

## Axiographic Plots: Interpretation and Diagnostic Interest

Latifa Zenati<sup>1\*</sup> and Mahdia Ait Mehdi<sup>2</sup>

<sup>1</sup>DDS in Prosthodontics at Algiers University, Algeria

<sup>2</sup>Phd in Prosthodontics at Algiers University, Algeria

\*Corresponding Author: Latifa Zenati, DDS in Prosthodontics at Algiers University, Algeria

Received: October 16, 2018; Published: January 19, 2019

### Abstract

**Introduction:** Axiography allows the three-dimensional study of condylar movements in the perspective of a diagnosis of cranio-mandibular dysfunctions and a real adjustment of the articulator. Can we do without an MRI magnetic resonance imaging examination and rely solely on axiographic plots in the diagnosis of CMD and can we systematize an axiographic mapping?

**Material and Method:** This is a descriptive clinical study through which we treated 20 partial dentated and edentulous patients with signs and symptoms of Tmj disorders, the age group is 31 years old to which we have made axiographic plots, these have been superimposed with those of DUPAS in order to try to contribute to the systematization of an axiographic cartography.

**Result and Discussion:** The graphic recordings differ from one patient to another, the experience of the practitioner remains a major asset for the interpreters and consequently to make the positive diagnosis of the articular pathology.

The value of the condylar slope was between 38° and 70°, the angle of Bennett is calculated according to the Hanau formula. We also noticed that the return movements do not necessarily end at the point of reference (arbitrary hinge axis)

**Conclusions:** Despite the absence of an axiographic mapping of condylar trajectories and pending further studies, axiography is of very significant diagnostic importance, indeed as and when it is used, the practitioner will master its rational use

**Keywords:** Axiography; Disc Displacement; Temporo-Mandibular Joint

### Introduction

Axiography allows the three-dimensional study of condylar movements in the perspective of a diagnosis of cranio-mandibular dysfunctions (CMD) and a real adjustment of the semi-adaptable articulator.

Conceived by Cammpion in 1902, Robert Lee was responsible for updating this principle of study.

This technique, according to Cardonnet and Clauzade (1987), must be used as soon as a joint problem is suspected and is one of the means of choice for the differential diagnosis of temporo-mandibular disorders of articular origin, such as reducible dislocations, Irreducible dislocations. Among the proposed methods for the recording of mandibular kinematics, the Lundeen and Wirth [1] axiography developed by Slavicek represents a technically validated methodology for recording condylar displacements. Axialized recording of condylar displacements eliminates the rotational movement to preserve only the translation movements. This recording allows the choice of the condylar slope to program the semi-adaptable articulator.

The comparative study of Gianluigi Frongia between the MRI examination and axiographic plots in the diagnosis of Tmj internal disturbances, did not find any different contradictory result hence it's very interesting diagnostic tool at the same rank as the MRI examination, out of the latter is less used in the diagnosis of CMD because of the higher cost and the acquisition of images is in a static position of opening and closing mouth [4].

### Epidemiology

The prevalence of signs and symptoms of cranio-mandibular dysfunction is relatively high, the results obtained exceed on average 50% of the general population. The percentages obtained differ according to the studies: according to Bonjardim., *et al.* (2009) 50% of the general population has at least one sign of Tmj disorders, according to Pedroni I., *et al.* (2003) cited by Robin and Carpentier (2006), 68% and the prevalence increases to 75% in the study by Nassif and Talic (2001).

- The noise or the deviation at the mouth opening represents 30 to 50%,
- The limitation of mouth opening represents only 4 to 10%,
- 75% have at least one sign of DAM,
- 41% have a muscular DAM,
- 33% present an articular DAM,
- Only 7% are sufficiently severe to require treatment.

CMD are of interest to both sexes regardless of age, with female predominance and age range between 15-45 years old [2].

### Material and Method

It is a descriptive clinical study carried out on 20 dented and edentulous partial patients whose age range 31 years, selected following the presence of the signs and symptoms of Tmj disorders (Noise, Algie, Dyskinesia), the criteria of inclusion were the absence of prior orthodontic treatment or prosthetic device; all were subjected to a clinical examination completed by a mechanical axiography.

The data were collected through para-condylar flags which were subsequently examined for the equivalent of twenty plots.

The apparatus used is the Quick axis of the Fag firm which consists of a facial bow on its sides of the ear tips that are placed in the external auditory canals of the patient with a frontal bar on which attaches an occlusal splint intended for the lower arch, the latter will be filled with a high polyvinylsiloxane, taking care to position its stem parallel to the medial sagittal plane of the patient. A sagittal arch recording arm on which the record stylus and the tambour are fixed at the right and left para-condylar registration flags.

