Luxation de l’articulation temporomandibulaire durant une échographie transesophagienne : une complication rare

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TMJ dislocation is an unusual complication of TEE. We report a case of bilateral TMJ dislocation in a 70-year-old man prior to direct current cardioversion for atrial fibrillation. Shortly after TEE, the patient complained of bilateral facial pain and difficulty with speech; his mouth was left permanently open with his chin lowered and thrown forward (Fig. 1). The examination found an empty glenoid fossa of the TMJ in both sides. The diagnosis of TMJ dislocation was established and the reduction was performed by maxillofacial surgery without sedation.

TMJ dislocation is defined as the loss of the normal anatomical relationship between the mandibular condyles and the temporal glenoid fossa. Risk factors predisposing to this dislocation include conditions such as dimorphism, algodysfunctional syndrome of the mastication apparatus and past history of dislocation. TMJ dislocation occurs most often after an effort of yawning or in cases of voluntary forced opening of the mouth, such as during the TEE probe introduction.

The manual reduction of the dislocation by Nelaton’s manoeuvre (Fig. 2) must be performed as promptly as possible. Late diagnosis of this complication requires anaesthesia to allow manual reduction. Only in the case of failure to reduce must a surgical approach to the joint be attempted.

**KEYWORDS**
Temporomandibular joint dislocation; Transoesophageal echocardiography; Complication

**MOTS CLÉS**
Luxation de l’articulation temporomandibulaire ; Échocardiographie transösophagienne ; Complication

Abbreviations: TEE, transoesophageal echocardiography; TMJ, temporomandibular joint.

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Although very uncommon, physicians should be aware of the risk of TMJ dislocation during TEE and should know how to manage it.

**Disclosure of interest**

The authors declare that they have no conflicts of interest concerning this article.