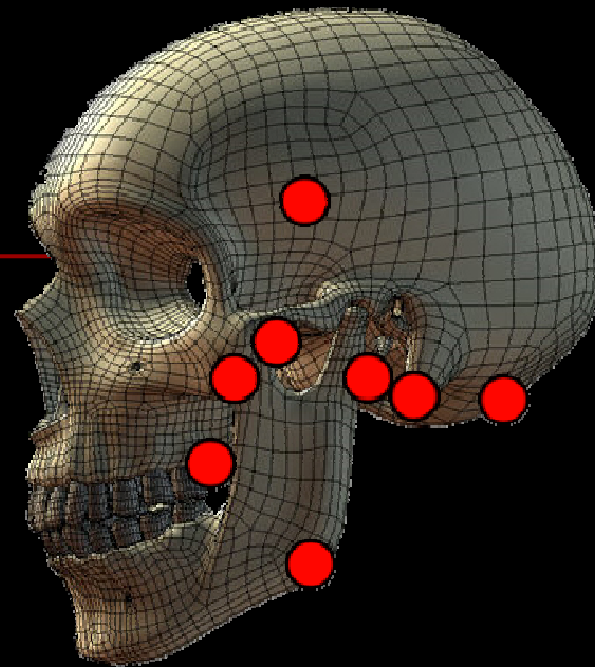


Identifying and Understanding Orofacial Pain



Oct 2, 2010 Dr. Kirk Blanchard



Disclosure

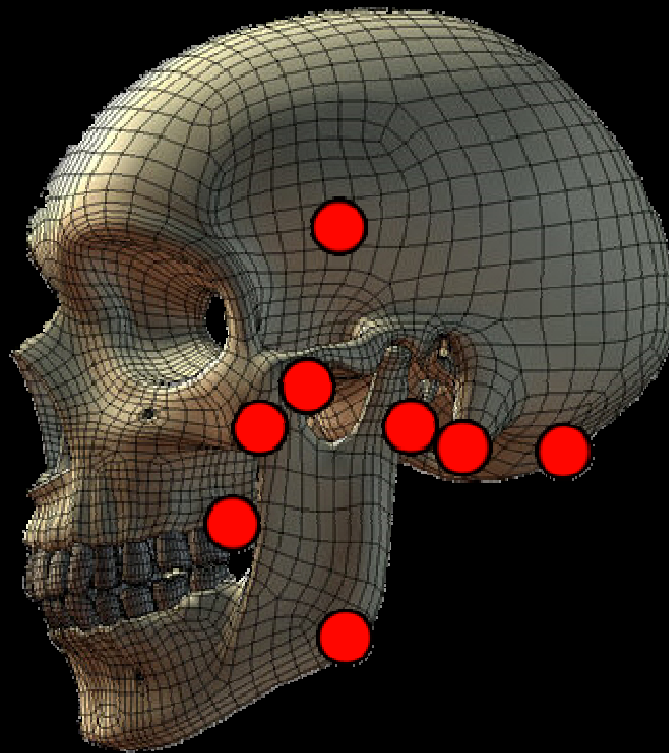
I have no financial involvement with
industry related to my presentation
material.

