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內文：

Introduction :

1. Formation of a new joint between an elongated coronoid process and the body of the malar bone
2. Rarely happened and mainly affected young males
3. Predominantly unilateral, bilateral cases have been reported
4. The pathogenesis of this disease probably because : **temporal muscle hyperactivity, previous injury, chronic disc displacement of the ipsilateral temporomandibular joint (TMJ), endocrine stimuli, and genetic alterations**
5. The symptom is progressive limitation of mouth opening ,deviation from the midline towards the affected side and midface asymmetry

Case Description :



1. A 52-year-old woman with a history of childhood trauma in the right preauricular region with 2.5 -year history of progressive limitation of mouth opening
2. No pain and other symptoms
3. MMO is 8 mm
4. Mandibular deviation to the right side
5. Facial asymmetry in the right malar region
6. Waters projection and a panoramic radiograph :
 - No involvement of bilateral TMJ
 - Abnormal elongation of the right coronoid process overlapping the ipsilateral malar bone
7. Under computed tomography scan : coronoid process hyperplasia and accommodation of the distal coronoid process on the inside of the malar bone

8. Surgery was performed under GA, with an an intraoral vestibular approach
9. Between the coronoid process hyperplasia and the inner surface of the malar bone, a joint structure was observed . Hyaline cartilage was visible between the two joint surfaces
10. Right coronoidectomy was performed and remodeled the malar bone
11. Histopathology revealed **osteochondroma**.
12. **A 47-mm MMO , persistent rightward lateral deviation** during mouth opening and improved **facial asymmetry** after surgery

Discussion

1. Temporal muscle hyperactivity :
 - Increased vascular supply
 - Elongation of the coronoid process
2. The most informative test for diagnosis and planning is 3D-computed tomography
3. Definitive diagnosis is by histopathology
4. Depending on the ratio of bone to cartilage, the diagnosis may be osteochondroma, osteoma, exostosis, or hyperplasia
5. Coronoidectomy is the standard treatment.
6. Intraoral approach is the most suitable
 - Prevent facial nerve injury and scarring
7. Extraoral approaches are submandibular and coronal
 - When coronoid process is too elongated to be resected intraorally
 - Concomitant TMJ involvement requiring surgery
8. Surgery should be complemented by **physical therapy** to increase the chances of success and stable results over time

題號	題目
1	The following are symptoms of Jacob’s disease, which one is not (A) Usually painless (B) Progressive limitation of mouth opening (C) Deviation from the midline towards the unaffected side (D) Midface asymmetry
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2	The most informative radiographic test for diagnosis and planning Jacob’s disease is (A) Panoramic film (B) Occlusal film (C) Water’s film (D) 3D-computed tomography
答案(D)	出處：Jacob’s disease secondary to coronoid process osteochondroma. A case report