

TMJ Arthroscopy

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Arthroscopic surgery has become one of the most popular and effective methods of diagnosis and treatment of TMJ disorders. In 1975 Ohnishi was the first to use an arthroscope on ATM, studying their movements and Arthroscopic Anatomy. It is a procedure performed under general anesthesia, is more invasive than the arthrocentesis and less aggressive and iatrogenic than arthrotomy.

Indication

Diagnostic Arthroscopy may be indicated when conservative treatment is unable to eliminate the symptoms and when the major source of pain and dysfunction is articulate and not me. TMJ Arthroscopy Surgery is indicated in cases of internal disorders or refractory to other therapies arthropathies, articular diseases requiring biopsies, SYNOVITIS, accessions and synovial disc degenerative articular. And as the nomination specifies is the anterior displacement of the articular disc irreducible through previous capsular release.

Contraindication

- Skin or joint infections and ear infections
- Tumors
- Pain of psychiatric origin.

What is the procedure?

The arthroscope consists of a rigid cylinder composed by a system of lenses in order to design the target image to the human eye. This technique involves placing a small cannula into the joint space top, followed by the insertion of the arthroscope to allow direct visualization of all aspects of the glenoid fossa, superior articular space and the upper aspect of the disk. The instrumentation used by working cannula includes forceps, scissors, needles, sutures, cautery probe medication and motorized instrumentation such as drills and scrapers.

Advantages

- Safe technique (low complication rate);
- Postoperative comfort;
- Early return of function;
- Absence of scar/or little evident;
- Great view of the operative field compared with Arthrocentesis.

Complication

- Piercing the capsule;
- Ear fluid extravasation;
- Soft and cartilaginous tissue damage caused by the surgeon;
- Fractures of instruments;
- Need for conversion to open surgery arthroscopic surgery [1-3].

Bibliography

1. Book: Peterson James r. Hupp. Edward Ellis and Myron R. Tucker in: Oral and Maxillofacial Surgery, (Chapter 30) 6th Edition.
2. Article-Advisor: SHIBLI and Authors: Jamil Awad, Cozzolino and Fabio Augusto in: Arthroscopy surgical evaluation of Temporomandibular joint in subjects with intraarticular disorders.
3. SCIELO-Article Authors: Eduardo Grossmann and Thiago Kreutz in Temporomandibular Joint Surgery : (2011).

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