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Tuberculosis of the temporomandibular joint

Tuberculose de l'articulation temporomandibulaire

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Summary

Introduction. Extrapulmonary and extra-spinal tuberculosis (TB) is rare, even in countries where the disease is endemic. Ten percent of these localizations are cervico-facial. Involvement of the temporomandibular joint (TMJ) is very unusual. We present the features of such a case.

Review. We looked for patients managed for TMJ TB in 2 Maxillofacial Surgery departments and in 1 Pneumology & Phthisiology Department since 1992. The second part of the study was a literature review. One case was found in our departments and 15 other cases were found in published data. Most patients were women with mean age of 39.9 years (5 to 68). Pre-auricular swelling was the predominant functional sign, often without fever or change in the health status. The biological and radiological abnormalities were non-specific (osteolysis, joint pinching, etc.). No lung involvement was observed. The joint recovered its normal function after appropriate management.

Discussion. Tuberculosis of the TMJ is difficult to diagnose given its rarity and the non-specific nature of clinical and paraclinical signs. It must be considered in the differential diagnosis for common diseases of the TMJ whether TB is endemic or not.

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Keywords: Osteoarticular tuberculosis, Temporomandibular joint, HIV

Résumé

Introduction. Les localisations extrapulmonaires et extrarachiennes de tuberculose sont rares même dans les pays à forte endémie. Dix pour cent de ces localisations sont cervico-faciales. L'atteinte de l'articulation temporomandibulaire (ATM) est exceptionnelle. Au travers d'un cas nous faisons une mise au point de cette localisation particulière.

Matériel et méthode. La première partie de cette étude a consisté en une recherche des patients pris en charge dans deux services de Chirurgie maxillofaciale et un service de pneumo-phthisiologie depuis 1992. La deuxième partie a consisté en une recherche bibliographique.

Résultats. Un cas a été trouvé dans nos services et 15 autres dans la littérature. Il y avait une prédominance féminine avec un âge moyen de 39,9 ans (de 5 à 68 ans). La tuméfaction pré-auriculaire était le signe fonctionnel prédominant, souvent sans signes généraux. Les anomalies biologiques et radiologiques (ostéolyse, pincement articulaire...) n'étaient pas spécifiques. Aucune atteinte pulmonaire n'était notée. Après une prise en charge adéquate, l'articulation avait repris un fonctionnement normal.

Discussion. L'atteinte tuberculeuse de l'ATM est difficile à diagnostiquer du fait de sa rareté et de ses caractéristiques cliniques et paracliniques non spécifique. Elle doit faire partie des diagnostics différentiels des pathologies courantes de l'articulation temporomandibulaire, en milieu endémique ou non.

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Mots clés : Tuberculose ostéoarticulaire, Articulation temporomandibulaire, VIH

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Introduction

Tuberculosis remains a problem of public health, in developed countries. According to the World Health Organization (WHO), there are 8.8 million new cases of tuberculosis and 1.45 million deaths related to the disease every year, worldwide [1] HIV infection [2] and the emergence of multi-resistant strains of mycobacteria have aggravated this problem.

The usual sites of tuberculosis are the lungs and the spine; infections in other sites are rare, even in countries where the disease is endemic [1]. Cervico-facial sites account for about 10% of extrapulmonary cases [3], with a clear predominance of cervical lymph node involvement (more than 90% of cases). Involvement of the temporomandibular joint (TMJ) is very unusual [4]. We present a case of TMJ TB and review the literature for this disease.

Presentation of a clinical case

One case of TMJ tuberculosis was found in the archives of 1 of the 2 maxillofacial surgery units in the Ivory Coast, since 1992. A 37-year-old healthy female patient consulted for pain in the right TMJ that had been increasing for the previous 3 months. The patient, who had no particular medical history, reported that the pain was associated with a progressive limitation of her mouth opening. Her vaccination schedule was up to date, and she had not been in contact with TB patients. Palpation revealed painful swelling of the right pretragal region, 0.5 cm

