

Impact of mandibular condylar fractures on masticatory muscle function: a narrative reviews

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Abstract

Mandibular condylar fractures are common in maxillofacial trauma and can significantly affect both bone structure and masticatory muscle function. This review explores these fractures' biomechanical and functional consequences, focusing on their impact on masticatory muscles and temporomandibular joint (TMJ) function. The condylar region is particularly vulnerable due to its role as a fulcrum in jaw movement, making it susceptible to indirect forces from impacts, such as blows to the chin or lateral face. These fractures disrupt muscle coordination, decrease chewing efficiency, and lead to long-term neuromuscular adaptations. The review synthesizes research on the pathophysiology of condylar fractures, highlighting changes in muscle activity, such as compensatory overuse of contralateral muscles and atrophy of the injured side. It also discusses advanced diagnostic tools, including electromyography (EMG), computed tomography (CT), and magnetic jaw tracking, for evaluating the functional impact of these injuries. Intermaxillary fixation (IMF) and open reduction and internal fixation (ORIF) are reviewed as structural and functional recovery treatment strategies. The importance of rehabilitation, including physical therapy and neuromuscular reeducation, is emphasized. Finally, the review addresses the long-term challenges of chronic TMJ dysfunction and muscle imbalance, suggesting further research into regenerative medicine and personalized rehabilitation for better outcomes. This review provides an overview of condylar fractures, offering insights into current practices and future research directions.

Keywords: Mandibular condylar fractures, Masticatory muscle function, Temporomandibular joint (TMJ), Rehabilitation and recovery

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Introduction

Dental The mandible holds a unique and pivotal role within the human skeletal system because of its structural strength and critical involvement in various essential functions such as mastication (chewing), speech production, and emotional expression. As the strongest and most prominent bone in the facial skeleton, the mandible plays an irreplaceable role in maintaining the integrity of the face. Its dynamic interaction with the temporomandibular joint (TMJ) enables it to perform a wide range of movements, including opening and closing the mouth, protrusion, retraction, and lateral excursions. These motions are fundamental to functional tasks like eating and speaking and non-verbal communication through facial expressions. Despite its robust nature, the mandible is particularly vulnerable to fractures due to its position in the face and the significant forces it regularly endures (1–9). Among the most susceptible areas to injury is the condylar segment, integral to the TMJ's function and critical for the mandible's overall functionality.

Mandibular condylar fractures are among the most commonly encountered injuries in the field of maxillofacial trauma (10–18). The prevalence of these fractures can be attributed to the condyle's vulnerability to indirect forces during impacts, such as blows to the chin or the lateral aspect of the face. These fractures not only disrupt the bone's structural integrity but also have significant consequences for the masticatory muscles, which are responsible for generating the forces required for chewing and maintaining the alignment of the teeth (19–27). Muscles like the temporalis, masseter, and lateral and medial pterygoids are vital in developing the necessary forces for proper mastication and stabilizing the occlusal relationship (28–34). A fracture in the condylar region can severely disrupt the balance of muscle function, potentially leading to altered muscle activity, reduced chewing efficiency, and long-term neuromuscular adjustments that may perpetuate dysfunction (35–43).

The impact of condylar fractures extends far beyond the immediate physical damage to the bone. The effects on muscle activity and TMJ function require a more in-depth understanding of the biomechanics involved. These injuries initiate a cascade of responses, beginning with acute muscle coordination disruptions and leading to chronic compensatory mechanisms (44–52). For instance, muscles on the opposite (contralateral) side may become overworked, leading to fatigue and asymmetry, while the muscles on the injured side may undergo atrophy due to disuse. This intricate interplay between muscle function and structural damage highlights the importance of a multidisciplinary approach to treating and managing mandibular condylar fractures (53–61).

In recent decades, advancements in diagnostic tools have offered new insights into the consequences of condylar fractures, particularly concerning post-injury changes in muscle activity and TMJ function (62–70). Technologies such as electromyography (EMG), computed tomography (CT), and jaw-tracking devices have provided detailed information on anatomical and functional changes following a condylar fracture. Additionally, treatment strategies have evolved significantly to address the immediate need for structural repair and the long-term restoration of masticatory function (71–77). Approaches such as intermaxillary fixation (IMF) and

surgical interventions like open reduction and internal fixation (ORIF) each present unique benefits and drawbacks, underscoring the complexity involved in clinical decision-making for managing condylar fractures.

