Osteoarthritis (primary) is a degenerative non-inflammatory condition of the joint characterized by deterioration and abrasion of the articular tissue and concomitant remodeling of the underlying subchondral bone due to overload on the remodeling mechanism. Clinical characteristics include: pain with function, point tenderness with palpation, limited range of motion with deviation to the affected side on opening and crepitus or multiple joint noises. Radiographically, evidence of structural bony changes (subchondral sclerostosis, osteoarthrosis) is a significant limited movement to the contralateral side. Pain and dysfunction can vary depending on the degree of inflammatory and morphologic changes. Studies suggest that the course of the disease usually progresses favorably; allowing remodeling and adaptation. Treatment must be rendered on a case specific basis depending upon the degree of pain and dysfunction.

The most common differential diagnoses to consider: inflammation, polyarthritis, neoplasia. Osteoarthritis (secondary) is a degenerative condition of the joint characterized by deterioration and abrasion of the articular tissue and the concomitant remodeling of the underlying subchondral bone due to a prior event or disease that overload the remodeling mechanism.

Clinical characteristics include: a clearly documented disease or event associated with osteoarthritis, pain with function, point tenderness on palpation, limited range of mandibular motion with deviation to the affected side on opening and crepitus or multiple joint sounds. Potential etiological factors include direct trauma to the TMJ, fracture, arthritis, local muscle spasm and dysfunction.

Fracture is direct trauma to the mandible and may result in fracture to the condylar process. All related components of the masticatory system — soft tissue, disc, capsule, synovial and extracapsular — may also be affected. Condylar fractures are usually unilateral and may occur in the condylar neck or in the capsule (intra- or extracapsular) with or without displacement. Location of the fracture and degree of the function will determine the direction of displacement.

A displacement anterior-medial-inferior usually results due to the action of the lateral pterygoid muscle. Clinical characteristics include: associated trauma, preauricular pain and swelling (synovitis, capsulitis), limited opening, and if the condylar fragment is displaced, occlusal changes and deviation to the affected side.

The development of adhesions and osteoarthrosis are common findings implicated in condylar fractures.

References

7. Fanna G. Adhesions can occur secondary to joint inflammation resulting from trauma or systemic conditions such as polyarthritic disease. Bony ankylosis can lead to a complete immo- bilization of the TM joint.
8. Clinical evidence of bone proliferation is appreciated radio- graphically. Patient demonstrates deviation to the affected side and significant limited movement to the contralateral side.
13. Fanna G. Adhesions can occur secondary to joint inflammation resulting from trauma or systemic conditions such as polyarthritic disease. Bony ankylosis can lead to a complete immo- bilization of the TM joint.
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