

Патологии височно-нижнечелюстного сустава

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Temporomandibular joint pathologies

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Temporomandibular joint disorders (TMD) take a special place among dental diseases and appear frequently among pathologic processes of maxiofficial region. According to various authors and researches, temporomandibular joint diseases take third place among dental pathologies and compose about 14-89% of adult patients, 16-30% of teenagers, which visit dentists. TMDs most commonly happen in females at the ages between 20-40. Etiology of TMDs are such factors: endocrine and psycho-vegetative, osteochondrosis of spinal cord, factors of common illnesses, atlanto-occipital joint disorders, injuries and harmful habits, such as: malocclusion, bruxism, postural dysfunction, inflammatory condition.

The most common temporomandibular joint disorders are related to the destruction of articular disc and intra-articular ligaments. Symptoms of temporomandibular joint disorders divide into two groups: articular and extra-articular. Articular symptoms, such as: pain in the prootic area, stiffness in the mandible, articular sound, pain during chewing, talking, movements of mandible after the break. Extra-articular symptoms include: pain in the air on the side of damage, masticatory muscles, teeth, jaw, malar arch, temple, parietal area, submandibular area, mandible.

All TMDs are divided by two main groups of pathologies. Intra-articular pathologies include problems with articular disc (displacement, deformity, adhesions, degeneration, injury, perforation, anomalous development), disc attachment problems (inflammation, injury, perforation, fibrosis, adhesions), synovium problems (inflammation, effusion, adhesions, synovial hypertrophy/hyperplasia, granulomatous inflammation, infection, arthritis, synovial chondromatosis, neoplasia), articular fibrocartilage pathologies (hypertrophy/hyperplasia, chondromalacia, degeneration), and pathologies of mandibular condyle and glenoid fossa (osteoarthritis, osteonecrosis, resorption, hypertrophy, fibrous and bony ankylosis, implant atrophy and fractures/dislocations). Extra-capsular pathologies divide into musculoskeletal pathologies, such as pathologies of bone (anomalous development, fracture, metabolic disease, systemic inflammatory disease, infection, dysplasias, neoplasia), masticatory muscles and tendons

pathologies (anomalous development, injury, inflammation, hypertrophy, atrophy, fibrosis, contracture, metabolic disease, infection, dysplasias, neoplasia, fibromyalgia), and central nervous system/peripheral nervous system pathology (reflex sympathetic dystrophy). Along the course of the disorder, there are three groups of TMDs, such as: acute, chronic, chronic in the acute stage. Ankylosis is classified into congenital and acquired, one-sided and two-sided, inflammatory and traumatic.

One of the most common reasons of temporomandibular joint dysfunction is late diagnosis of pathologies. Methods of diagnosis of TMDs include such imaging investigations: CT and CAT scans, MRI, tomography, scintigraphy, dental x-rays; that will help to get information about the complexity and nature of the destructive changes. In addition, clinical investigations include: palpation of articulation, anamnesis, application of functional and diagnostic tests, visual assessment, analysis of occlusive contacts of dentition.

To summarize, TMD occurs frequently in the current day. Pathologies of TMJs arise due to several reasons and the diversity of symptoms, thus many patients don't pay attention to the disorder, expecting another diagnosis. The most common are arthritis, arthroscopic, and dislocations. The jaw discomfort, pain, and malfunction lead to seeking medical assistance, as they can confirm diagnosis of TMDs. Duration of treatment may take from several months, to number of years.