Session Goals

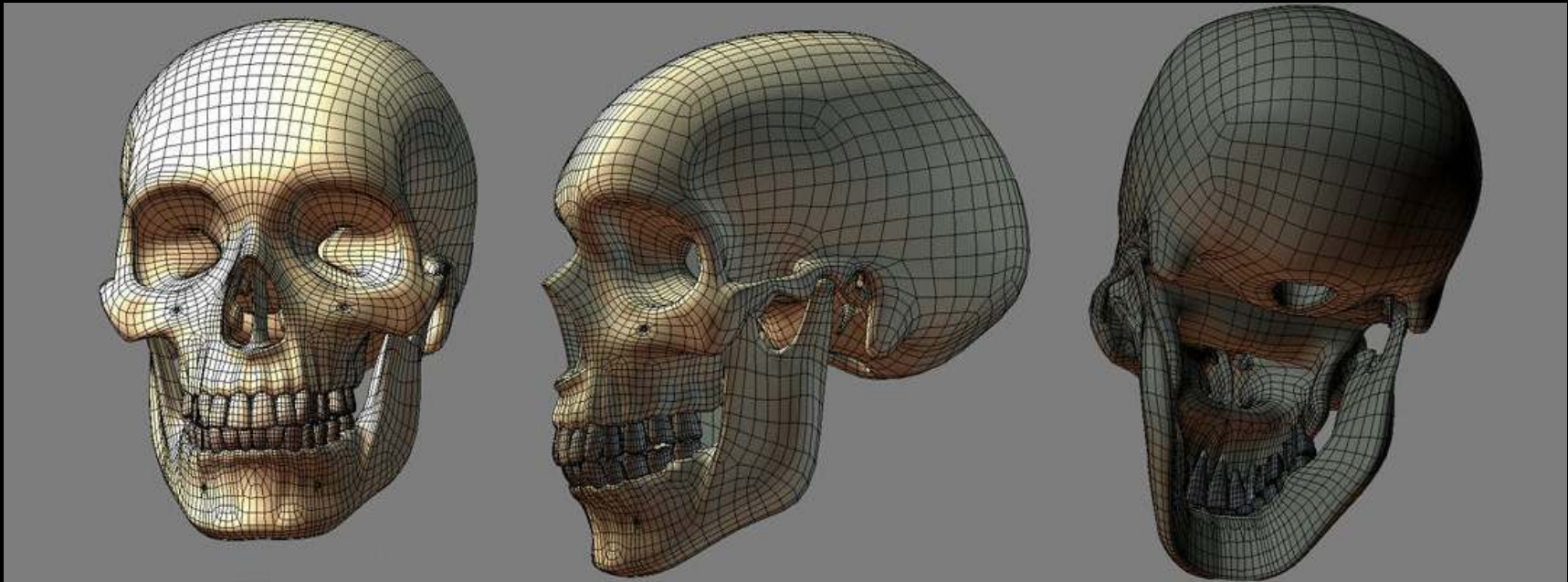


At the end of this session,
participants will be able to define
and identify orofacial pains based
on their variable presentation and
understand protocols for managing
pain associated with orofacial pain

Orofacial Pain...TMD?



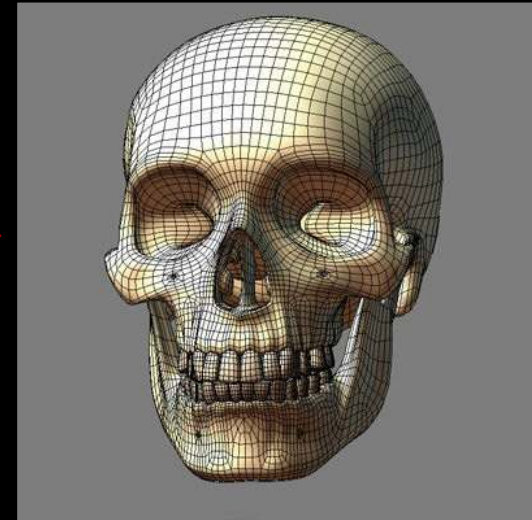
Costen Syndrome (1934)



Dr. James Costen (otolaryngologist)

Craniomandibular Disorders

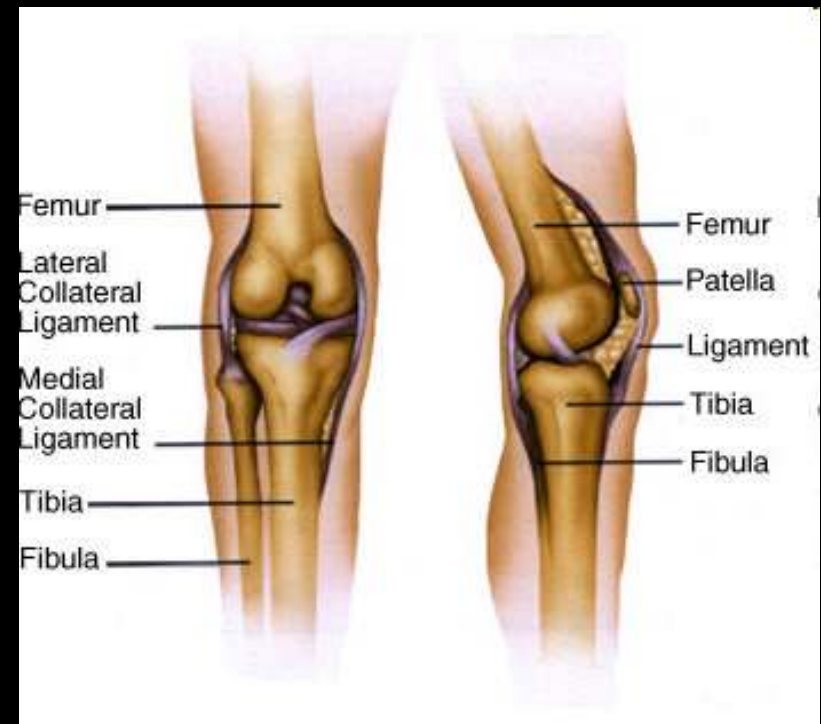
vs. TMD



McNeill C, et al: Craniomandibular (TMJ) disorders. The state of the art. J Prosthet Dent 44:434, 1980

Laskin D, et al (eds): The president's conference on the examination, diagnosis, and management of temporomandibular disorders. J Am Dent Assoc 106:75, 1983

