

TMJ DYSFUNCTION - A FAIRLY COMMON PATHOLOGY

O.M.Astanov

Bukhara State medical Institute

ABSTRACT

This paper makes analyses of the TMJ dysfunction - a fairly common pathology. On this way, research has been pointed out on different ways as the whole. The way of the development of the TMJ dysfunction – as a fairly common pathology gives us more privileges as the learning from theoretical point of view. In conclusion, research has been pointed out with the various aspects of the outcomes as the whole.

Keywords: TMJ dysfunction, fairly, common pathology, analyses, points, Uzbekistan

INTRODUCTION

It can be hard to understand what is primary, what is secondary, because people with joint dysfunction come, as a rule, with pathology of the bite, pathology of the musculoskeletal system (curvature of the spine, neck). Therefore, joint treatment is a complex story. It happens that the primary pathology is the pathology of the joint, it happens that the musculoskeletal system.

The orthodontist should find out what was the primary cause - an occlusion, incorrect position of the teeth or the absence of some teeth, perhaps a not very successful orthodontic treatment in the anamnesis, early treatment when they were children or adolescents and subsequent treatment could be the reason. It is important to properly diagnose.

When the doctor has determined the cause of the joint pathology, or the cause, he finds out the patient's readiness for a comprehensive treatment plan. In addition to the orthodontist, an osteopath or chiropractor, or even an orthopedist, can be involved if a more complex correction of the musculoskeletal system is needed.

Therefore, the problem with the joint is first solved by means of a splint or articular splint, then occlusion correction is performed, and, if necessary, prosthetics. In parallel, work is underway with an osteopath to restore the muscle corset of the back and neck.

It happens that the patient refuses treatment on braces after resolving the issue with the joint. In this case, we warn him about the need to wear the articular splint constantly in order to avoid the appearance of old problems with the TMJ. After all, relapse can happen amid stress quite quickly.

If there is a forced incorrect position of the lower jaw, its position may change during treatment with a change and complication of the treatment plan (the need to remove individual teeth, increase the duration of treatment).

A reliably forced position cannot be diagnosed by traditional orthodontic methods; to check its presence, as a rule, a special analysis is required (manual functional analysis, determination of the central ratio of the jaws), the use of a special articular splint for a period of several months, which, however, does not give 100 % warranty.

To conduct a detailed joint diagnosis, clarify the specifics of your case, and further manufacture of the articular splint, you can make an appointment with a dentist-orthodontist who is involved in the issue of TMJ.

TMJ dysfunction is a chronic condition that can be compensated but not cured (i.e., it is possible to eliminate the symptoms, however, pathological changes in the joints, if they have already occurred, are likely to persist).

Method for the treatment of TMJ dysfunction

1. Diagnosis of TMJ dysfunction.

During the diagnosis of the joint in the clinic, a series of measurements and tests are carried out, all sensations in the joint area are recorded (discomfort, clicks, pain, jaw deviation when opening and closing), the difference in sensations in the right and left joints.

The orthodontist also takes impressions of the jaw and takes photographs of the face and intraoral photographs, as well as three-dimensional computed tomography of the face (3D CT), and if necessary, the doctor can give direction for additional research - magnetic resonance imaging of the TMJ (MRI).

Often, the orthodontist, in addition to the manual functional analysis, performs a visual assessment: posture, symmetry of the shoulder girdle, shoulder blades, hip bone structures, etc., performs the necessary tests, photographs. According to the results, it is possible to appoint a consultation with an osteopath or chiropractor for joint management of the patient. Related specialists (orthopedist, surgeon, periodontist) can also be involved in the preparation of the treatment plan.

The result of treatment is a satisfactory aesthetic result, achieving complete occlusion with multiple uniform fissure-tubercle contacts and eliminating or reducing the severity of TMJ dysfunction. Mandatory, if there is evidence, is a full rational prosthetics or functional-aesthetic restoration of the teeth, as the final stage of treatment - this stage requires extensive consultation of an orthopedic dentist.

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