

# Review of Scans



**John R. Droter, DDS**  
 4000 Mitchellville Rd., #330B  
 Bowie, MD 20716  
 301-805-9400  
 drjr@mac.com

Name **A K**  
**11/29/2011**

Age **27**

Diagnostic Codes **715.2 Osteoarthritis**

## Radiographic Diagnosis of the TMJ

### Right TMJ

#### MRI

Disc Piper **5b** Amorphous Disc/ Old Injury

Condyle **Small Size**

T2 **--**

#### CT

Condyle **Small condylar size** **Altered shape** **HyperCa++**  
**Milled In** **Cortex intact**

Teeth Together MR **Yes** CT **??**

Sinus

Brain

Muscles

Teeth

Airway

**Stability** **Fair Structural Stability** **CR Load Superior**

### Left TMJ

#### MRI

Disc Piper **4b** Amorphous Disc/ Old Injury

Condyle **Small Size**

T2 **++** **Retrodiscal Tissue**

#### CT

Condyle **Small condylar size** **Altered shape** **Cortex intact**  
**Down Eminence**

**Stability** **Structurally Questionable**

### CT Neck

Atlas **Appears Centered** **Nice alignment C2,3,4**  
 Styloid Process **Normal** **mm** **Ponticus Posterior** **None** **Bone**

## Summary and Recommendations

**Note:** CBCT 11-2011. Childhood retrognathia. Age 14 orthognathic surgery relapsed. Age 20 orthognathic surgery relapsed.

**MR/CT Scan Summary:** R5b, L4a. Both joints appear to be old injuries.

**Left TMJ Inflamed retrodiscal tissue.**

**Not able to see bone superior left TMJ fossa. May be artifact from CBCT**

**Restricted airway.**

**Differential Diagnosis Inflamed tissue in joint:** OA, RhA, other

**Differential Diagnosis Anterior open bite prepuberty:** Genetic, Childhood airway/Tongue not in palate, childhood TMJ damage to growth center

**Differential Diagnosis Anterior open bite Post puberty:** AVN, HiPCR, RhA, OA, other

**Working Diagnosis:** Inflamed tissue of unknown origin in left TMJ. Left TMJ slight tenderness on palpation. Severe malocclusion, anterior open bite. Right TMJ appears hypercalcified and well adapted after significant damage.

**Recommendations:** Mobic 7.5mg for 8 weeks.

**Complete exam-** determine sequence of events that lead to malocclusion. Determine treatment options to correct malocclusion.

**Glucosamine- Enzymatic Therapy Glucosamine 500mg**

**Take 3 tablets AM**

#### Piper Disc Classification

1	Normal
2-	Damaged Cartilage Stretched/torn ligaments
3a	Normal Disc position Partial Disc subluxation
3b	Disc reduces on opening Partial Disc subluxation
4a	Disc Non-Reducing Full Disc Dislocation
4b	Disc reduces on opening Full Disc Dislocation
5a	Disc Non-Reducing Bone to bone contact
5b	Still adapting Bone to bone contact Adapted

#### Abbreviations

AVN	Avascular Necrosis
Dx	Diagnosis
OA	Osteoarthritis
OMD	Occlusal Muscle Disorder
RhA	Rheumatoid Arthritis
ITBR	Inflammatory Tissue Bone Resorption
Tx	Treatment