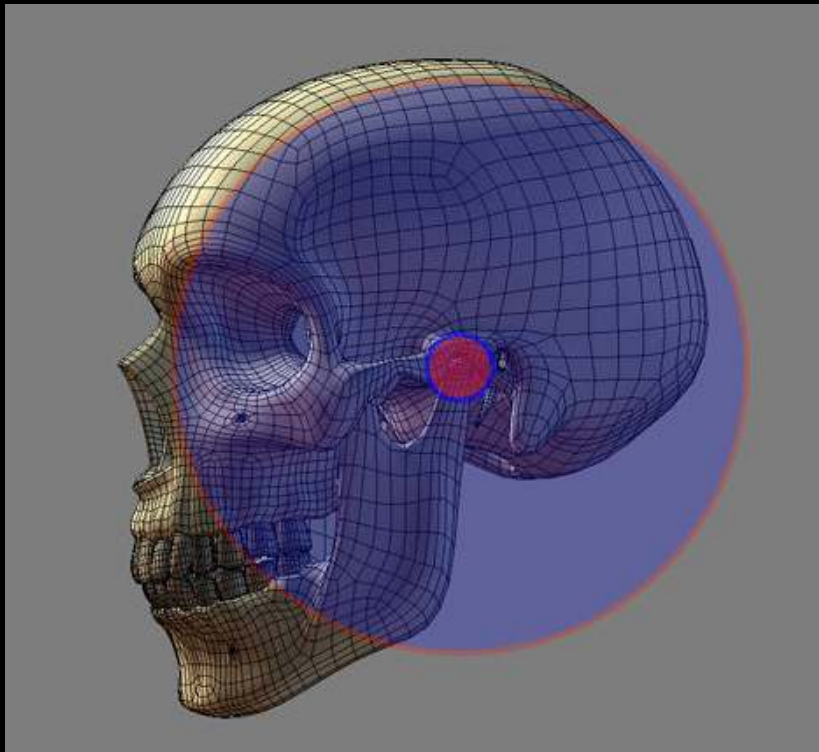
The Temporomandibular Joint



I'm afraid you have "Knee"



Temporomandibular Disorders



Intracapsular

Extracapsular

Intracapsular Disorders



Intracapsular Disorders

- Disc Displacement
- Hypermobility
- Retrodiscitis
- Capsulitis
- Osteoarthritis



TMJ Function (closed – normal)



TMJ Function (open – normal)



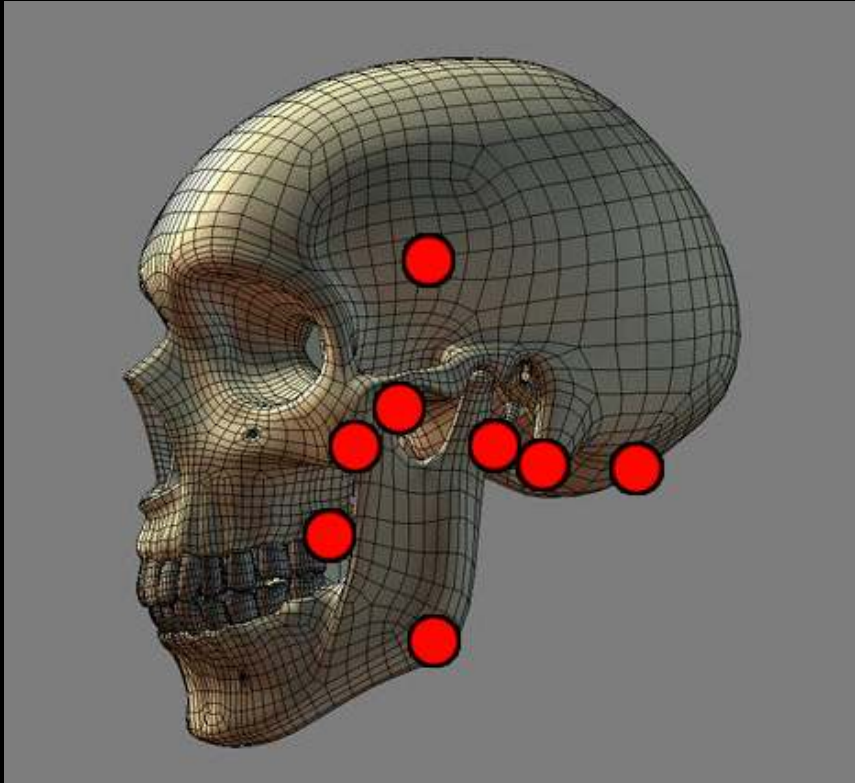
TMJ Function (closed – displaced)



TMJ Function (open - displaced)



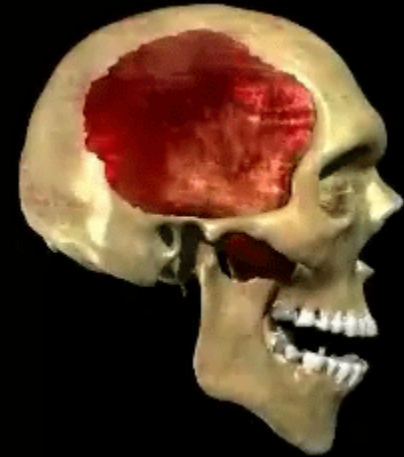
Extracapsular Disorders



- Temporalis (myalgia)
- Temporal Tendonitis (coronoid)
- Masseter (myalgia)
- SPC/Buccinator ring
- Stylomandibular
- Mastoid / SCM
- Posterior neck muscles (myalgia)