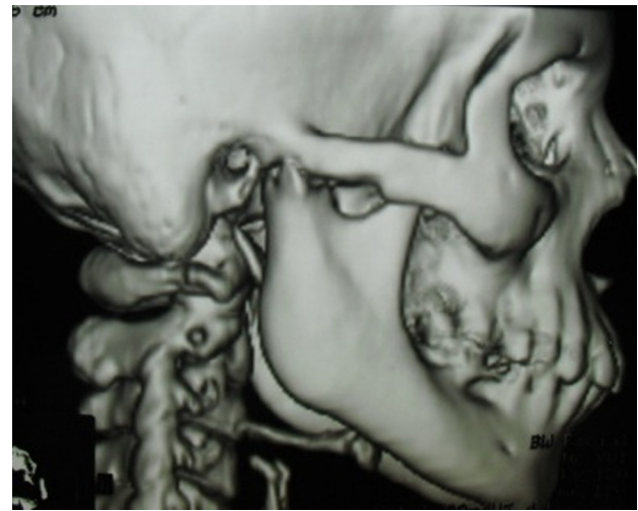


Figure 2. 3-D CT-Scan showing joint pinching and condyle lacunae on the right side.

in diameter, with no external signs. The jaw opening was 15 mm.

Blood tests were normal. CT-scan revealed a partial erosion of the condylar head and pinching in the joint (*figs. 1 and 2*). Magnetic resonance imaging (MRI) revealed a nodular tumor of the mandibular condyle, infiltrating the peri-articular soft tissues, and intra-articular effusion with an inflammatory aspect (*fig. 3*). The granulomatous tissue was removed per-operatively. There was partial erosion of the temporal bone and condyloid process. The temporal process was resected.

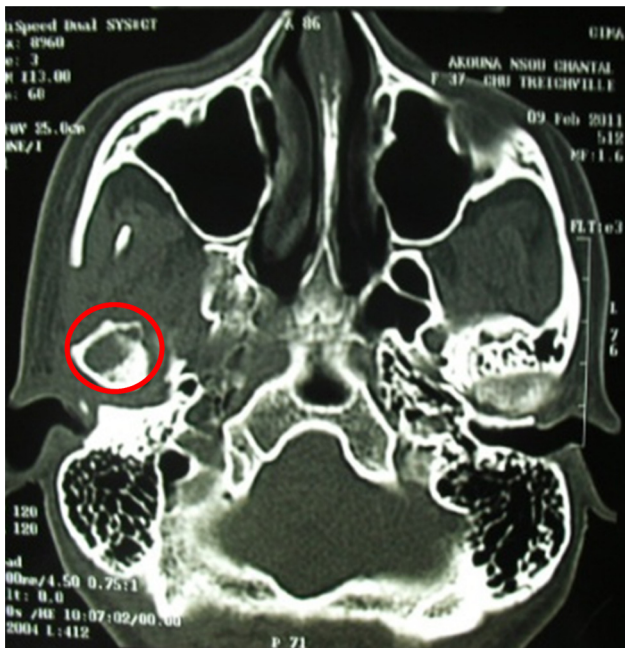


Figure 1. Axial CT-Scan showing intra-articular lacunae of the right mandibular condyle (circle).

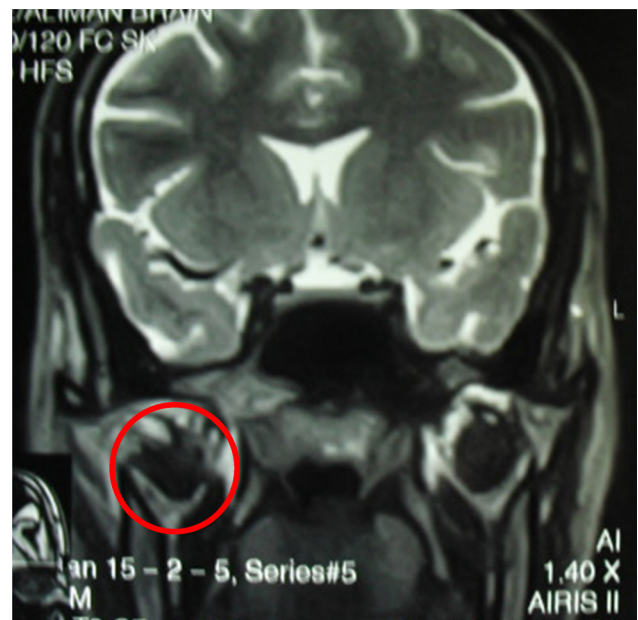


Figure 3. Coronal MRI showing involvement of the joint and of peri-articular soft tissues, and the presence of nodular tissue on the right condyle (circle).

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