 3D reconstruction in a 60-year-old man after upper gastrointestinal endoscopy. On both sides, emptiness of the mandibular fossa, anterior mandibular condyle displacement (blue arrow), and dental asymmetry can be seen. a left side; b right side.

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