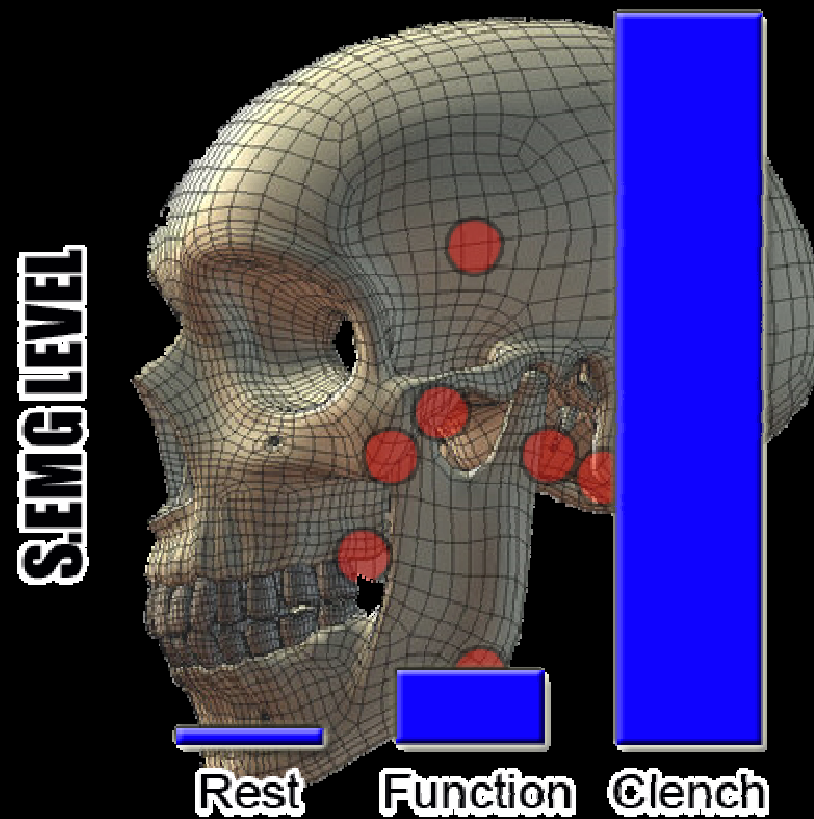
Treatment / Management

- A: Control the etiology
- B: Treat the symptoms



Etiology :macrotrauma or microtrauma

Damage is not from normal function!



Parafunction (pathofunction)



Are you **aware** of clenching or grinding?

Bruxism (clenching and/or grinding)

Objective signs and symptoms.



Parafunction (pathofunction)



A clench is just a **more** intense grind.

It will have **less** noise and **less** tooth wear.

Parafunction (pathofunction)

Nocturnal
Pathological
Activity:

It doesn't follow
functional rules. In
strange symptoms,
look for a strange
pattern.



Parafunctional Control



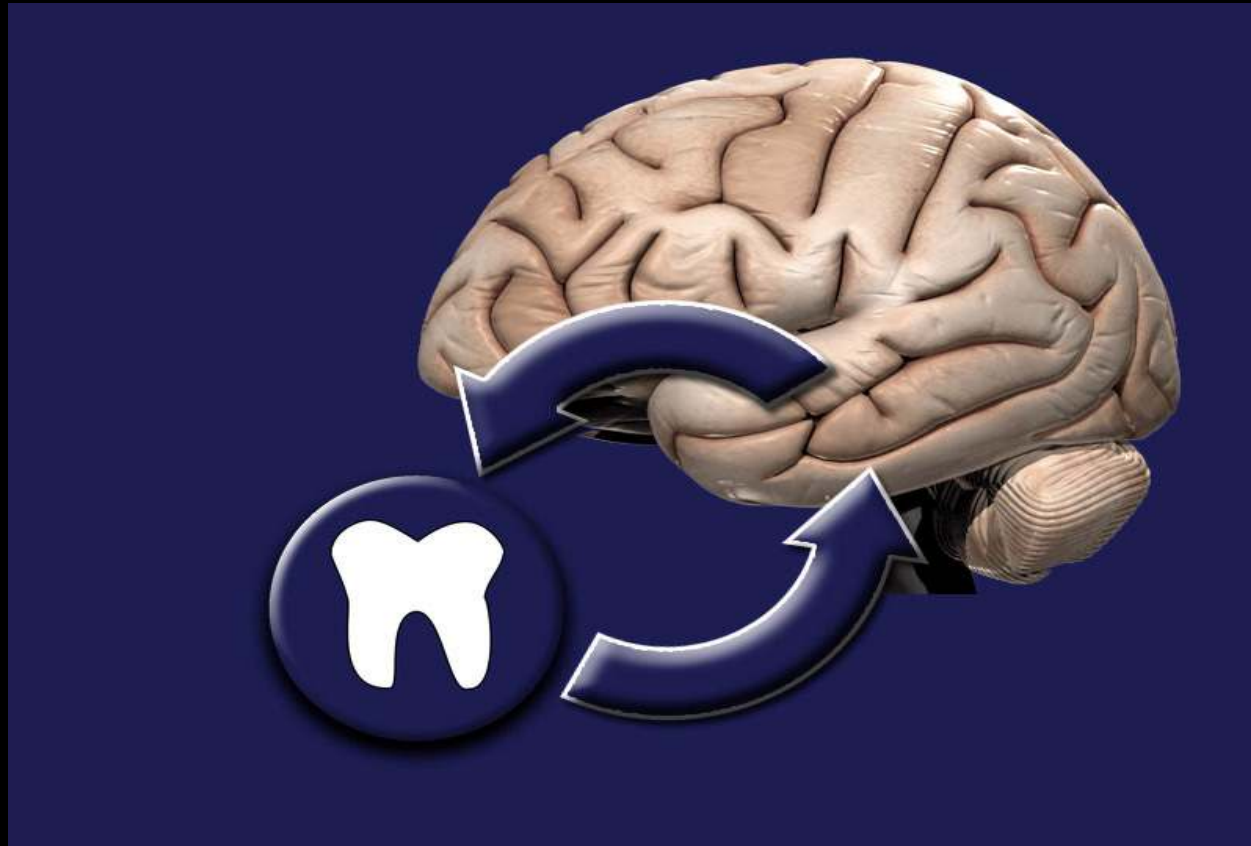
- Splint
- Night Guard
- Bite Plate
- Bite Plane
- Orthotic
- Appliance
- Rose by any other name

