

Patient: Anonymous
Date of Birth: 08/05/2006
Ref. Doctor: Anonymous
Study Purpose: Impaction, Sinus
Dr. Notes: CBCT - Elongated right condyle, short left condyle, rule out DJD. Patient reports no history of pain or injuries.

Report Date: 05/15/2019
Study Date: 05/17/2019
Scan Source: Anonymous Oral Surgery

DENTITION: **Unerupted Teeth:** #s 18,28,38 and 48.

OCCCLUSION: There is a left side subdivision Class II, there is a right side posterior open bite and left side posterior cross bite.

The dental midline of the mandible is shifted to the left. There is a small anterior open bite.

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

SINUSES: The paranasal sinuses are fully aerated and without mucosal thickening or soft tissue densities. The sinus walls are intact. The ostiomeatal units are patent.

NOSE: No significant abnormalities are noted.

TMJs: **Osseous Components:** The left condyle is small. The reduction in size is occurring from the posterosuperior surfaces of the left condyle while the osseous components of the right TMJ are smooth, rounded and without evidence of subchondral defects. The posterior slope of the left articular eminence of flat and forms a shallow incline.

Spatial Relationships: In the closed position the right condyle is superior to the center of the fossa and the left condyle is posterior to the center of the fossa. The resultant joint spaces are thin in the superior region of the right TMJ and the posterior region of the left TMJ.

MAXILLA:

MANDIBLE: The vertical dimension of the left condylar process is less than the right. The anteroposterior dimensions of the right half of the mandible are greater than the left. The osseous midline of the mandible is shifted to the left. The right gonial angle is greater than the left.

C-SPINE: No significant abnormalities are noted.

IMPRESSIONS

TMJS:

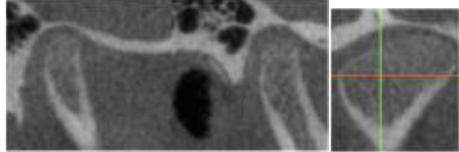
- An adolescent form of degenerative joint disease, aka, progressive condylar resorption (PCR) is noted left TMJ and normal in the right TMJ.
 - PCR occurs when the adaptive capacity of the articular tissues is exceeded by the functional demands.
 - PCR results in the loss of the articular tissues.
 - There is no radiographic evidence of active PCR.
 - The presence of PCR increases the probability of a displaced disc in the left TMJ.
- The long right condylar process and associated mandibular asymmetry and occlusal changes are consistent with hemimandibular elongation (HME).
 - HME does not progress after skeletal maturity is achieved.
- The posteriorly positioned left condyle within its fossa may predispose to an anteriorly displaced disc and compression of the posterior surface of the condyle and adjacent retrodiscal tissues.
- The narrowed superior joint space in the right TMJ increases the probability of a displaced disc and/or thinning of the soft tissues separating the superior and inferior joint compartments.

Sincerely,



David C. Hatcher, D.D.S., M.Sc., M.R.C.D.(c)
Oral & Maxillofacial Radiologist

Right Lat. TMJ



Sclerosis
Wide posterior joint space

Left Lat. TMJ



Sclerosis
Normal joint spaces

Panoramic



Right posterior open bite
Mandibular & Dental midlines shifted to the left
No alveolar or basal bone pathology



Note asymmetry