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# Facial Asymmetry and Jaw Growth Conditions

Patient Information Fact Sheet Based on a clinical case by AProf Adrian DeAngelis

## Important Notice

This document provides general educational information only. It does not constitute medical advice, diagnosis, treatment recommendations, or guarantees of outcome. Assessment and management decisions must be made on an individual basis by appropriately qualified health professionals.

If you have concerns about facial changes, jaw discomfort, or asymmetry, professional clinical assessment is recommended.

## What Is Facial Asymmetry?

Facial asymmetry refers to a difference between the left and right sides of the face. Mild asymmetry is common in the general population. However, in some cases, asymmetry may progressively worsen over time and be associated with underlying conditions affecting jaw growth or joint function.

## Illustrative Clinical Scenario

A **31 year old woman presented with a long history of low grade pain, clicking, and joint noises** affecting the left jaw joint (temporomandibular joint). Over approximately 10 years, she noticed a gradual change in the symmetry of her face and smile.

Imaging studies suggested abnormal growth of the left jaw joint (condyle), which was further evaluated using specialised imaging.

This scenario is included for educational illustration only. Symptoms, investigation pathways, and outcomes vary between individuals.

## What Is the Temporomandibular Joint (TMJ)?

The temporomandibular joints are located on each side of the face just in front of the ears. They:

- Connect the lower jaw (mandible) to the skull
- Allow opening, closing, and side to side movement of the jaw
- Contain the condyles, which play a key role in jaw growth during development

Under typical circumstances:

- The condyles act as growth centres during childhood and adolescence
- Jaw growth usually completes between the mid teenage years and early adulthood

The timing and pattern of jaw growth vary between individuals.

## What Is Condylar Hyperplasia?

Condylar hyperplasia is a condition where one or both jaw growth centres continue growing beyond the usual time, or resume growth later in life.

- Bilateral condylar overgrowth may result in a proportionally large lower jaw
- Unilateral condylar overgrowth (one side only) may result in progressive facial asymmetry

In adults, progressive facial asymmetry may be associated with conditions affecting the mandibular condyle, including:

- Condylar hyperplasia
- Benign bone or cartilage tumours
- Condylar resorption
- Infection or inflammatory joint conditions
- Prior trauma affecting the jaw joint

Not all facial asymmetry is due to condylar hyperplasia, and multiple possible causes must be considered.

## Why Assessment Is Important

New or progressive facial asymmetry in adults warrants professional evaluation to exclude underlying structural or functional causes.

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Diagnosis may involve:

- Clinical examination
- BDSC (HONS), MBBS, PGDipOMS, MPhil, FRACDS(OMS)
- Serial imaging to assess growth patterns
- Oral & Maxillofacial Surgeon assess activity within the jaw joint

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Specialised investigations may be required, and diagnostic decisions are made by clinicians based on the overall clinical picture.

#### Head & Neck Pathology

- Oral Cavity Cancer

- Corrective Jaw Surgery

- Dental Implants & Bone

Assessment may include comparing images over time and evaluating joint activity. In some cases, imaging techniques can detect differences in activity between the two jaw joints.

A difference in activity between sides may suggest abnormal growth but must be interpreted in the context of clinical findings.

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Orthognathic surgery refers to surgical procedures performed on one or both jaws to correct abnormalities of jaw position or facial structure. It may be considered in selected patients for conditions such as:

- Jaw alignment differences affecting the bite
- Residual deformities following cleft or developmental conditions

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Play changes following orthognathic

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Orthognathic surgery is not indicated for all patients with facial asymmetry and is considered only after thorough assessment and planning.

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Management of jaw growth disorders and facial asymmetry often involves a multidisciplinary team, which may include:

- Oral and maxillofacial surgeons
- Orthodontists
- Radiologists
- Other dental or medical specialists as required

In some cases:

- Orthodontic treatment (braces) may be required before and after surgery
- Careful planning is required to coordinate dental alignment and surgical correction

The need for orthodontic or surgical treatment varies between individuals.

## Hospital Stay and Recovery

Hospital admission and recovery times vary depending on:

- The type and extent of surgery performed
- Individual healing responses
- Overall health and medical history

Recovery timelines and return to work or normal activities differ for each patient and cannot be guaranteed.

## Outcome in the Illustrative Case

In the case described, the patient underwent surgical management addressing both the abnormal jaw joint growth and facial asymmetry. Her hospital stay was brief, and she continued follow up care as required.

Individual outcomes, risks, and recovery experiences vary and depend on many factors.

## Key Points to Remember

- Mild facial asymmetry is common
- Progressive or new asymmetry in adults should be assessed
- Condylar growth disorders are one possible cause
- Diagnosis and management are highly individualised
- Surgical treatment is considered only when clinically appropriate

Patients should not self diagnose or assume the need for surgery based on general information alone.

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