

Patient: Male- age 19.8
DOB: 11/09/1992

Ref. Doctor: BR Referring Doctor

Scan Source: DDI Roseville
Study: CBCT
Study Date: 07/25/2012
Report Date: 07/31/2012
Study Purpose: TMD Orofacial Pain

Dr. Notes: Patient has very limited opening. He isn't having any pain or discomfort and hasn't had any trauma to jaw.

DENTITION: **Impacted Teeth:** #s 1,16,17 and 32.

OCCCLUSION: No abnormalities noted.

AIRWAY: The dimensions of the airway, posterior to the soft palate and tongue base, were within normal limits.

SINUSES: No abnormalities noted

NOSE: No abnormalities noted.

TMJs: **Osseous Components:** The condyles have been reduced in size along their posterosuperior surfaces. The posterosuperior surfaces of the condyles showed signs of flattening and sclerosis.

Spatial Relationships: When the mandible was in the closed position the condyles were located posterior to the center of their fossa and the resultant posterior joint spaces were thin. In the mandibular open position the condyles translated to a point grossly short of the summit of the adjacent eminence.

MAXILLA: No abnormalities noted.

MANDIBLE: The right coronoid process was elongated and was impinging on the zygomatic extension of the maxilla. The posterior wall of the zygomatic extension of the maxilla contained a saucer shaped cavity to accommodate the large coronoid process.

C-SPINE: No abnormalities noted.

IMPRESSIONS

TMJS: The structure and morphology of the osseous components of the TMJs were evaluated and the findings noted above were consistent with regressive remodeling. The remodeling was localized to the posterosuperior surfaces of the condyles, has reduced condylar size and may be a response by the articular tissues to the functional demands. The condyles demonstrated a radiographically sub-normal anterior range of motion. The limited motion was interpreted to be secondary to right coronoid impingement on the zygomatic extension of the maxilla.

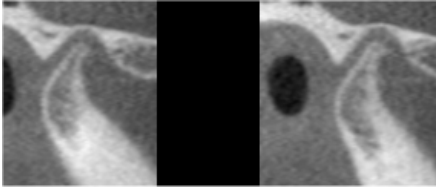
MANDIBLE: The large right coronoid process was most consistent with an **osteochondroma**. The differential diagnosis includes coronoid hyperplasia. Coronoid hyperplasia was moved down on the differential diagnosis list because of the unilateral presentation. The enlarging right coronoid process may be exerting a posteriorly directed force on the ipsilateral side of the mandible and may be posteriorly displacing the condyle.

Sincerely,

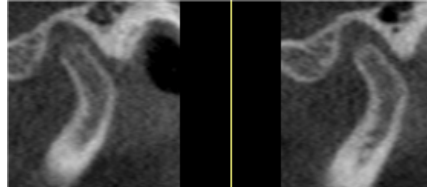
BeamReader Doc
Oral & Maxillofacial Radiologist

Patient: Male- age 19.8

Right Lat. TMJ



Left Lat. TMJ

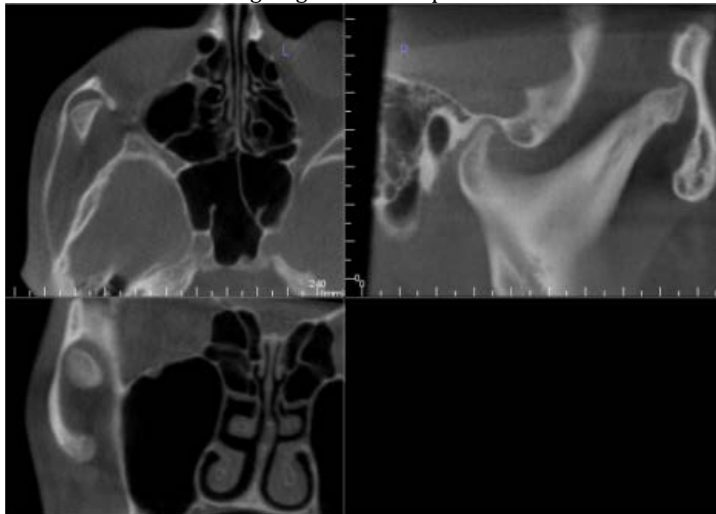


Regressive remodeling
Thin posterior joint space

Panoramic



Large right coronoid process



Large right coronoid
Saucer shaped depression in posterior wall of the zygomatic extension of maxilla