

TMJ , Tempromandibular joint pain

Jaw and face pain

Myofascial Pain Syndrome

Myofascial pain syndrome can occur in patients with a normal temporomandibular joint. It is caused by tension, fatigue, or spasm in the chewing muscles (medial or internal and lateral or external pterygoids, temporalis, and masseter). Symptoms include bruxism, pain and tenderness in and around the chewing apparatus or referred to other locations in the head and neck, and, often, abnormalities of jaw mobility. Diagnosis is based on history and physical examination. Conservative treatment, including analgesics, Physiotherapy, muscle relaxation, habit modification, and bite splinting, usually is effective.

This syndrome is the most common disorder affecting the temporomandibular (jaw) region., although can refer on to the face. It is more common among women and has a bimodal age distribution in the early 20s and around menopause. The muscle spasm causing the disorder usually is the result of nocturnal bruxism (clenching or grinding of the teeth).

This can be cause by...

- irregular tooth contacts, emotional stress,
- sleep disorders
- Stress
- Depression
- T4 root syndrome in the upper back

Symptoms and Signs

Symptoms include pain and tenderness of the chewing muscles and often pain and limitation of jaw excursion. Nocturnal bruxism may lead to headache that is more severe on awakening and that gradually subsides during the day. Such pain should be distinguished from temporal arteritis (inflammation in the arteries of the head). Daytime symptoms, including headache, may worsen if bruxism continues throughout the day.

The jaw deviates when the mouth opens but usually not as suddenly or always at the same point of opening as it does with internal joint derangement. Exerting gentle pressure, the examiner can open the patient's mouth another 1 to 3 mm beyond unaided maximum opening.

Diagnosis

The diagnosis is made on the basis of signs and symptoms, and clinical examination.

Treatment

Mild analgesics

Splint or mouth guard

Physical therapy and/or acupuncture modalities to correct mal alignment, improve inflammation and reduce pain.

The patient must learn to stop clenching the jaw and grinding the teeth. Hard-to-chew foods and chewing gum should be avoided. Physical therapy, biofeedback to encourage relaxation, and hypnotherapy help most patients. Physical modalities include transcutaneous electric nerve stimulation and “spray and stretch,” in which the jaw is stretched open after the skin over the painful area has been chilled with ice or sprayed with a skin refrigerant, such as ethyl chloride.

Botulinum toxin has recently been used successfully to relieve muscle spasm in myofascial pain syndrome. Most patients, even if untreated, stop having significant symptoms within 2 to 3 yr.