Use of Cervical Collar in Temporomandibular Dislocation

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Abstract Dislocation of the temporomandibular joint represents 3 % of all reported dislocated joints. In the last 3 decades many cases of TMJ dislocation have been reported with a wide variety of treatment options ranging from non-surgical conservative approaches to open joint procedures. The question remains whether one method is superior to the others. Conservative treatments are still the option in this part of the continent due to financial constraints and as well as due to availability of skilled manpower. A variety of conservative techniques have been described for reducing dislocations, all of which require 10–14 days of immobilization of the jaw post reduction so as to prevent further episodes of dislocation. Immobilization of the jaw can be done in the form of barrel bandage, barton bandage, head chin cap or maxillomandibular fixation using arch bars. We suggest the use of a cervical collar as a form of post reduction immobilization technique to overcome the inherent disadvantages of conventional forms of immobilization techniques.

Keywords TMJ dislocation · Cervical collar · Conservative management

Dislocation of the temporomandibular joint (TMJ) represents 3 % of all reported dislocated joints [1]. A dislocation of the TMJ is defined as the excessive forward movement of the mandibular condyle beyond the articular eminence with complete separation of the articular surfaces and fixation in that position. The majority of cases is non-

traumatic and is often precipitated by yawning, eating, dental treatment, endoscopy, or oral intubation. The diagnosis is confirmed by radiography and immediate closed reduction should be performed [2]. In the last 3 decades many cases of TMJ dislocation have been reported with a wide variety of treatment options ranging from non-surgical conservative approaches to open joint procedures. The question remains whether one method is superior to the others.

A variety of conservative techniques have been described for reducing dislocations, including Hippocrates maneuver, the use of a bone hook passed over the sigmoid notch or inserted into bur holes placed at the angle of mandible, reduction approach by Rao using arch bars and posterior bite splints and Ambroise Pare's method using an object that would act as a wedge in the molar regions as the chin is elevated [3]. All of these conservative approaches require 10–14 days of immobilization of the jaw post reduction so as to prevent further episodes of dislocation. Immobilization of the jaw can be done in the form of barrel bandage, barton bandage, head chin cap or maxillomandibular fixation (MMF) using arch bars. The available resources of immobilization have some disadvantages like MMF can be traumatic and interfering with nutrition, bandages are unstable, head chin cap can be unesthetic, etc. Most of these methods cannot be controlled by the patients either.

We suggest the use of a cervical collar (Fig. 1) as a form of post reduction immobilization technique. Cervical collars are easily available at a low cost. It can be worn by the patient without expert assistance. It does not interfere with nutrition and can be camouflaged with clothes thus not hampering esthetics. In our experience of 5 patients, cervical collars are readily accepted for immobilization of mandible over the conventional methods stated in the literature.

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Fig. 1 Patient with soft cervical collar

Conflict of interest None.

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