

UNILATERAL HYPERTROPHY OF THE MANDIBULAR CONDYLE

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SUMMARY

Unilateral hypertrophy of the mandibular condyle is not an uncommon entity. About 150 cases have been reported so far. From India, only two cases have been reported. On account of this rarity, it is our pleasure to report the following case.

Case Report

D. P. a 16-year old female, complained of swelling over the left side of face, gradually increasing in size since 4 years. There was no history of removal of teeth or any trauma to mandible. For the past one year, she noticed increasing asymmetry of face and deviation of chin to the contralateral side. She had pain over left temporomandibular joint area at the time of eating. For the past two months she heard clicking sound from the left temporomandibular joint area.

On examination, there was asymmetry of face with prominent facial contour over left side of face (Fig. 1 and 2). Movements of left temporomandibular joint were painful and there was slight overbite deformity of upper anterior teeth. The mid-line of chin was shifted to the opposite side (Fig. 3) and the left angle of the mouth was at a lower level than right.

Roentgenograms, lateral and oblique view of left mandible and paranasal sinus view, showed increased size of the condyle as compared to the opposite side (Fig. 4) with reduction of temporomandibular joint space on the same side. There was elongation of ascending ramus and body of mandible on the affected side with lowering of the angle of jaw (Fig. 5). Symphysis menti was shifted to the right side.

The patient was advised operation and we carried out left condylectomy and removal of the neck of mandible, with resection of inferior border of mandible on the same side.

Discussion

The etiology of unilateral hypertrophy of condyle is unknown. Many suggestions have been made. It can result from injury to mandible, i.e. removal of a molar teeth. Abnormal development lasts for 1 to 10 years (Gruca and Meisels, 1926). Some have suggested chromosomal imbalance (Bruce and Hayward, 1968; Roa and Subbaraidu, 1970) and some noticed middle ear infection which may stimulate an inflammatory hyperplasia and overgrowth of the epiphysis, but till now nothing definite is known. The hypertrophy occurs more commonly in young age and usually females are more affected than males.

The affected condyle enlarges and sometimes achieves the size of a walnut. With this there is associated enlargement of the ramus and one-half of the body of mandible. The increase in the body and ramus of one side and relative disparity in size of the other side is striking. The facial asymmetry goes on increasing and the chin becomes deviated to the opposite side (Weissmann and Collins, 1960).

There is often associated pain and clicking sound with enlargement, which was present in our case. The pain is more when the patient opens the mouth (Gruca and Meisels, 1926). It is usually the growing facial asymmetry and pain which brings the patient to the clinician (Roa and Subbaraidu, 1970).

The most recommended operation is removal of condyle, which relieves the patient of



Fig. 1. Photograph showing hyperplasia of mandible on left side.

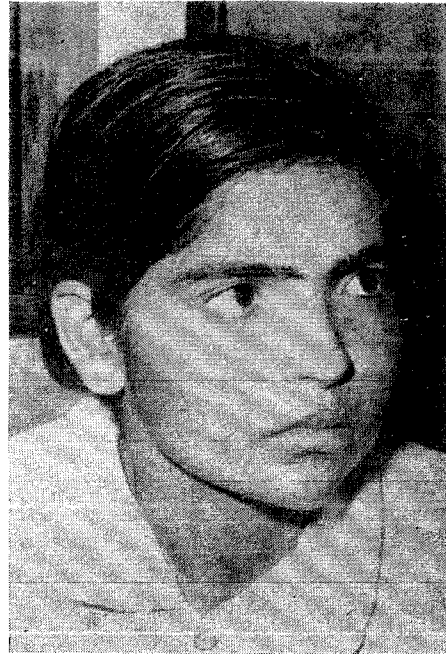


Fig. 2. Photograph showing normal side.

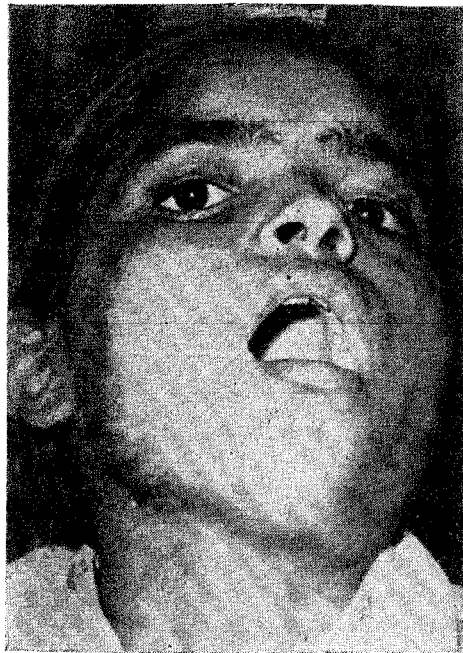


Fig. 3. Photograph showing depression of left angle of jaw.

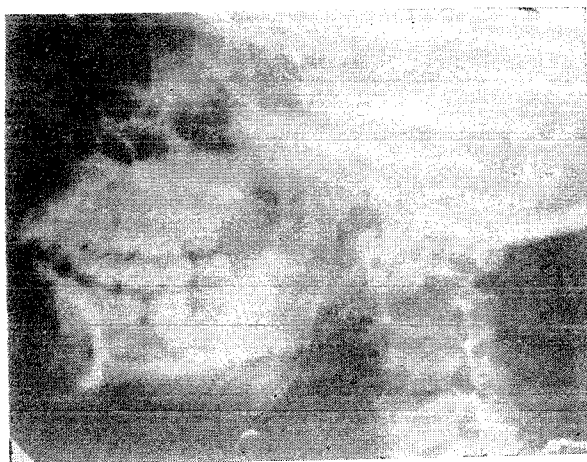


Fig. 4. Left lateral x-ray of the mandible.



Fig. 5. Paranasal sinus view showing the lowered left angle of the jaw.

pain and stops the growth (Gruca and Meisels, 1926; McNichol and Rogers, 1945; Weissmann and Collins, 1960; Fromm and Oberg, 1962; Bruce and Hayward, 1968; and Roa and Subbaraido, 1970). Additional procedures like step osteotomy on each side to correct the dental arch relationship and inferior border resection may be carried out in some cases.

The histology of the resected condyle shows normal bony structure (Ivy, 1927), but speci-

mens have been identified as Paget's osteitis (Blomquist and Hogeman, 1963), osteoma (Gottlieb, 1951), chondroma, fibrosarcoma and osteochondroma (Blomquist and Hogeman, 1963). Oberg et al. (1962) observed that the hyperplasia is due to the increased activity of the normal growth centre and they termed this as an 'Overgrowth'. Differentiation between above mentioned pathologies and condylar hyperplasia is very narrow and controversial.

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