CASE REPORT

Non-Syndromal, True Congenital Ankylosis of the Temporomandibular Joint
A Case Report

SO Ajike¹, ND Chom², UE Amanyiwe¹, ET Adebayo⁴, CN Ononiwu¹, JO Anyiam³, WN Ogala³

ABSTRACT

A case of a six-week old boy with bilateral congenital fibrous intra-articular ankylosis of the temporomandibular joint is presented. The literature is reviewed and limitations to management are highlighted.

INTRODUCTION

Ankylosis of the temporomandibular joint (TMJ) involves fusion of the mandibular condyle to the base of the skull (1). Occurrence in early childhood usually affects growth and the development of the jaws and teeth. Occasionally, it may lead to upper airway obstruction and cor pulmonale (2). The aetiology of TMJ ankylosis includes infection (1), inflammatory disease, trauma, irradiation, neoplasia and rare congenital causes (3–9).

True congenital ankylosis of the TMJs is rare. In a review of 185 cases of ankylosis of the TMJ, Topazian in 1964 documented only five cases. Other reports of congenital ankylosis are only limited to case reports (2, 4, 10–14). The case presented here, therefore, represents an additional case to the scanty literature.

Case Report

Baby M, a six-week old boy was referred from the Emergency Paediatric Unit to the Oral and Maxillofacial Unit of Ahmadu Bello University Teaching Hospital, Kaduna, Nigeria, with a history of inability to open the mouth since birth. The baby was a spontaneous vaginal delivery at the maternity unit of the hospital complex in Zaria, Nigeria, after an uneventful full term pregnancy. There was no evidence of obstetric trauma. Parents brought the baby to hospital due to the inability to open his mouth 22 hours post delivery. The birthweight at delivery was 3.4 kg.

The patient was the last of three siblings and there was no history of similar problems in the other siblings. Examination revealed a healthy looking boy with slight mandibular retrognathism (Fig. 1) but no other abnormality.

Anquilosis no-sindrómica, Verdaderamente Congénita de la Articulación Temporomandibular
Reporte de un caso

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RESUMEN

Se presenta el caso de un niño de seis semanas de edad con anquilosis intra-articular fibrosa, congénita y bilateral, de la articulación temporomandibular. Se revisa la literatura y se señalan las limitaciones del tratamiento.

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There were some slight movement at the temporomandibular joints bilaterally when the patient was stimulated to cry. However, inter-alveolar distance was limited to about 2 mm. No other abnormality was detected. Weight at presentation was 3.55 kg.

Laboratory investigations were within normal limits. Full blood count showed packed cell volume was 30%, white blood cell count was 7.4 x 10⁶ per litre, platelets 265 x 10⁹ per litre. The differential white cell count was neutrophils 43% and lymphocytes 57%. The blood picture also showed anisocytosis, poikilocytosis, microcytosis and hypochromia. Electrolyte and urea levels were within normal limits. His genotype was AA.

Plain radiograph of the TMJ was not useful, however CT scan (Fig. 2a and 2b) revealed isodense soft tissue shad-...