The head, face, masticatory system, and facial pain are common sites in which pain is experienced. Many conditions present similar signs and characteristic patterns that may lead to diagnostic confusion and ultimately misdirected care. Defined, validated classification systems relating to the multiplicity of painful entities can simplify both diagnostic and diagnostic outcomes. Due to the rapid advances in our knowledge regarding pain mechanisms and pathways, classification systems must be ever evolving, not rigid. Presently an ideal system related to masticatory system disorders does not exist.

One set of diagnostic criteria will not satisfy all circumstances to which it might be applied. More importantly, many classifications systems were developed for the purpose of evaluating the response of study populations for clinical research endeavors and are not absolute. This article will provide the reader with a review of the most accepted diagnostic classification system related to temporomandibular disorder (TMD).

It is generally recognized that two basic categories of TMD exist, extracapsular (myogenous) and intracapsular (arthrogenous). The majority of TMDs are extracapsular in nature; however, it is not uncommon for these two basic categories to co-exist.

Masticatory muscle-related conditions are found to be the most common subgroup of TMD.4,5 The current understanding of the complexity and the dynamic relationship between the masticatory and cervical musculature enables better attention to better assess the condition(s) possible etiology(ies). Classifications systems and demands placed on the system, as well as normal function while awake or sleep, are true

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(2008 Part 2 of 3)

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Although the concept of normal progression has been suggested by the hypothesis of self-shaping, the convincing evidence that TMJ clicking typically progresses to joint tenderness and pain, or that arthritic changes must develop, is not practically demonstrable on a normal physiological response.1,12,18

Diagnostic criteria include: reproduce joint noise usually at rest or on yawning (clenching), soft-tissue imaging confirms a displaced disc that impedes normal jaw opening and hard tissue imaging will demonstrate absence of degenerative bony changes. Pain may be precipitated by joint movement and deviation during movement coinciding with a click.

Disc displacement without reduction, or “closed-lock”, is described as an altered or misaligned disc-condyle structural relationship that is maintained during jaw closure. It is characterized by a lack of joint noise and limited jaw movement. Disc displacement with mandibular deflection to the affected side (if bilateral), soft tissue imaging reveals disc displaced without reduction and hard tissue imaging reveals images suggestive of osteoarthritic changes.

Patient may experience pain precipitated by forced mouth opening or restricted jaw movement that ceased with the occurrence of locking, ipsilateral hyper-occlusion (during acute stage) and occasionally hard tissue imaging can reveal moderate or severe bone changes. The progression of the disease have demonstrated very few patients with this condition cases progressing to a non-reducing stage, but almost all the patients with a reducing displaced disc cases developed bony changes.

Joint dislocation, or “open-lock”, is the inability to displace a condyle and usually the disc position anterior to the articular eminence. This results in a return to a closed position without a specific manipulation. Elevation moves activity and/or a true hyperextension of the disc-condyle complex may be responsible for the patient’s difficulty in returning to a normal position. A temporary dislocation that can be reduced by the patient is referred to as subluxation. Patient usually reports a feeling of popping or a feeling of motion (hypermobility) that is not associated with clicking. Usually at the time of dislocation with mild residual pain after the episode. Radiographic evidence reveals the condyle well beyond the eminence. The most common type of injury to the joint is to consider fracture.

Inflammatory conditions can occur as localized synovitis, capsulitis or retrodiscal tissues or osteoarthritic and rheumatoid arthritis. Conditions that can be due to infection, an immunologic condition secondary to articular degeneration or trauma. Clinically it is difficult and may be impossible to differentiate between these. Diagnostic criteria must include localized TMJ pain with deviation and function, especially with superior or posterior position. No evidence of osteoarthritis.

Osteoarthritis (secondary) is a degenerative condition of the joint characterized by osteoporosis, emaciation, and/or degeneration. Studies suggest that the course of the disease usually progresses favorably; alterations leading to adaptation.

Treatment must be rendered on a case specific basis depending upon the severity of symptoms and dysfunction. The most common differential diagnoses to consider: osteoarthritis, osteoarthrosis, neoplasms.

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