

Unilateral Condylar Hypoplasia A Case Report

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Abstract:

Unilateral condylar hypoplasia in a 25-year-old female patient who presented with progressive facial asymmetry, clinical examination and panoramic radiograph revealed condylar hypoplasia on right side.

Keywords: Condylar hypoplasia, Syndromes.

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CASE REPORT

A 25 year-old female patient reported to the Department of Oral Medicine and Radiology with complaints of progressive facial asymmetry since 1 year. Extra-oral examination revealed gross facial asymmetry of the lower third of the face with deviation of the mandible to the right side. The range of mandibular movement was normal. Intra oral examination revealed the mandibular midline was shifted to the right side with cross bite on the same side. Panoramic radiograph revealed short condylar neck on right side associated with prominent antegonial notch on the right side. The patient was referred to the Department of Oral and Maxillofacial surgery and orthodontics for further management.

DISCUSSION

Condylar hypoplasia is defined by Neville as a defective growth of the mandibular condyle, which can be

congenital or acquired.¹ In congenital condylar hypoplasia, it is associated with syndromes of the head and neck, including mandibulofacial dysostosis, oculo-auriculo-vertebral syndrome (Goldenhar syndrome) and hemifacial microsomia. In acquired condylar hypoplasia, it occurs due to disorders of the growth center of the developing condyle. The most common cause is trauma in the condylar region during the first and second decade of life, other causes include infections, radiation therapy and rheumatoid or degenerative arthritis. In cases of condylar hypoplasia, affected side fails to grow downward and forward leading to three dimensional asymmetry. The diagnosis is arrived at by a correlation of the clinical findings with the radiological findings.² Treatment consists of surgical lengthening of the affected side. Presurgical orthodontic therapy helps optimize results. In growing patients, orthopaedic treatment with functional appliances is often helpful in correcting deformities or in reducing the worsening of



Fig. 1a

Extra-oral photograph of the patient showing facial asymmetry of the lower third of the face with deviation of the mandible to the right side.

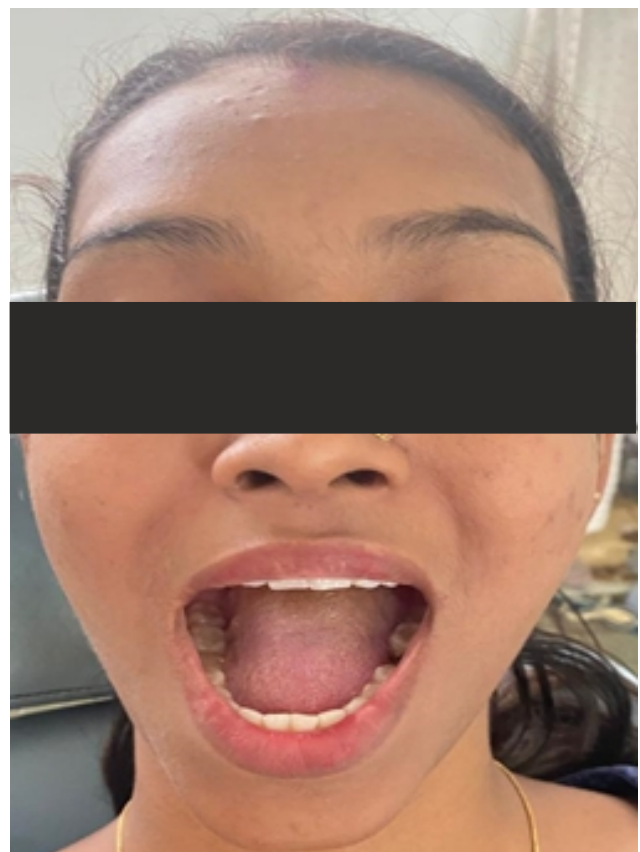


Fig. 1b



Fig. 2- Midline shifted to the right side with cross bite on right side

deformities with growth. After the patient has stopped growing, skeletal deformities can be corrected only by double jaw surgery and/ or genioplasty or unilateral mandibular augmentation.³

Conflict of interest: None

Source of support: Nil

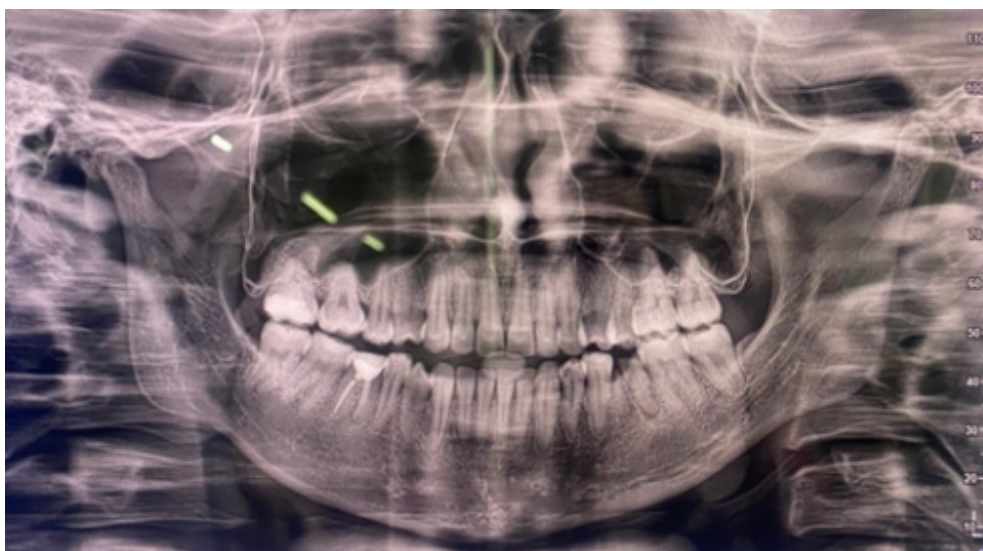


Fig.3- Panoramic radiograph showing short condylar neck and more prominent antegonial notch on the right side as compared to the left side.

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