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The role of the prosthesis in causing dysfunction of the masticatory system

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The occlusion was long considered factor responsible for TMD, but this concept was recently questioned. The prosthesis is strongly associated to the occlusion, it may be regarded as a disturbing factor of this dernière if she is not appropriate or unbalanced, so may be regarded as a factor responsible for TMD. In front of this situation controversial can we identify a relationship between the TMD and the prosthesis? The aim of this study was to identify the relationship between the prosthesis and the occurred TMD to reach this goal a clinical study performed in public institutions in Oran (2015) of 10 patients (8 women and 2 men). In 10 patients the TMD was present; prostheses were defective with the frequency of the absence of stable occlusion due to occlusal flat surfaces. A second consequence of this dental abrasion could be due to the factor represented by the reduction in the vertical dimension. This decrease can affect the elements constituting the masticatory system. The prosthetic occlusal adjustment has cured 100% in men and 12.5% among women without control of recurrence. Among women 87.5 has an excess of stress which can probably be responsible for no healing. We can see in the light of our investigation that TMD is probably the origin of the two factors, stress and instability occlusal prothtique. This result can be either confirmed or disprove by an analytical case-control study that we are trying to achieve it or a cohort study.

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Intra-lesional steroid treatment of central giant cell granuloma of the mandible

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Central giant cell granuloma (CGCG) is a benign lesion and occurs mainly in children and young adults with more than 60% of all cases occurring before the age of 30 years and female to male ratio of 2:1. The mandibular / maxillary ratio is from 2:1 to 3:1. Surgery is the traditional treatment of CGCG. Calcitonin and intralesional steroid were used with good results. In this case report, a 14 year old Saudi girl presented with a hard swelling of left side of the mandible with few months duration. Investigations including blood tests, radiographs and biopsy were done which confirmed the diagnosed of CGCG. Lesion has been treated using six weekly intralesional injections of steroid which gave very good result. Patient has been followed up for 10 months with radiographic evidence of defect refill with bone and no sign of recurrence.

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