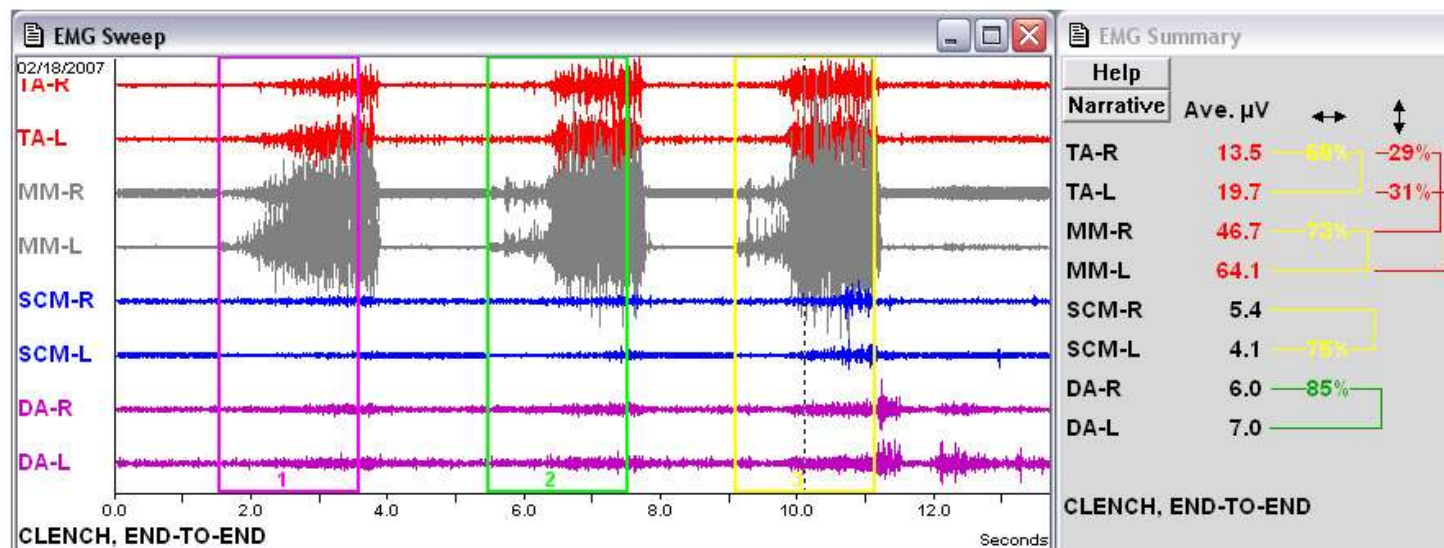
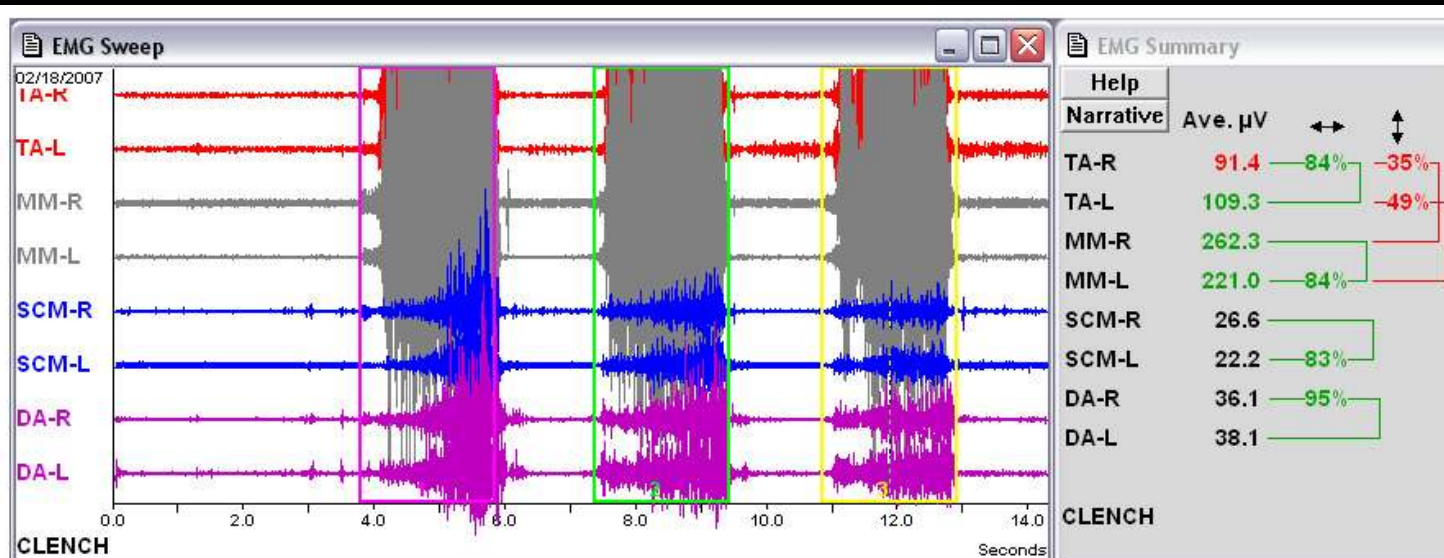


Already tried a night-guard?