This narrative review synthesizes the current knowledge surrounding mandibular condylar fractures, focusing on their impact on masticatory muscle activity. By exploring the biomechanics of these fractures, advancements in diagnostic tools, evolving treatment approaches, and rehabilitation strategies, it seeks to provide a comprehensive framework for understanding and managing this common yet complex condition.

Methods

A comprehensive and meticulous exploration of the scientific literature was conducted to construct this review. The literature search began with searches on well-established and widely recognized databases such as PubMed, Scopus, and Web of Science. A range of specific search terms was employed to ensure a comprehensive collection of relevant studies, with keywords including “mandibular condylar fractures,” “masticatory muscle dysfunction,” “electromyography and TMJ,” and “rehabilitation for mandibular fractures.” Boolean operators were used to narrow down and refine the search results, ensuring that all related studies were included and none were inadvertently overlooked (78–84).

The inclusion criteria for the studies focused on human subjects, particularly those investigating diagnostic techniques, treatment modalities, or rehabilitation strategies associated with condylar fractures. Studies that concentrated exclusively on animal models or in vitro analyses and those lacking original data were excluded from the review. Only research published in English was considered, and studies spanning various methodological approaches, including randomized controlled trials, observational studies, and case reports, were included to provide a well-rounded perspective on the subject matter.

A thematic analysis of the selected articles organized the findings into distinct categories. These categories included studies that addressed the biomechanics and pathophysiology of condylar fractures, evaluated the various diagnostic techniques used for fracture assessment, and focused on treatment outcomes and rehabilitation strategies for individuals with these injuries (85–91). The findings were then synthesized to identify emerging trends, existing gaps in knowledge, and areas requiring further research to deepen our understanding of condylar fractures and their long-term effects (92–98).

Results

Biomechanics and Pathophysiology of Condylar Fractures

The condylar region of the mandible is particularly susceptible to fractures, which can largely be explained by the region's unique anatomical characteristics and its role in the function of the TMJ. Unlike the body of the mandible, which is thicker and more capable of withstanding direct forces, the condylar region functions as a fulcrum. It is particularly vulnerable to absorbing indirect forces transmitted through the jaw during traumatic events. When these forces exceed the bone's ability to withstand them, fractures occur (99–105). Several fac-

tors influence the fracture's pattern and severity, including the impact's direction and intensity, the occlusal state at the time of injury, and individual anatomical variations (106–112, 296). These fractures are not limited to bony disruption; they also affect the soft tissues surrounding the condyle, such as the intra-articular disc, ligaments, and the associated masticatory muscles.

Following a condylar fracture, the masticatory muscles are subjected to immediate stress. The disruption of standard muscle activity patterns begins with altered function on the injured side, often resulting in decreased muscle activity due to pain and mechanical dysfunction. Conversely, the contralateral muscles must compensate for the loss of function, leading to an increased workload on those muscles. This redistribution of function illustrates the interconnected nature of the masticatory system and the complexity of managing condylar fractures (113–119).

Diagnostic Advancements

The advent of modern diagnostic tools has dramatically enhanced our ability to evaluate condylar fractures and their impact on muscle activity (120–128). Electromyography (EMG) has emerged as a particularly valuable tool in assessing post-injury muscle activity patterns. Studies have consistently observed heightened activity in contralateral muscles, such as the masseter and temporalis, in patients with unilateral condylar fractures (129–137). This finding points to the compensatory mechanisms employed by the neuromuscular system to sustain masticatory function despite structural damage (138–144).

CT imaging remains the gold standard for visualizing the morphology of condylar fractures. Its high-resolution capabilities allow for precise assessments of bone and surrounding soft tissues, enabling clinicians to make informed decisions about treatment strategies (145–153, 297). MRI complements CT by providing valuable information on the condition of the soft tissues involved, such as the intra-articular disc and the joint capsule, which are crucial for TMJ function (154–160).

