

# Temporomandibular joint dysfunction

This joint is situated in the face and connects the jawbone to the skull, ensuring essential motor functions such as smiling, talking and chewing. When this joint is not fully functional, it can cause several symptoms, which are often undervalued by the patient, until the onset of often disabling pain.

**T**he causes of this pathology can be dental (mostly occlusal, meaning the way the teeth are related to each other), and there are also biopsychosocial and multifactorial aspects, illustrating the complex interaction between biological mechanisms (mainly hormonal more prevalent in females), psychological conditions such as stress, anxiety and depression, environmental conditions such as macro and microtraumas.

Unfortunately, in most cases, the symptoms are treated rather than the underlying pathology, resulting in patients that suffer from joint dysfunction having a higher frequency and intensity of symptoms, resulting in a higher risk of the pain becoming chronic.

The symptoms of this disease are varied: pain in the joint itself; crackling of the joint; difficulty in opening the mouth; head-

aches, especially in the morning; tiredness and facial pain; otalgia (earache), occasional ringing in the ears and dizziness and cervicalgia (neck pain).

The onset of pain can be sudden and become progressively worse.

The Dentist's approach in reaching a diagnosis involves a careful palpation of the muscles and of the joint (assessment of movements involved when opening and closing the mouth), seeking sounds during jaw movements, as well as examination of the teeth and oral cavity itself.

These dental examinations include oral and periodontal health, dental absences and missing teeth needing replacement (missing teeth are one of the main causes of pathology of the jaw).

The diagnosis is mainly clinical, supported by an adequate clinical history. Complex pathology requires complementary means of diagnosis.

Orthopantomography is considered first line choice, with Computerised Tomography (CT Scan) and Magnetic Resonance Imaging (MRI) used only in the most severe cases.

The treatment of temporomandibular joint dysfunction is gradual and is divided between Non-Invasive and Invasive Treatment.

In an initial phase, a CAD/CAM device is made by the Dentist, with the object of relaxing the joint itself as well as associated structures, this device is commonly referred to as a Biteplate. A Biteplate together with analgesics and anti-inflammatory drugs are prescribed and if necessary, antidepressant and antiepileptic medication are also considered. As far as Physiotherapy are concerned, treatment plans are devised for the decompression, relaxation and mobility of the joint. The main object of the treatment is the reduction of temporomandibular



joint pain; increasing its function; preventing further complications and improving the quality of life of the patient.

Orthognathic surgery or temporomandibular joint surgery is reserved for very specific cases.

In short, the primary objective is to make one aware of this pathology which is devalued most of the time, leading to a poly-medication and false diagnosis, where the time factor is central to the problem becoming chronic.

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