A facial bow with its nasal support and elasticized back strap.

The frontal bar should be parallel to the transverse face of the face bow in the horizontal and frontal plane (Figure 2).

The recording stylus is fixed on the locator arm in contact with the corresponding recording area at the intersection of the two horizontal and frontal axes, thus materializing the arbitrary hinge axis: this is the point '0'.

The help of a dental assistant is essential to correctly place the axiograph on the patient; the total duration of this operation is about 10 minutes.

The patient was subsequently asked to perform opening and closing movements and a propulsion movement from the centered position, having previously interposed articulated paper between

the stylus and the para-condylar flag, a plot will be obtained at the end of this phase which will be analyzed later (Figure 1-4).

The value of the condylar slope is calculated once the para-condylar flag has been recovered, it is sufficient to draw a tangent joining the starting point and the steepest point of the recorded path (the para-condylar flag being numbered from 0° to 70°).



Figure 1: Suite case Quick axis of the firm Fag.



Figure 2: Axiograph mounted on the patient, the two upper and lower arms must be parallel.

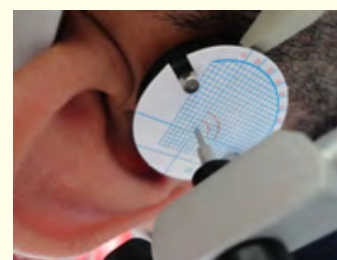


Figure 3: Stylet en regard du point 0 (Axe charnière arbitraire).



Figure 4: Articulated paper interposed between the stylus and the para-condylar flag (Right Propulsion Path).

## Result and Discussion

Axiography is a non-invasive para-clinical examination of the mandibular kinematics and more precisely of condylar displacements thus allowing the real programming of the posterior determinants of the semi-adaptable articulator.

It was Slavicek [3] who showed interest in studying the pathology of the disc joint.

The slope of the tracings relative to the reference axio-orbital plane (franking plane) of our study is between 38° and 70° calculated from the first 5 millimeters of condylar excursion, the angle of Bennett is calculated according to the Hannau formula  $B = h/8 + 12$ . We also noticed that the return movements do not necessarily end at the reference point (hinge axis) (Figure 5-8 and 10, 12).

### Axiography allows

- Arbitrary localization of the hinge axis,
- Three-dimensional visualization of the recordings,
- Storage tracks,
- Calculating the angle of the condylar trajectory and the angle of Bennett, it is enough to draw a tangent at the most declivitous point of the recording
- Is the only way available to the practitioner to record mandibular kinematics?

### Descriptive of the different traces obtained

The criteria for interpreting routes are based on:

- 1- Their amplitudes: important, average or reduced
- 2- Their characteristics: rectilinear concave convex or changeable
- 3- Reproducibility: partial or total superposition in the same patient
- 4- Their mode: symmetry or not on the right side with the left side and on the same patient
- 5- The comparison is made between the so-called physiological trace taken into consideration from the beginning of the study and pathological traces obtained.

The physiological trace is very rare is characterized by:

- Easy locating of the real hinge axis, the patient comes back at the end of closing movement,
- The amplitude of the plot is greater than 15 mm/16 mm,
- The plot is concave upwards,
- The traces are repetitive and superimpose,
- The movements are harmonious, regular, without stop or jump,
- At the end of the movement the plot is net without loop (Figure 5).

### The different pathological patterns

- **In the case of ligament distension:** The line is often split and overloaded with small jerky movements.
- **Reducible disc dislocation:** Different expressions of this articular pathology are visualized by the axiography whence its diagnostic interest, the cracking can be at the beginning, middle or the end of the movement of opening/closing mouth with a click of go and back (the earlier the cracking is, the better the prognosis), the hinge axis is unstable because it is located in the bilaminary zone (Figure 7 and 8).

The irreducible disc dislocation acute: the axiographic examination shows a short rectilinear plot associated with overlays (Figure 10).

- **Chronic irreducible disc dislocation:** The axiographic plot may resemble the physiological pattern, except that the concavity tends to disappear, in this case the value of the angle of the condylar slope tends to decrease (Figure 12).
  - o Once the positive diagnosis is made, a treatment plan is planned to treat the musculo-articular pathology.
  - o The study of the plots obtained (shape, angulations) are consistent with those that exist in the literature, in particular the work of Pierre Hubert Dupas performed jointly on the mechanical Axiograph Quick axis and SAM [5-13] (Figure 9 and 11).

