BACKGROUND. The mandible is a very uncommon place for a metastasis of a gastric carcinoma. Normally the area of the temporomandibular joint (TMJ) remains unaffected. The separate vascularization is discussed as one reason among others. Primary reconstruction after resection of the condyle is often problematic because an early onset of adjuvant systemic therapy is required. In this case, the insertion of a Quinn joint prosthesis is presented after resection of a TMJ metastasis. CASE. We report a hematogenic metastatic gastric adenocarcinoma in a 51-year old male who initially presented with increasing disclusion in the left molar region. Suspecting a metastatic adenocarcinoma of the TMJ, a condylectomy with immediate replacement by a total joint prosthesis was performed via a preauricular approach. Corresponding to the clinically and radiologically suspected diagnosis, the decalcified histological specimen presented as a metastatic gastric adenocarcinoma within the intracapsular region. RESULTS. The healing period of the implanted modified Quinn prosthesis was fast and uncomplicated after resection of this, to our knowledge, first documented metastatic gastric adenocarcinoma of the intracapsular region. After early restoration of joint function and patient satisfaction, the required radiochemotherapy of further unresectable bony metastases could be started in time. DISCUSSION. This example of an extremely rare case of...
a metastasis shows that such a total joint prosthesis appears to be a very good alternative to
extended autogenous reconstruction or an unsatisfactory primary resection. Due to the mating of the
spherical condylar head and glenoid fossa, the modified Quinn prosthesis is very suitable for total joint
replacement after extended resection or in multiply preoperated cases.

Zeitschriftentitel / Abkürzung:
Mund Kiefer Gesichtschir

Jahr: 2003

Band: 7

Heft / Issue: 5

Seiten: 306-10

Sprache: de


Print-ISSN: 1432-9417

TUM Einrichtung:
Klinik und Poliklinik für Mund-, Kiefer- und Gesichtschirurgie; Institut für Allgemeine Pathologie und
pathologische Anatomie

Occurences:
- Einrichtungen > Fakultäten > Fakultät für Medizin > Kliniken und Institute > Klinik und Poliklinik für
  Mund-, Kiefer- und Gesichtschirurgie > 2003
- Einrichtungen > Fakultäten > Fakultät für Medizin > Kliniken und Institute > Institut für Allgemeine
  Pathologie und Pathologische Anatomie > 2003

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