

## Imaging on Bifid Mandibular Condyle

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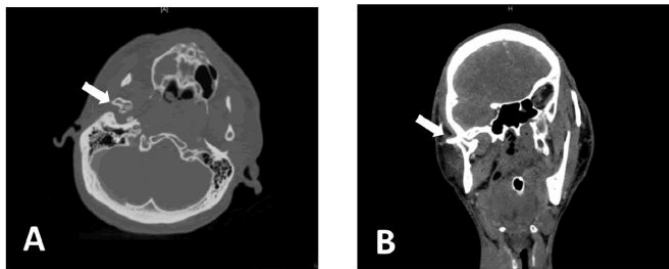
### Image Article

A rare anatomical anomaly known as a bifid mandibular condyle can be the result of a birth defect, trauma, infection, or tumor. We present a case of a bifid mandibular condyle that was discovered following a head injury. After a car accident, a 41-year-old man's computed tomographic scan revealed a bifid mandibular condyle. The patient had an abnormal occlusion as a result of numerous residual roots and deep caries, as well as an asymmetry in the angle and length of the condylar neck. Mandibular and mouth opening movements were normal; however, due to the patient's unconsciousness at the time of the scan, the presence of temporomandibular joint symptoms was

unknown. Based on information from the patient's family, the bifid mandibular condyle may have been caused by a bicycle accident when the patient was 7 years old [1].

The right mandibular condyle was completely separated into two heads on a CT scan. Two-dimensional (2D) images revealed that the cortical bones of two heads were connected in unison; one condylar head entered the temporomandibular fossa, while the other was inside [2].

Fractures of the condyle can be horizontal or sagittal. Few horizontally fractured condyles develop bifid deformity because many of them spontaneously reposition and remodel the fractured fragments or complete resorption of the fractured condyle and regeneration of a new condyle. Because these fractures are treated with inter maxillary fixation to correct occlusal disharmony, some healing occurs from the bone fracture to the joint in many cases of horizontally fractured condyles. Wu and co. reported that two of the three traumatic bifid condyles were sagittally fractured; after sagittal fracture, other cases of bifid condyle have been reported (Figure 1).



**Figure 1:** Scan shows separation of the two right mandibular condylar heads (arrows): (A) Coronal section at the level of the temporomandibular joint. (B) Sagittal section at the mandibular ramus.

### References

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2. Boyne PJ (1967) Osseous repair and mandibular growth after subcondylar fractures. *J Oral Surg* 25: 300-309.

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