

Patient: Patient Name
DOB: 04/13/1900
Report Date: 11/27/2012
Study Date: 10/25/2012
Ref. Doctor: Dr. Doctor
Scan Source: *Your Imaging Center*
Study Purpose: TMD Orofacial Pain
Dr. Notes: Please evaluate TMJ's & possible DJD especially within the left TMJ

OBSERVATIONS

DENTAL FINDINGS:

A mixed dentition consistent with the patient's age is present.
Left mandible – The ramus and the body are shorter, the mandibular plane is steeper and the occlusal plane is elevated relative to the right side.

TMJs:

Left TMJ – The condyle is small and exhibits marked reduction in the vertical dimension. Significant flattening is present on the superior aspect. Flattening and sclerosis is noted along the posterior slope of the articular eminence and the glenoid fossa is shallow. The condyle is minimally anterior to the center of its glenoid fossa; however no significant reduction of the joint spaces is noted.
Right TMJ – The condyle is normal in size and shape with smooth, rounded contours. The cortical outline is diffuse and indistinguishable from the underlying trabecular bone; this is considered normal for the patient's age. There is evidence of minimal flattening and focal areas of subchondral sclerosis on the superior aspect of the condylar head and along the posterior slope of the articular eminence. The condyle is superior to the center of its glenoid fossa and there is resultant narrowing of the superior joint space.

SINUSES:

Soft tissue collection is noted along the walls of the maxillary sinuses (R>L), in some ethmoid air cells, and in the sphenoid sinuses (R>L). There is evidence of air bubbles in the right sphenoid sinus. The ostiomeatal complex is narrowed but patent on the right and blocked on the left.

NOSE:

Soft tissue collection is noted along the walls and in the meati.

AIRWAY:

The dimensions of the airway, posterior to the soft palate and tongue base, are within normal limits. Enlargement of the adenoids and the palatine tonsils is noted; airway patency in the nasopharynx and the oropharynx is however not compromised. Tonsillar enlargement is a common finding in children and they tend to gradually regress after age 12.

OTHER FINDINGS:

Cerumen (ear wax) is noted in both external auditory canals.

IMPRESSIONS

- The osseous findings in the **left** TMJ are consistent with advanced degenerative joint disease (DJD) that is radiographically stable at this time. DJD involves the destruction of the articular tissues and occurs when the remodeling capacity of those tissues has been exceeded by the functional demands. The presence of the DJD increases the probability of a displaced disc, has reduced the size of the condyle, may be associated with a change in occlusion and mandibular posture and may predispose the joint to dysfunction. The mandibular changes are secondary to the unilateral DJD of the left TMJ. Findings in the **right** TMJ are consistent with osseous remodeling, most likely of functional origin. These changes are typically adaptive and not progressive. The presence of the narrowed superior joint space increases the probability of a displaced disc.
- Soft tissue collection in the nose and paranasal sinuses is consistent with mild to moderate chronic panrhinosinusitis. An acute exacerbation is suspected in the right sphenoid sinus.
- Radiographic findings in the remainder of the CBCT scan are within normal limits; soft tissue evaluation is limited by the CBCT modality.

Sincerely,

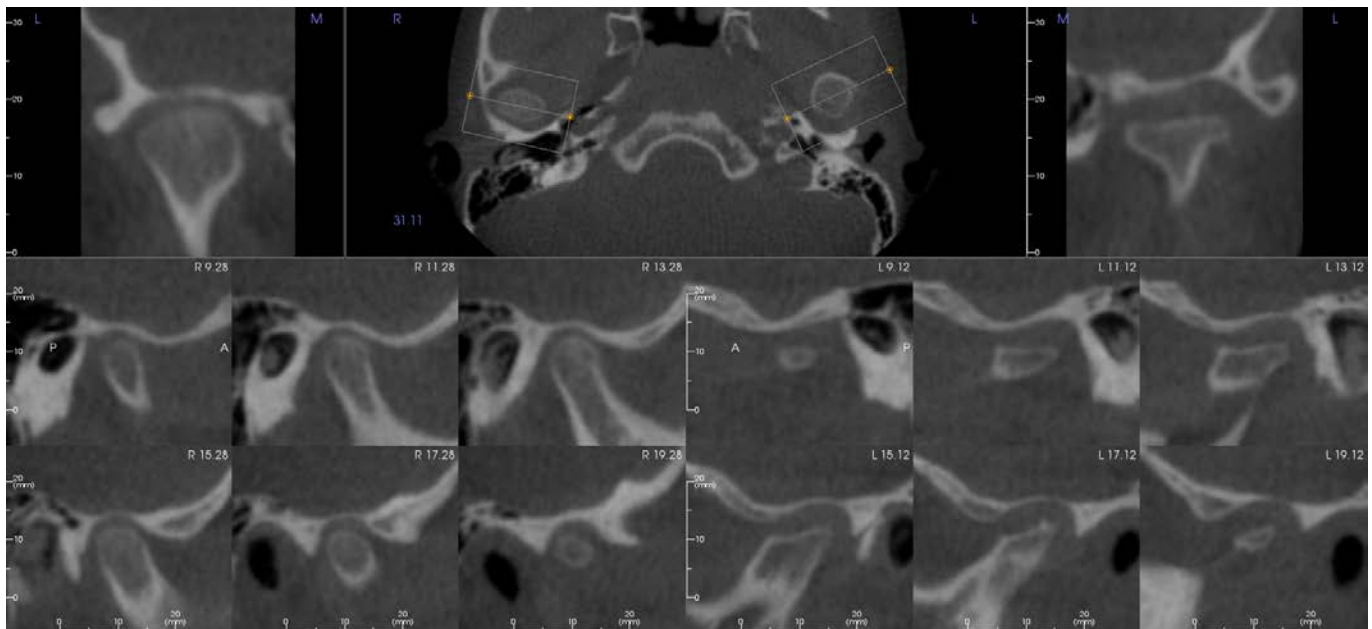
Dr. OMR
Dip., American Board of Oral & Maxillofacial Radiology



Panoramic Reconstruction

Right TMJ

Left TMJ



TMJ: Sagittal cross-sections and axial and coronal views