Emerging technologies, such as magnetic jaw tracking devices, have filled gaps in assessing dynamic jaw movements (161–171). These devices provide real-time data on jaw motion, enabling clinicians to understand how condylar fractures affect chewing cycles and mandibular trajectories. Such insights are crucial for developing tailored rehabilitation protocols customized to patients' needs (172–178).

Variations in Masticatory Muscle Activity

The impact of condylar fractures on masticatory muscle activity is complex and multifaceted. In the immediate aftermath of the injury, coordination of the lateral pterygoid muscles, which are responsible for mandibular protrusion and lateral movements, is typically disrupted (179–187). This dysfunction leads to compromised chewing efficiency and an asymmetrical jaw movement pattern. Over time, compensatory mechanisms come into play, with the contralateral muscles assuming an increased workload to stabilize the jaw and maintain function (188–194).

However, these compensatory adaptations are not without consequences. Overusing the contralateral muscles can lead to fatigue and, in some cases, myofascial pain. Meanwhile, the muscles on the injured side may experience

atrophy due to disuse, further exacerbating the imbalance (195–203). The extent and severity of these changes often depend on the nature of the fracture. Bilateral fractures, for example, tend to result in more widespread dysfunction, whereas unilateral fractures primarily affect localized muscle activity on the injured side (204–212, 298).

Discussion

Treatment Options: Balancing Structural and Functional Recovery

Managing condylar fractures requires balancing the need for anatomical restoration with the goal of functional rehabilitation. Conservative approaches, such as intermaxillary fixation (IMF), are often utilized for less severe fractures (213–221). These methods rely on the body's natural healing processes, which may result in prolonged recovery and incomplete restoration of normal function (222–230).

In contrast, surgical approaches like open reduction and internal fixation (ORIF) are typically preferred for more severe fractures (231–237). These techniques enable precise alignment of the condyle and accelerate the recovery of TMJ function. However, surgical interventions carry risks, including scarring, infection, and potential nerve damage, which require careful patient selection. The decision to pursue either a conservative or surgical approach is based on factors such as the severity of the fracture, the patient's overall health, and the anticipated functional requirements post-injury (238–242).

Rehabilitation: The Path to Functional Restoration

Rehabilitation is a crucial aspect of the recovery process following condylar fractures. Physical therapy is key in restoring joint mobility and strengthening surrounding muscles (243–249). Rehabilitation exercises, such as isometric contractions and controlled mandibular movements, help to reestablish functional symmetry and prevent the development of compensatory habits that could exacerbate muscle imbalance (250–256).

Neuromuscular reeducation is another essential component of rehabilitation. Using EMG biofeedback, clinicians can help patients retrain their muscles to regain optimal function and symmetry in their jaw movements (257–263). Emerging therapies, such as low-level laser therapy and extracorporeal shockwave therapy, are showing promise in facilitating tissue healing and alleviating pain, further enhancing recovery outcomes (264–270).

Long-Term Implications and Research Directions

While advancements in treatment and rehabilitation have improved patient outcomes, many individuals with condylar fractures continue to experience long-term challenges (271–279). Chronic temporomandibular joint (TMJ) dysfunction, restricted jaw movements, and persistent muscle asymmetries are common (280–286, 299). To address these issues, further research is needed to understand the neuromuscular adaptations following fracture healing better. Innovations in regenerative medicine and personalized rehabilitation protocols may offer new avenues for improving long-term recovery outcomes (287–295).

Conclusion

Mandibular condylar fractures represent structural injuries and involve complex biomechanical, neuromuscular, and functional challenges that demand a multidisciplinary approach. Significant advancements in diagnostic technologies, treatment strategies, and rehabilitation have led to improved patient outcomes, yet there remains much room for growth in our understanding and management of these fractures. With continued research into the underlying mechanisms of these injuries and the integration of emerging technologies, clinicians will be better equipped to refine their approaches, offering patients optimal functional recovery and quality of life post-injury. Enhanced collaboration between clinicians, researchers, and rehabilitation specialists will drive future improvements in managing mandibular condylar fractures, ensuring that all aspects of patient care—from structural repair to functional restoration—are effectively addressed.

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