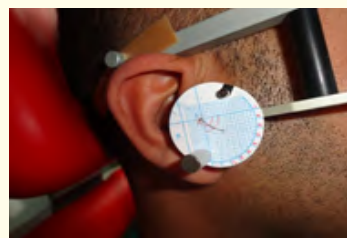
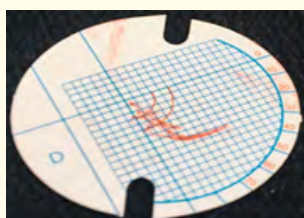


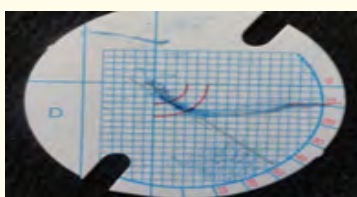
Figure 5: Physiologic trace of healthy ATM PC=51°.



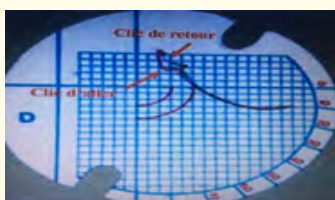
Figure 6: Plot of muscular incoordination PC = 70°.



**Figure 7:** Plot of reducible disc reduction with a click of go and return. PC = 48°.



**Figure 8:** Plot of a reducible disc dislocation at the end of closing movement PC = 70°.



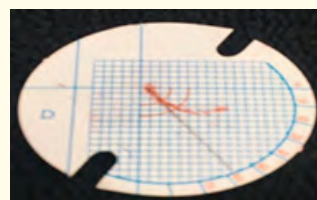
**Figure 9:** Plot Directed by Dupas of a reducible disc reduction with a click of go and return.



**Figure 10:** Plot of an acute irreducible disc dislocation PC=51°.



**Figure 11:** Plot Directed by Dupas of a cute irreducible disc reduction.



**Figure 12:** Plot of a chronic irreducible disc dislocation.

### Conclusion

Despite the absence of an axiographic mapping of condylar trajectories and pending further studies, axiography is of very significant diagnostic importance, indeed, as and when it is used, the practitioner will master its rational use.

### Declaration of Interests

The authors do not declare any conflict of interest in relation to this article.

### Bibliography

1. Charlotte Vallee. Thèse université de Nantes. Déplacement discaux des ATM. Place du chirurgien dentiste dans la prise en charge thérapeutique 2004:36.
2. Fabien Munier. Thèse université de Nancy-Metz. Traitement des dysfonctions cranio-mandibulaires: Un carrefour multi-disciplinaire 2013:6041.
3. Rudolf Slavicek. L'axiographie avec gouttière para occlusal. Revue d'orthopédie dento-faciale. 2010;16(4).
4. Gianluigi Frongia. Axiography and MRI in the diagnosis of temporo mandibular joint pathology. J Stomat Occ Med. 2009;2:50-51.
5. Pierre Hubert Dupas. Le dysfonctionnement cranio-mandibulaire-Edition CDP.
6. Jean Paul Goulet and Gilles Lavigne. Mieux comprendre et traiter les problèmes temporomandibulaires. Le Médecin du Québec. 2004;39(7).
7. Orthlieb JD. Dysfonctions occlusales : anomalies de l'occlusion dentaire humaine. EMC - Dentisterie. 2013;28-160-B-11:1-15.
8. Österberg T, Gunnar E Carlsson, Anita Wedel. A cross-sectional and longitudinal study of Craniomandibular Dysfunction in an Elderly Population. The Journal of Craniomandibular Disorders: Facial and Oral Pain. 1992;6(4):237-245.

9. Öwall Arnd F, et al. PROTHESE DENTAIRE: dans Principes et stratégies thérapeutiques. Edition Masson.
10. Iacopino A, Wathen WF. Craniomandibular disorders in the geriatric patient. *Journal of Orofacial Pain*. 1993;7(1):38-52.
11. Meunissier Marc. Vieillesse articulaire. *Le Journal de l'Edgwise*. 1992;26:129-140.
12. Harriman Linda P, Snowdon David A, et al. Temporomandibular joint dysfunction and selected health parameters in the elderly. *Oral Surg Oral Med Oral Pathol*. 1990;70.4:406-413.
13. Rozenzweig D. Algies et dysfonctionnements de l'appareil manducateur. Editions Cdp, Paris 1994.

**Volume 2 Issue 2 February 2019**

**© All rights are reserved by Latifa Zenati and Mahdia Ait Mehdi.**