

Textbook of
Medical Bioethics,
Attitude and
Communication
for Medical Students

Motilal C Tayade



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Attitude and
Communication**
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Textbook of Medical Bioethics, Attitude and Communication for Medical Students

The textbook discusses basic principles of medical bioethics in theoretical form (foundation course) which will be helpful for medical students as well as clinical practitioners. This is the first textbook on medical bioethics with attitude and communication competencies required for medical students from Indian subcontinent, which explains basic concepts lucidly in an easy language and simple justifications.

This textbook will definitely be helpful to medical students for easy seeding of concepts of bioethics and quick review. Definitions are designed and prepared with efforts and a lot of discussion with experts—the highlighting aspect of this textbook. Historical aspects are given as per the requirement of students.

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Oral and Maxillofacial Surgery for the Clinician

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65.1 Introduction and Etiopathogenesis

Temporomandibular joint (TMJ) ankylosis is defined as bony or fibrous adhesion of the anatomic joint components accompanied by limitation of mouth opening, causing difficulty in mastication, speech, and oral hygiene. This may also influence symmetry of the facial skeleton, especially in cases which occur when patient is still in the growth phase [1].

According to Kaban [2], trauma is the most common cause (31–98%), followed by local or systemic infection (10–49%), and lastly any systemic disease (10%). Infection occurring in the joint commonly occurs due to spread from otitis media or mastoiditis or from the hematogenous route—tuberculosis, gonorrhea, scarlet fever, etc. Systemic etiology may include ankylosing spondylitis, rheumatoid arthritis, or psoriasis.

Classically, hemarthrosis following trauma is the pathogenic factor for bone formation in TMJ ankylosis [3]. Condylar trauma may lead to hemarthrosis due to injury to the periosteum and capsular ligament. When this intracapsular hematoma organizes, hypertrophic bone is formed from

When the condylar trauma is recent, mouth opening will exert a dual effect on new bone formation. This is explained in Fig. 65.1. Restricted jaw movement is not a determinant but rather a promoting agent for ankylosis. Injuries to both the articular disc and the articular surfaces are prerequisites to TMJ ankylosis.

65.2 Clinical Features (Fig. 65.2)

In ankylosis, TMJ movements may be partially or completely restricted in opening, protrusion, and lateral excursions. Palpation of joint movements is better in fibrous than bony ankylosis. In children even in bony ankylosis, joint movements can be palpated because of stretching in the cranial sutures.

Ankylosis results in issues with mastication, digestion, speech, and oral hygiene. This may lead to caries, periodontitis, encumbered eruption of mandibular molars, crowding of teeth, and anterior open bite. Mandibular incisors often show supra-eruption and labial tipping as nature's compensation since the mandible is placed much posterior to the

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