- Compliance?
- Operator oversight?
- Adapting condition?
- Operator and patient expectations?

Treatment (tooth-muscle feedback)





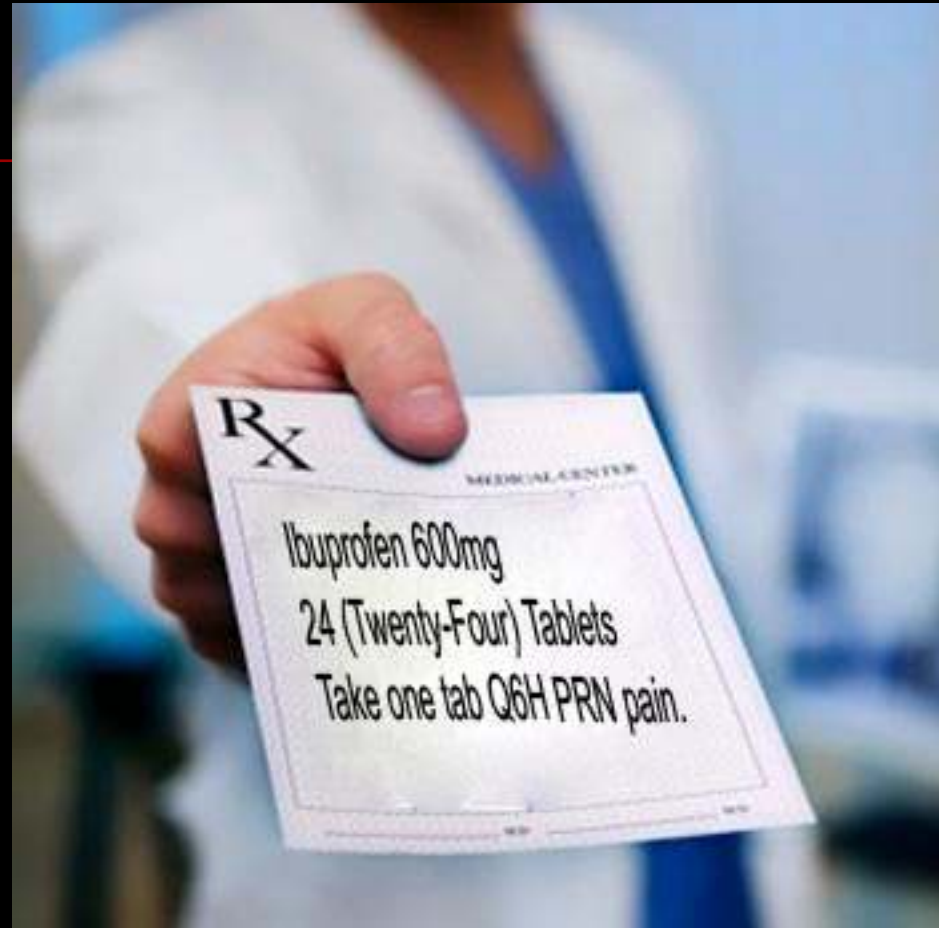
Symptoms

In the absence of perpetuating factors, targeted therapies may be added for comfort and accelerated healing.



