

Temporomandibular Joint Disorders - Diagnostic, Therapy

Dysfunctional Disorders

Normal functional activity

Adaptive Function

Parafunctional Disorder

Muscle Disorders

Reflex muscle splinting

Trismus or myospasm

Myofascial pain or trigger pain syndrome

Myositis

Contracture

Hypertrophy

Neoplasms

Disc Interference Disorders

Disc Displacements

Disc Dislocation with spontaneous reduction

Disc Dislocation without reduction

Internal Joint Derangement

Causes

- Effusions and hemarthroses
- Structural abnormalities of the articular surfaces
- Intracapsular Adhesions
- Arthropathies (Inflammatory diseases, Osteoarthritis, crystals depositions arthropathy)

Mobility Disorders

Ankylosis

Stiffening/Fixation of a joint as the result of a disease process with fibrous or bony union across it.

Causes

- Childhood Trauma
- Arthritis
- Joint Infections
- Tumors
- Mastoid Disease

Recurrent Mandibular Dislocation

Displacement of 1 component of the joint beyond its normal limits without spontaneous return to its normal position.

Diagnostics

Arthroscopy: Insert sheath w/ a trocar into the joint. Replace trocar w/ scope. Illuminate the joint fiberoptically. Irrigate the joint via the sheath and an eyesis cannula. View the joint via camera attached to the scope. Sometimes instrument the joint via a 2nd part. Adv: Min invasive. Disadv: Limited Scope for reconstructive surgery, requires high level of operator skill. Comps: Failure to enter joint cleanly. Phys injury to joint capsule and or joint surfaces. Bleeding along entry tract apply pressure. Scope maybe misdirected towards EAM or up towards middle cranial fossa.

Therapy

Arthrocentesis. Def: Aspiration of fluid drom a joint through a needle.

Total Replacement of TMJ: Expensive and no easy scape if unsuccessful and symptoms continue therefore last resort.