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Re: re: Condylectomy: treatment of recurrent unilateral dislocation of the temporomandibular joint in a patient with Ehlers-Danlos syndrome

Sir,

In response to the letter to the editor on our article entitled "Condylectomy: treatment of recurrent unilateral dislocation of the temporomandibular joint in a patient with Ehlers-Danlos syndrome"[1] we thank Sembronio et al[2] for their constructive comments. We apologise for not having referenced endoscopic techniques in our report, and we thank them for making us aware of their work.

In our opinion, disc plication, either open or closed, would not have been appropriate in this case. The dislocation was a result of the anatomical relation of the condyle to the deeply set fossa rather than the disc. The disc placation or eminectomy techniques described in the letter, therefore, may have not been appropriate in this case.

Our patient has been free of symptoms, and has regained full function and occlusion. MRI imaging is not necessary therefore for follow up, as all symptoms have fully resolved. Regarding occlusion, as a result of our protocol of intermaxillary fixation, the senior author has not experienced malocclusion in 11 cases of high condylectomy.

In summary, current established practice is based on series of case studies, some of which are decades old. We presented a case that had been managed differently to the set dogma of eminectomy, infracture of the zygomatic arch, and repositioning of the disc. Our technique resolved the disabling dislocation with full restoration of function and no complications.

Ethics statement/confirmation of patients' permission

Not applicable.

Conflict of interest

We have no conflicts of interest.

References

1. Campbell SJ, Chegini S, Heliotis M. Condylectomy: treatment of recurrent unilateral dislocation of the temporomandibular joint in a patient with Ehlers-Danlos syndrome. *Br J Oral Maxillofac Surg* 2019;**57**:76–8.
2. Sembronio S, Tel A, Robiony M. Re: Condylectomy: treatment of recurrent unilateral dislocation of the temporomandibular joint in a patient with Ehlers-Danlos syndrome. *Br J Oral Maxillofac Surg* 2019 (In press).

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Congenital epulis: a rare case of feeding obstruction in a neonate

Sir,

Congenital epulis, also known as congenital granular cell tumour, is a rare, benign, neoplastic lesion of the newborn. It is often found on the anterior maxilla, has a strong female:male predilection (10:1) with a classic granular histopathological appearance.[1,2] It is recognised as an uncommon cause of feeding obstruction in neonates.[2]

We present a case of a large, congenital epulis that obstructed feeding in a newborn child.

A 4-day-old baby girl was referred to the department with a lesion on the anterior maxilla that interfered with her feeding. She was born at term after an uncomplicated pregnancy, was otherwise fit and well, and thought to be feeding satisfactorily before she was discharged from hospital. The mother attended a scheduled appointment shortly after the birth, and expressed concerns about the baby's ability to achieve an adequate oral seal while feeding.

On examination a large, pedunculated, firm, smooth, regular mass that measured 20 × 10 mm was seen at the anterior maxillary alveolus. A congenital epulis was suspected, so we infiltrated a small volume of local anaesthetic with adrenaline, applied a surgical vascular tie (Fig. 1), excised the lesion, and left the base to granulate.

Histopathological examination showed a lesion composed of sheets of large polygonal cells with eosinophilic granular cytoplasm, small central nuclei, and occasional odontogenic rests, and confirmed the diagnosis of congenital granular cell tumour (congenital epulis).

The baby was reviewed three weeks later. The excision site had completely healed and her mother commented on a pronounced improvement in feeding with an appropriate gain in weight (Fig. 2).