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Oromandibular dystonia: the heartsink underdiagnosed patient

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Introduction: Temporomandibular joint (TMJ) disorders are common with the vast majority being of myofascial aetiology. An under diagnosed subgroup of patients often present to A&E with pain, trismus, and recurrent dislocations and in such patients a diagnosis of oromandibular dystonia should be considered. Prior to definitive diagnosis, they often receive multiple treatments from multiple clinicians in different specialities. Our aim was to identify common symptomology to aid with the diagnosis of oromandibular dystonia and hence target appropriate treatment.

Methods: Retrospective study of all patients who presented or were referred to a tertiary OMFS unit with refractory TMJ symptoms over the period 2010–2012. Patients were identified from outpatient clinics of a specialist TMJ Consultant. Data was collected on demographics, symptomology, previous treatments, current treatments and follow-up.

Results: 10 patients were identified as having dystonia. All patients were female and had similar presentation and symptoms, with the most common symptom was severe restricted mouth opening (<10 mm) and recurrent dislocations. Over 50% had had previous surgical intervention with no improvement in symptoms. The most common current treatment is medical management and conservative surgical treatment such as arthroscopy.

Conclusions: Patients with dystonia pose a diagnostic difficulty. They often present with repeat hospital attendance causing frustration to them and healthcare professionals. A high index of suspicion is required in young, female patients with multiple system pathologies and refractory TMJ signs and symptoms. Early diagnosis will potentially avoid unnecessary and unsuccessful surgical intervention.

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Relationship between histological features of pleomorphic adenoma in the parotid gland and recurrence after superficial parotidectomy

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Background: Pleomorphic adenoma is the most common parotid gland tumour. It is a benign tumour composed of epithelial and myoepithelial cells arranged in various morphological patterns. Thinning or absence of the pseudocapsule and the presence of fingerlike projections of the tumour have been observed in all histological subtypes of pleomorphic adenoma, in particular the myxoid type. It has been suggested that myxoid subtype are involved in the recurrence of disease.

Objectives: The aim of this study is to investigate the relationships between myxoid histological subtype and recurrence of parotid pleomorphic adenomas.

Methods: 80 patients underwent parotidectomy for pleomorphic adenoma over a seven-year period (2005–2011). Primary superficial parotidectomy was performed in the 70 patients and 10 had a secondary procedure for recurrent disease. The two groups were compared with regard to their clinicopathological features, including the capsular characteristics on MRI scan.

Results: The study comprised 80 patients, of whom 43 were women (54%) and 37 men (46%) with a mean age of 51 years (range 13–86). Myxoid histological subtype was observed in six of the 10 recurrent group patients (60.0%) but in only 26 of the 70 non-recurrent group patients (37%).

Conclusions: These results suggest that the capsule characteristics and myxoid histological subtype may be one of the causes of postoperative recurrence of pleomorphic adenomas. MRI is considered to be the best tool to delineate the extension of the lesion and capsule characteristics, although it can miss microscopic nodules.

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A prospective comparison study of 1 year outcomes for all-titanium versus cobalt–chromium total temporomandibular joint replacement in metal-allergic patients

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Aim: To ascertain whether there are any early differences in outcome using all-Ti TMJ prostheses in metal allergic patients compared to standard cobalt-chromium prostheses in patients with no metal allergy.

Methodology: All primary TMJ prostheses placed with 1-year follow-up between March 2003 and February 2011. Basic patient demographic information was reviewed. The outcome variables measured included joint

pathology, pain, mouth opening and diet.

Results: 55 patients fulfilled the inclusion criteria, representing a total of 77 joint replacements. 40 patients received a standard TMJ prosthesis, i.e. Co–Cr–Mo (20 unilateral and 20 bilateral), while 15 received an all-Ti prosthesis (13 unilateral and 2 bilateral). Osteoarthritis was the most common pathology in both groups. There was significant improvement in pain score measured at 6 week ($p = 0.001$) and 12 month reviews ($p = 0.001$). Statistically the intergroup values were indifferent, $p = 0.486$ at 6 weeks and $p = 0.104$ at 1 year. Mouth opening improved significantly with continued gains between the 6-week and 12-month