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## Twin-stage technique for occlusal rehabilitation of a mutilated dentition – A case report


Functional and aesthetic rehabilitation of an extremely worn dentition is one of the most challenging aspects of Prosthodontics. A thorough examination and diagnosis & selection of appropriate occlusal scheme are key factors to achieve optimal clinical outcome. Among the variety of techniques suggested in the literature, the twin-stage technique given by Hobo & Takayama has emerged as a popular choice for clinicians in recent times. Instead of the condylar path, it utilizes standard cuspal angle as the main determinant of articulation to produce predictable disocclusion in eccentric movements. It is relatively simple, does not require special armamentarium and can be incorporated easily with commonly used clinical techniques such as face bow transfer.

The present case report describes the full mouth rehabilitation of a severely mutilated dentition using Hobo's twin-stage technique to achieve a functionally and aesthetically favourable outcome.


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## Management of temporomandibudar joint ankylosis with costo-chondral graft application: Case report and review of literature


Introduction: Temporomandibular joint (TMJ) ankylosis is one of the most disruptive anomaly that affects the masticatory system and is referred as permanent movement disfunction of the mandible caused by bilateral or unilateral fibrous or bony adhesions and create problems. The etiology is congenital or idiopathic and include trauma, arthritis, infection, previous TMJ surgery etc. Management requires extensive resection of the ankylotic mass and reconstruction of the ramus-condyle unit with autogenous or alloplastic grafts. Most of the time, combination of surgical treatment with physiotherapy is needed in order to achieve maximum rehabilitation and functionality of the mandible.

Purpose: The aim of this study is to present the surgical management of an unusual case of unilateral TMJ ankylosis and recent of literature review.

Case report: A thirty-seven-year old patient reported unable moving his lower jaw. Clinical examination revealed unilateral TMJ ankylosis of congenital cause and the lateral movement of the mandible was impossible. The patient surgical treatment included resection of the newly formed bone mass, replacement of the condyle with costo-chondral graft and replaced of articular disc with the temporal fascia. Since and for ten years after surgery the patient shows no signs of relapse.

Conclusion: The development of TMJ ankylosis may be congenital or acquired etiology. In order to manage it required a comprehensive clinical and radiographic examination. Surgical resection of the bone and coronoid process on the entire side is necessary and a graft that mimics the articular disc is placed, while it is necessary the immediate postoperative kinesiotherapy.


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