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RELATIONSHIP BETWEEN CLINICAL FINDINGS AND MAGNETIC RESONANCE IMAGING IN OROFACIAL PAIN PATIENTS

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Background: Clinical problems of the temporomandibular joint (TMJ) and the masticatory musculature are both included in the term temporomandibular disorder (TMD). The field of TMD is well known for being one of the more controversial topics in dentistry. Studies show a marked difference in the prevalence of TMD from 16 to 64%. The purpose of the present study was to examine whether patients with clinical TMD had pathological findings utilizing magnetic resonance imaging (MRI).

Material & Methods: The study population consisted of 64 patients with clinical TMD. Symptoms were recorded using a questionnaire, clinical examination included diagnosing occlusion in centric relation, and then a standardized MRI was performed. The images were read, utilizing the Piper system by the treating dentist and then read by two experienced radiologists blinded to clinical data.

Results: All patients had molar interferences in centric occlusion and limited anterior guidance. The patients also had changes in disc position when examining the MRI scans. 68 of the joints

(55%) had changes corresponding to Piper IVa classification. It was also found more severe changes like disc degeneration, changes in condylar head, abnormal reduction and restriction in anterior movement. The most severe changes were corresponding to Piper Va and Vb (34 joints, 27%).

Conclusion: All the patients assessed due to TMD showed changes in their TMJ on MRI. We also found posterior interferences in their occlusion and loss of anterior guidance.

Biography

Tor Tegnander is currently working on his PhD at the University of Bialystok. He finished his Dental degree in 1985 at the University of Oslo. He has finished Post-doctoral studies at the Dawson Centre for Advanced Dental Studies and at the Piper Education and Research Centre (PERC). He is a Fellow of the American Academy of Implant Dentistry. He has lectured internationally and nationally on Implantology and TMD.

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