



EAR, NOSE & THROAT CONSULTANTS OF NEVADA

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Pain and TMJD (TEMPORO-MANDIBULAR JOINT DISORDER)(page 1)

Ear pain can come from many source including ear infection, shingles and vasculitis. However, in the face of a normal ear exam it often is referred from teeth, tonsils, throat or tempromandibular joint Jawbone joint or TMJ).

The jawbone joint is a gliding hinge in front of the ear, and the back part of the joint is the front part of the ear canal. Thus ear symptoms are often the main feature of TMD. It can be accompanied with a click or pop with moving the jaw, but a click or pop need not to be present. Other ear symptoms such as pressure, ear ringing, dizziness and muffled hearing may be present. Sometimes there may even be some nasal stuffiness. On occasion, this pain can be triggered by a stressful event such a divorce or death in the family. Tooth clenching or grinding is usually a component. Recent extended dental work can precede an episode. People who chew a lot of gum are also more likely to develop jawbone joint pain. Diffuse arthritis may be a contributing factor as is trauma.

Because the pain is intense and finding on physical exam usually are minimal, often the ER physician is forced to presume there is a hidden infection and prescribe antibiotics to be on the safe side. For a definitive diagnosis a through ENT and dental exam are important. Other causes such as tonsillitis, dental infection, oropharyngeal cancer and inflammation need to be ruled out. These all are less frequent causes, but still need to be checked.

The history, physical exam and dental exam are usually all that are needed to make the diagnosis. Further studies such as blood test, MRI, Etc may be useful. Standard X-rays and CT scans are usually not helpful

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Pain and TMJD (TEMPORO-MANDIBULAR JOINT DISORDER) (page 2)

What can be done for TMJ dysfunction?

If yours is a mild case and one that has been detected fairly early, it will probably respond to these simple self-help remedies:

1. Chew evenly, left vs. right
2. Stop clenching, gritting, or grinding teeth.
3. Stop chewing gum
4. Avoid hard chewy foods.
5. Apply heating pad for a 1;2 hour at least twice daily.
6. Take aspirin or (buffered aspirin) or other anti-inflammatory medicines in a dose your doctor recommends.
7. Relaxation exercises or yoga

Items 1-4 are intended to reduce the amount of wear and injury that the joint suffers. Items 5 and 6 are to encourage the healing process. Ibuprofen and other anti-inflammatory medicines are very effective for reducing inflammation in joint, which is why patients use them for arthritis. They are very effective for TMJ dysfunction too. Item 7 should not be overlooked as stress is often a significant component. Checking for dental problems and readjusting your bite can help. Stubborn cases of TMJ dysfunction may require further consultation with an oral surgeon or dentist. Your dentist can fit you with a splint to open your bite and decrease bruxism (grinding your teeth while sleep)

If these conservative measures do not seem to help, rarely surgery may be indicated. However, as a generalization, TMJ will wax and wane. It often resolves spontaneously. Surgery for TMJ can lead to permanent disability. Thus, surgery should be avoided if at all possible.

Websites to investigate:

www.tmj.org

www.nicdr.nih.gov/nr/rdonlyres/39c75c9b1795-4a87-84b46-8t7dd-e639calOltmjdisorders.pdf
www.clevelandlandclinic.org/disorders/tempromandibular.disorders tmj

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