



## ORTHOGNATHIC SURGERY IN TMJ COMPROMISED PATIENTS

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### Abstract :

Temporomandibular joints (TMJs) are the foundation for mandibular position, facial growth and development, occlusion, function and facial balance of the lower jaw. If the TMJs are not stable and healthy (non-pathological), patients requiring orthognathic surgery may have unsatisfactory outcomes relative to function, aesthetics, occlusal and skeletal stability and pain. It is common for TMJ disorders/pathology and dentofacial deformities to coexist. Most of the time, performing only orthognathic surgery is an acceptable option in patients with healthy TMJs and is rare that patients require additional surgery. However, sometimes the TMJ disorders/pathology may be the causative factor of jaw deformity, or develop as

a result of the jaw deformity, or the two entities may develop independently of each other. The most common TMJ disorders/pathology that can adversely affect jaw position, dental occlusion and orthognathic surgical outcomes include: 1) arFcular disc displacement, 2) adolescent internal condylar resorpFon, 3) reacFve arthriFs, 4) acFve condylar hyperplasia, 5) ankylosis, 6) congenital deformaFon or absence of the TMJ, 7) connecFve Fssue and autoimmune diseases, and 8) other endstage TMJ disorders/pathology. These TMJ condiFons are o]en associated with dentofacial deformiFes, malocclusion, TMJ pain, headaches, myofascial pain, jaw funcFon impairment, ear symptoms, sleep apnea, among others. PaFents with these condiFons may benefit from correcFve surgical intervenFon, including TMJ and orthognathic surgeries. There is sFll controversy regarding the ideal management of paFents with preexisFng TMJ disorders/pathology who require orthognathic surgery for correcFon of dentofacial deformity. A series of cases with a long follow-up will be presented, with follow-up of the TMJs through superimposition of CT scans and follow-up of resonances, in order to define new protocols for the care of these patients with skeletal deformities and TMD.