TM Disorders: Diagnostic Classification of Temporomandibular Disorders

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Ulises A. Guzman & Henry A. Gremillion, USA

The head, face, masticatory system and neck are some 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 and enhance 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 classification systems were developed for the purpose of evaluating research hypotheses. Population study requires a system that is acquainted with every clinical case presentation.

For example, the inclusion criteria for a clinical trial might require the presence of all criteria of a condition while a clinical diagnosis might require the presence of only a few. These criteria are meant only to provide clinical guidance for diagnosis. Final diagnostic decisions must be based on the clinical judgment of the health care professional. 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. The current understanding of the complexity and the dynamic relationship between the masticatory and cervical musculature enables the practitioner to better assess the condition(s) possible etiology(ies). Classifications systems and demands placed on the system, as well as decision making while awake or asleep, are true

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considerations in our patient evaluation.

Myositis is a regional pain in a muscle due to local causes such as infection or injury. Pain is usually acute and in a localized area with localized tenderness over the entire region of the muscle. The inflammation can occur also in the tendinous attachment of the muscle “tendinitis or tendomyositis”. Increased pain with mandibular activity with alteration in function due to inflammation or pain. Swelling, tissue redness and a history of trauma stretch and a history of trauma

Myositis and Myositis Osseous

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Myositis Osseous is inflammation of the bone due to local causes such as infection or injury. Pain is usually acute and in a localized area with localized tenderness over the entire region of the muscle. The inflammation can occur also in the tendinous attachment of the muscle “tendinitis or tendomyositis”.

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or that arthritic changes must de-
progression has been sug-
ated by joint movement and
to degenerative changes in the temporo-
dy characterized by the restriction of a mandibular move-
the affected side on opening and crepus or multiple joint sounds. Potential etiologic factors include direct trauma to the TM joint (traumatic arthri-
lomeric aching or his-
ction that can be reduced by the
ational findings may exist, such as
gives evidence of structural bony
ratory arthritic condition.37-40 It is charac-
ized by the lack of joint noise and limited jaw movement in the opening and closing of the mandible. It is caused by degenerative changes in the articular tissues and cartilage with or without displacement or involvement of the disc-condyle complex.

Arthrosis (secondary) is a degenerative non-inflammatory condition of the joint characterized by deterioration and abrasion of the articular tissue and con-
comitant remodeling of the underly-
ing subchondral bone due to overload on the remodeling mech-
as.40 Osteoarthritis is cate-
gorized as primary on the absence
of identifiable etiologic factors.43

Clinical characteristics in-
clude: pain with function, joint
the affected side on opening and crepus or multiple joint noises. There are also signs of evidence of structural bone changes (sub-
chondral sclerosis, osteophyte formation, erosion). Pain and/or dysfunction can vary depending on the degree of inflammation and degenerative changes. Studies suggest that the course of the dis-
ease usually progresses favorably; allowing remodeling and adapta-
tion. Treatment must be rendered on a case specific basis depending on the degree of inflammation and degenerative changes.44


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34. Sopp K. Clinical findings in the temporomandibular joint osteo-


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