Inflammation

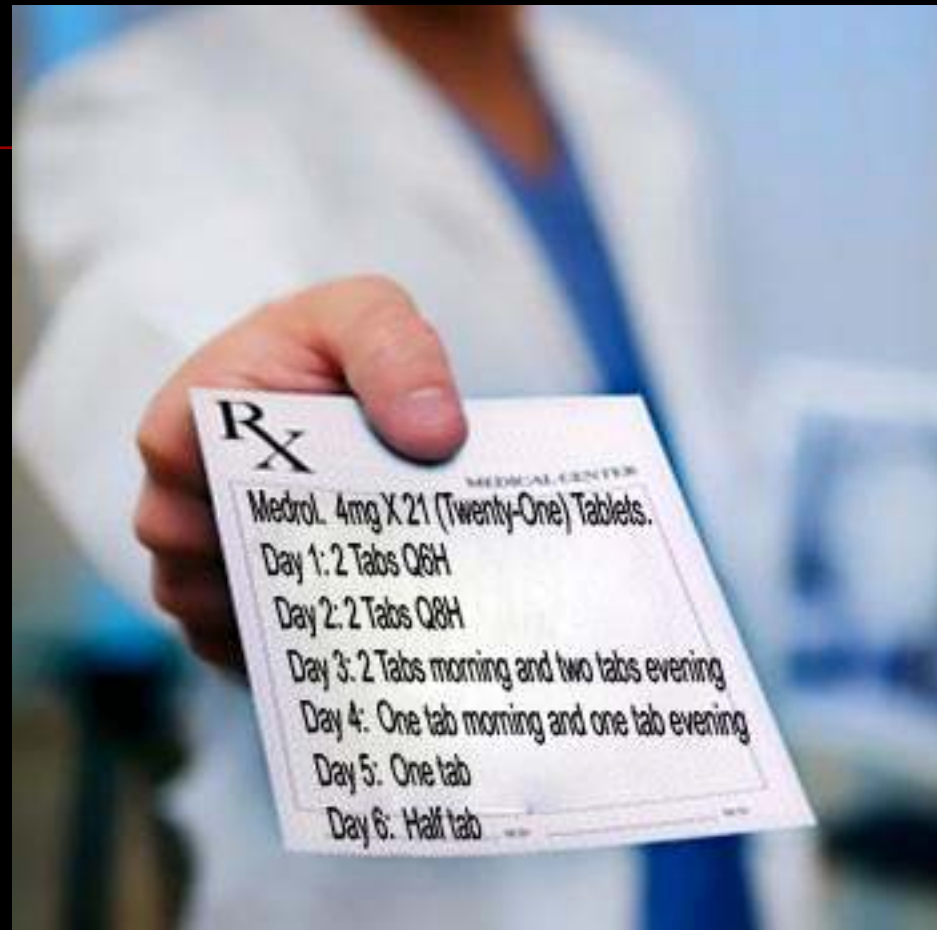
- ICE
- NSAID



Inflammation

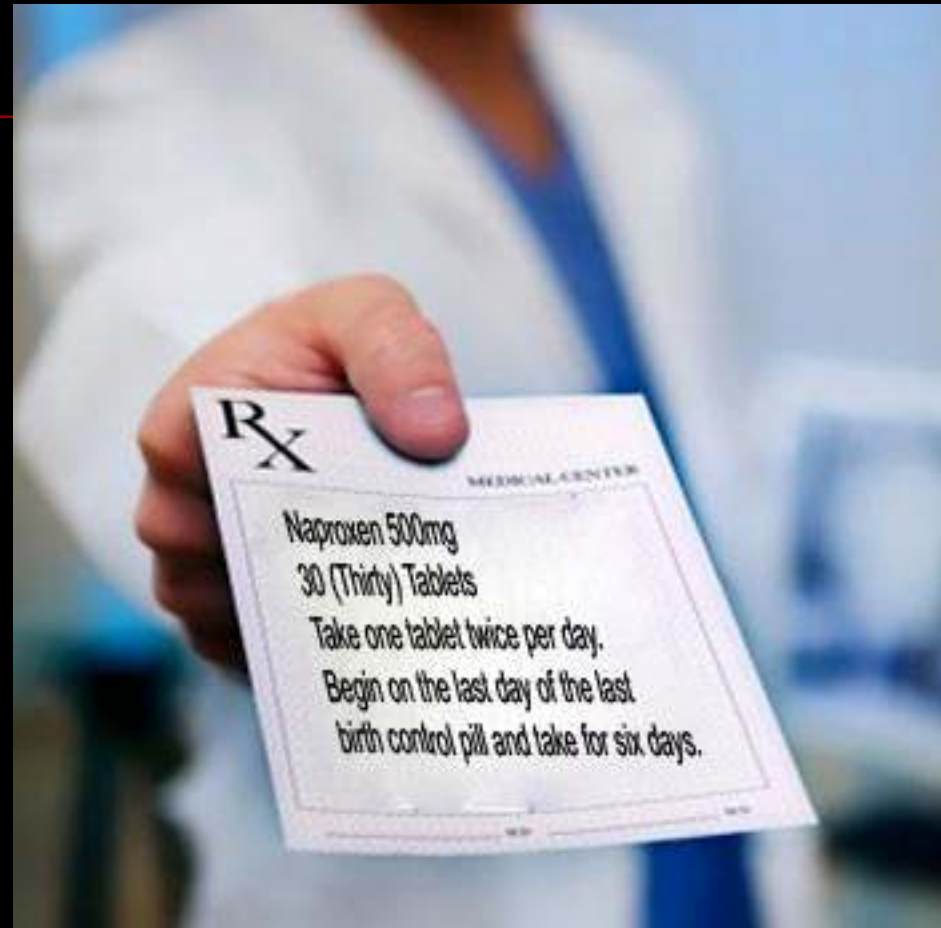
Corticosteroid

Rx or injection



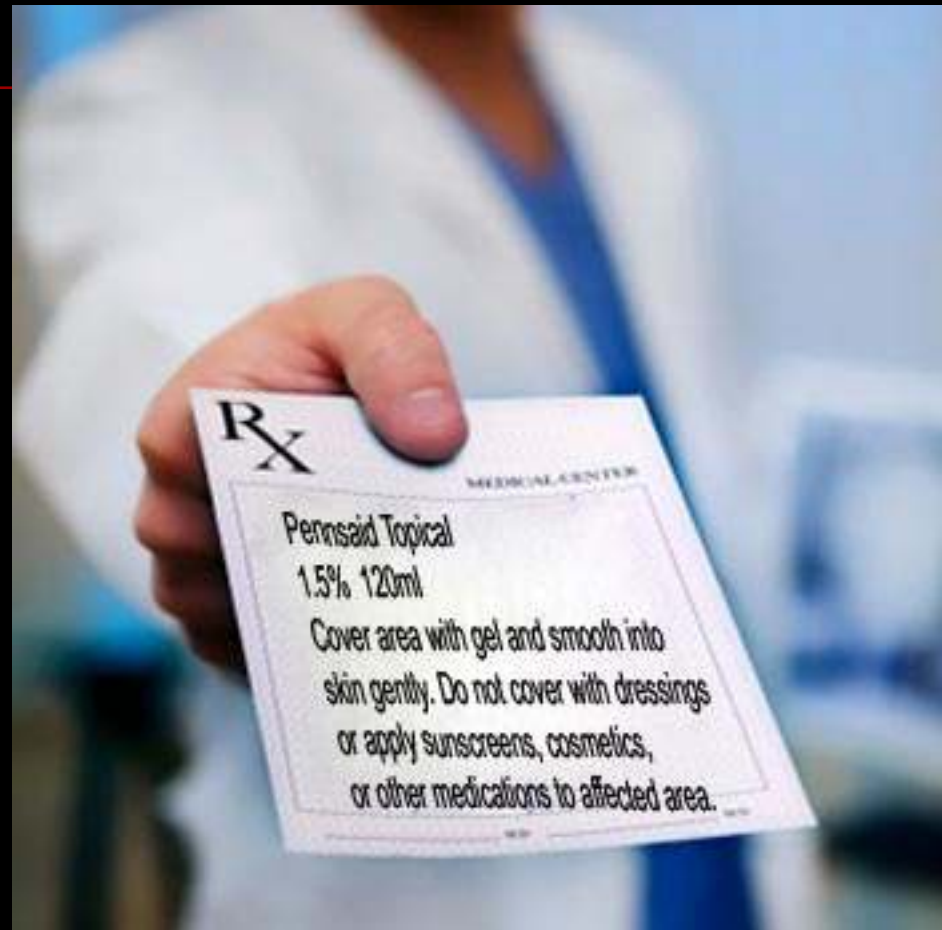
Hormonal Pattern

Temporomandibular joints exhibit gender bias. Some women have an increase in pain when hormones fluctuate.



Topical

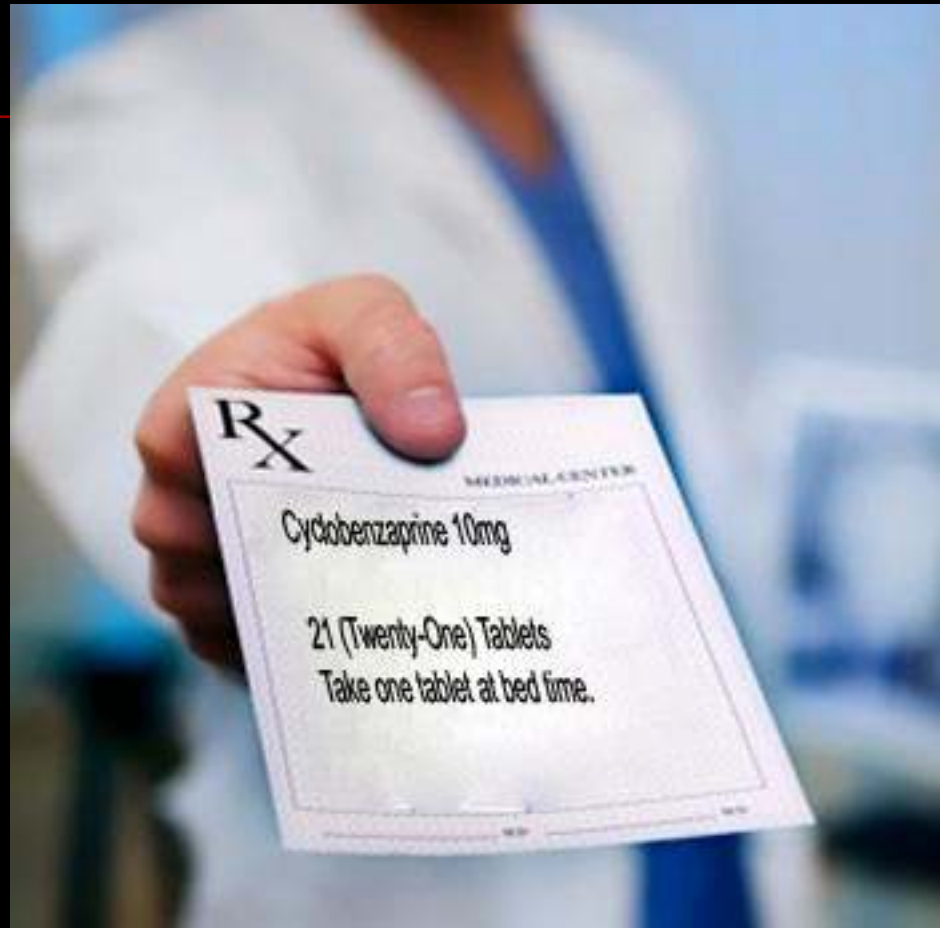
Voltaren is a similar formulation, available OTC and much less expensive.



Muscle

Muscle Relaxants are **not** typically effective. Hypothesis that postural (sympathetic) muscles are responsible for pain; not voluntary muscle.

Cyclobenzaprine is similar in action to TCA's and may help pain threshold (rather than relaxing muscle)



Injections

- Anesthetic
- Steroid



Period of relief **exceeds** anesthetic duration. Pain may transcend a symptom and become an etiology. (ie. Neurologic wind-up, peripheral sensitization, and muscle co-contraction).