Oral medicine and surgery for temporomandibular disorders: From diagnosis to treatment.

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Introduction

Temporomandibular disorders (TMDs) encompass a wide range of conditions affecting the temporomandibular joint (TMJ) and associated structures. These disorders can lead to significant pain, dysfunction, and impaired quality of life for affected individuals. This article explores the role of oral medicine and surgery in the diagnosis and treatment of TMDs, highlighting the importance of a comprehensive approach for optimal patient outcomes [1].

Diagnosis of Temporomandibular Disorders

Accurate diagnosis is crucial in managing TMDs effectively. Oral medicine specialists play a vital role in the initial diagnosis by conducting a comprehensive clinical examination. This examination assesses the patient's medical history, symptoms, and functional limitations. Additionally, imaging techniques, such as panoramic radiography, cone beam computed tomography (CBCT), or magnetic resonance imaging (MRI), may be used to evaluate the TMJ structures and identify any abnormalities.

Once a diagnosis is established, the treatment plan is tailored to the specific needs of the patient. The initial focus is often on conservative management techniques to alleviate symptoms and improve TMJ function. These may include patient education, lifestyle modifications, occlusal splints, physical therapy, pharmacotherapy, and stress management techniques. Oral medicine specialists closely monitor the patient's response to conservative treatments and adjust the approach as needed [2].

Surgical Interventions for Temporomandibular Disorders

In cases where conservative treatments do not provide sufficient relief or when there are structural abnormalities that require correction, surgical interventions may be considered. Oral surgery plays a significant role in the management of TMDs by addressing anatomical or functional issues of the TMJ. Surgical procedures can range from minimally invasive arthrocentesis and arthroscopy to more complex open joint surgery.

Arthrocentesis is a minimally invasive procedure that involves the irrigation and lavage of the TMJ with fluid, aiming to remove inflammatory mediators and improve joint function. Arthroscopy allows for visualization and treatment of the TMJ through small incisions, enabling the removal of adhesions, disc repositioning, or the release of contracture bands. In cases of severe joint damage or deformities, open joint surgery may be necessary to reconstruct or replace the TMJ structures [3].

Multidisciplinary Collaboration

The successful management of TMDs often requires a multidisciplinary approach involving oral medicine specialists, oral and maxillofacial surgeons, physical therapists, and other healthcare professionals. Collaborative efforts ensure comprehensive care that addresses the various aspects of TMDs, including pain management, functional improvement, and psychological support.

Psychological factors, such as stress, anxiety, and depression, can significantly impact the perception and management of TMD symptoms. Therefore, the integration of psychological counseling, cognitive-behavioral therapy, and relaxation techniques can be beneficial in the overall treatment plan. Additionally, collaboration with orthodontists and prosthodontists may be necessary when malocclusion or dental occlusal discrepancies contribute to TMD symptoms [4].

Long-term Follow-up and Patient Education

Continued monitoring and long-term follow-up are essential components of TMD management. Regular evaluations allow oral medicine specialists and other healthcare providers to assess treatment outcomes, address any emerging issues, and modify the treatment plan accordingly. Patient education is also crucial in empowering individuals to manage their condition effectively. Providing information about self-care techniques, lifestyle modifications, and strategies for pain management can significantly enhance patient outcomes and quality of life [5].

Conclusion

Oral medicine and surgery play integral roles in the diagnosis and treatment of temporomandibular disorders. A comprehensive approach that combines accurate diagnosis, conservative management techniques, and surgical interventions when necessary ensures optimal outcomes for patients. Collaboration among various healthcare professionals and long-term follow-up are essential for

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successful management and the improvement of quality of life for individuals with TMDs. As research and technology continue to advance, the field of oral medicine and surgery will continue to evolve, offering new possibilities for the diagnosis and treatment of TMDs.

References

- 1. Shimada A, Ishigaki S, Matsuka Y, et al. Effects of exercise therapy on painful temporomandibular disorders. J Oral Rehabil. 2019;46(5):475-81.
- 2. Ogawa T, Sitalaksmi RM, Miyashita M, et al. Effectiveness of the socket shield technique in dental implant: A systematic review. J Prosthodont Res. 2022;66(1):12-8.
- 3. Michiels S, van der Wal AC, Nieste E, et al. Conservative

therapy for the treatment of patients with somatic tinnitus attributed to temporomandibular dysfunction: study protocol of a randomised controlled trial. Trials. 2018;19:1-0.

- 4. Matheus HR, Özdemir ŞD, Guastaldi FP. Stem cellbased therapies for temporomandibular joint osteoarthritis and regeneration of cartilage/osteochondral defects: A systematic review of preclinical experiments. Osteoarthritis Cartilage. 2022.
- 5. Khayat N, Winocur E, Kedem R, et al. The prevalence of temporomandibular disorders and dental attrition levels in patients with posterior crossbite and/or deep bite: a preliminary prospective study. Pain Res Manag. 2021;2021:1-8.

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