

EDITORIAL

Temporomandibular Disorders: Iceberg of Dentistry

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Over the past few years various attempts have been made towards the terminology of Temporomandibular Disorders (TMDs). During the 1950s, Schwartz coined the term “Temporomandibular joint pain dysfunction syndrome”. Later came the term the “Functional temporomandibular joint disturbances” coined by Ash and Ramford. Laskin proposed the term “Myofacial Pain Dysfunction Syndrome (MPDS)”. Bell suggested the term temporomandibular disorders.

The wide variety of terms used has resulted in great amount of confusion that exists in this already complicated field. Therefore, the American Dental Association has adopted the term temporomandibular disorders.

Temporomandibular joint disorders is an umbrella term which encompasses a wide variety of these disturbances like myalgia, myofascial pain, arthralgia, subluxation, disc displacement with reduction, disc displacement without reduction, degenerative joint disease, ankylosis etc. Numerous epidemiologic studies have shown that 40 to 60% of the population in the age group of 20 to 40 years with female predilection are affected with TMDs. These disorders have a multifactorial etiology like emotional stress, occlusal interferences, teeth loss, parafunctional activity, masticatory muscular dysfunction, internal and external changes in TMJ structure, deep pain input and the various associations of these factors. These disorders manifest with a varied clinical presentation ranging from pain, fatigue of craniocervico facial muscles, limited mandibular opening, presence of articular

clicking etc. hence making the diagnosis difficult and confusing.

Temporomandibular joint (TMJ) function has been the subject of considerable study for over a century, and despite voluminous literature, the multifactorial etiology of temporomandibular dysfunction is even today a cryptic issue. But in recent years there have been a paradigm shift in various theories.

The past concepts of occlusal or skeletal disharmony have been challenged and are replaced by a bio psychosocial medical model of orthopedics, pain pharmacology and behavioral factors. Pain and restriction of mouth opening are the two prime factors for which the patient seeks treatment.

The interrelationship of various temporomandibular disorders must always be considered in the evaluation and treatment of the patients. The treatments that have been suggested for TMDs vary enormously over a great spectrum of modalities such as pharmacologic intervention, physical self-regulation, intra-oral splint, orthodontic treatment, hyaluronic acid injections but unfortunately all these methods have their own limitations.

There is no single treatment modality for these disorders and moreover they provide symptomatic treatment. Hence the need of the hour is to devise a new and innovative therapeutic modality which not only address the symptoms of patient but can also treat underlying etiology.