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Surgery

September 11, 1991

Doc. 73

Mr. Ladj Roth
Hahn & Swadey
113 St. Clair Ave. East.
Suite 530
Cleveland, Ohio 44114

Re: Joseph Vetrano vs. Brian Hill
Date of Injury: 1/16/91
Hospital Record # 141912

Dear Mr. Roth:

I am receipt of your letter of August 27, 1991, regarding my patient and your client Mr. Joseph Vetrano. I shall attempt to construct this report according to the guidelines outlined in your letter.

Mr. Vetrano was involved in a motor vehicle accident in which his car was struck from the rear end and subsequently caused Mr. Vetrano to hit his forehead on the windshield. It is unclear to me whether Mr. Vetrano was evaluated for injuries immediately following the accident, but he did subsequently report to the emergency room at MetroHealth Medical Center on 1/21/91 with complaints of neck and shoulder pains. Also, complaining that his jaw "popped", He received at that time numerous radiographic examinations. A diagnosis of musculoskeletal contusion, and closed head injury was made, and he was sent home from the emergency room to return to the Trauma Clinic in 1-2 weeks, and to the Oral and Maxillofacial Surgery Clinic in approximately 1 month for evaluation of his jaw pain.

The patient was initially seen in the Oral Surgery Clinic on 3/5/91, where he complained of pain and popping of the left temporomandibular joint. The patient stated that he had no previous problems such as this prior to his accident. Evaluation at that time revealed an opening of 30 mm, with popping of the left temporomandibular joint on wide opening, and deviation to the right side. He also presented with popping noises during lateral movements of his jaw, emanating again from the left temporomandibular joint. The contralateral right temporomandibular joint was apparently normal and without symptomatology or clinical findings.

Radiographic examination, taken in the Emergency Room on 1/21/91, revealed no mandibular fractures or fractures of his dentition. Also, x-rays of both temporomandibular joints revealed no bony abnormality with apparently normal excursions and range of motion in both joints. A diagnosis of acute closed lock secondary to presumed internal derangement of the left temporomandibular joint was made, and the patient was scheduled for outpatient surgery on 3/14/91. On that date while under general anesthesia in the operating room, the left temporomandibular joint was hydraulically distended with fluid and a loud pop was felt. This was presumed secondary to breaking of traumatically induced adhesions of the internal working apparatus of the left temporomandibular joint. Arthroscopic examination proceeded in a normal fashion through a percutaneous approach, and the superior compartment of the left temporomandibular joint was found to be healthy, without signs of inflammation or acute or chronic diseased states. The patient was then awakened and discharged uneventfully from our recovery room

The patient returned for follow-up examination on 3/21/91, to the Oral Surgery Clinic, where he stated he could still perceive "clicking or popping" of his left temporomandibular joint. But, this was not perceivable to my audible or palpable clinical exam. The patient could open 35 mm without deviation to either side upon opening, which is considered a normal range of motion for the mandible. Forward and lateral excursions of his jaw upon opening were normal. The patient stiil had residual tenderness in the muscles of the left side of the face, for which muscle relaxants were prescribed. The patient did well with a asymptomatic course until a follow-up visit on 7/18/91 where he presented with a 30 mm mouth opening with left sided deviation upon opening. The patient complained of minimal pain associated with this, however, there was a loud pop heard to emanate from the left temporomandibular joint with forceful opening beyond 30 mm, with immediate return to the midline. This examination is consistent with recurrent internal derangements of the working apparatus of the left temporomandibular joint.

This most recent clinic visit demonstrates a relapse of the patients condition to a state equivalent to that prior to the surgical procedure in March. I have explained several options to Mr. Vetrano, including repeat of the arthroscopic surgery, which may or may not then produce a 3 - 4 month course of improvement followed by relapse again. Also, the option of open

temporomandibular joint surgery was discussed with the patient with the expected clinical outcome weighed against his minimal symptomatology at this point; with additional consideration given to the increased risks & complication rate of open surgery, this was not considered an option by either myself or the patient. I explained to the patient that several things have been shown to occur in patients with identical problems to his. His expected outcomes are as follows: 1. continuation of exactly the clinical state that he is in presently without improvement or worsening of his clinical condition; 2. eventual resolution of his problem; or 3. deterioration of his left temporomandibular joint with production of a constant grating sound, but with improved jaw opening abilities. It is impossible to state, with any degree of certainty, which course Mr. Vetrano may follow. In discussion with Mr Vetrano, he and I both agreed that no further therapy should be pursued unless his clinical course deteriorates to such a point that it proves to be a disability in his normal everyday activities. He was instructed that he was to return for evaluation should this occur.

In my opinion, the symptomatology centered around the left temporomandibular joint is a direct result of injuries occurred during the motor vehicle accident suffered by Mr. Vetrano on 1/16/91. This, given his negative history of any temporomandibular joints complaints in the past, coupled with the fact that there is an extreme statistically unlikely possibility of a male spontaneously developing temporomandibular joint complaints (our patient population shows prevalence of temporomandibular joint complaints 85% female and 15% male). As documented in the scientific literature there appears to be a correlation between temporomandibular joint complaints, and head and neck trauma.

Sincerely,

Jon P. Bradrick, D.D.S.

JPB:jjb