




TEMPOROMANDIBULAR DISORDERS: LITERATURE REVIEW

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ABSTRACT

This article is a literature review on temporomandibular disorders, showing the relevance of this area within dentistry, since the number of individuals with this pathology has been increasing. Through this study, we sought to bring the conception of signs, symptoms and identification of predisposing factors, which is still studied by several professionals in the area, with the objective of finding the etiology of temporomandibular disorder. Many studies point to TMD as more prevalent in women than in men, especially between the age group of 18 and 40 years. Several signs and/or symptoms have been studied, among them the most prevalent are: headaches, neck pain, pain in the region of the Temporomandibular Joint (TMJ), muscle pain, muscle fatigue, limitation of mouth opening and deviation of the opening and joint noises.

Keywords: Temporomandibular Disorder. DTM. ATM. Signs. Symptoms. Field of Knowledge: Health Sciences.

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INTRODUCTION

The temporomandibular joint (TMJ) is the only mobile joint of the skull, and considered the most composed of the entire human body, as it allows movements such as rotation, characteristic of a ginglemoidal joint, and translation, characteristic of an arthroid joint, due to the condyle. Therefore, the TMJ is classified as a ginglemoarthroid joint (makes two movements), when the TMJ limit is exceeded, the operating forces become harmful, leading to the appearance of TMD.

TMD, temporomandibular disorder, is a complex disease that is characterized by the set of signs and symptoms involving the masticatory muscles, the TMJ, and the structures adjacent to it. Some studies classify TMD into two major subgroups: TMD of joint origin, where the signs and symptoms are related to TMJ, and TMD of muscular origin, that is, the one in which the signs and symptoms are associated with the muscles involved. Its characteristic symptoms are: muscle and joint pain, limitation, locking and deviation in the mandibular trajectory, joint noises during mouth opening and closing, tiredness in the muscles of the face, and certain types of headaches, neck pain, neck pain and earaches.

However, its etiology is still intriguing and little known. Many studies indicate that the onset of TMD is related to psychobehavioral, occlusal, and neuromuscular factors, understanding that the origin of temporomandibular disorder is multifactorial.

Parafunctional habits, such as grinding or clenching teeth, whether during the day or night, biting and/or biting nails/cuticles, and objects such as pencils and pens, placing the hand under the chin frequently, are customs that can influence as etiological factors, due to the action of the force exerted on muscle activity, for the origin of TMJ dysfunction.

METHODOLOGY

The present study is a literature review in which the signs and symptoms of temporomandibular disorders are addressed, as well as its approach and treatment. The literature review was carried out based on a search of journals available in the online databases Medline/Pubmed, LILACS, Google Scholar, Rev Odonto, Scielo (scientific electronic library) and BBO (Brazilian Bibliography of Dentistry), using the descriptors in the area of concentration in health sciences.

DISCUSSION

The importance of studying and seeking to understand the origin, etiology, signs, symptoms and the conception of a specific treatment for each patient about temporomandibular disorder has matured within dentistry over the years.

Several studies have found that the highest frequency of TMD cases were diagnosed in gender, and that the highest prevalence of this pathology in women is in the age group of 20 and 40 years. It was observed that 64% worked as housewives, students and unemployed. It was observed that 64% of these women worked as housewives, students and unemployed.

In many researches, several signs and symptoms are observed daily, such as: pain in the TMJ and masseter region, unilateral or bilateral clicking, mandibular locking, decreased mouth opening, headache, pain during chewing, difficulty chewing, bruxism, muscle fatigue, clenching, biting lips and cheeks, onychophagia and ringing in the ear, are the most common complaints of patients suffering from TMD.

Some deleterious and postural habits, occurring during daily life, are studied as factors associated with the etiology of temporomandibular disorder, among these practices it is possible to observe the frequency of placing the hand on the chin, squeezing and/or biting objects, atypical posture of the shoulders and head flexion; Another factor also associated is the exercise of professions that require greater muscular efforts, such as athletes and bodybuilders.

Some studies investigate the relationship between otological problems and TMD, hearing tests (tonal audiometry, logaudiometry and immittance testing) and otoscopy exams were performed with 20 female students, although the study did not present a convincing relationship between otological problems and TMD, the research participants who presented some otological alteration also presented signs and/or symptoms, especially pain, initial TMD. The main signs that were diagnosed as temporomandibular disorder presented other characteristic symptoms of this pathology such as: headache, deviations of mandibular movements, vertical reduction of mandibular movements, according to experts these signs can be encouraged by some factors that limit occlusion, abnormal position of the condyle of the mandible, parafunctional habits, excessive activities of the orofacial muscles and psychological disorders.

Although there is a consensus regarding the multifactorial etiology of TMD, there is still little agreement regarding the importance of the etiological factors involved, and it is not yet known to what extent these factors can be considered predisposing, triggering or perpetuating (Júnior et al., 2004; Okeson, 2013).

However, the psychological and psychosocial aspects make up one of the most studied and researched etiological factors of TMD, several specialists believe that psychological conditions can contribute not only to the appearance but also to the perpetuation of this disease, in addition to negatively inducing the treatment performed



(Moreira, Júnior & Bussadori, 1998). Some research points to depression, stress, anxiety, and personality traits, all associated with anxiety, as the most common psychological factors in people who have developed TMD.

With regard to treatment conducts, each patient must be treated in a specific way, using the appropriate means, seeking to discover the causal factor of this pathology in such an individual and interspersing the treatment with other necessary professionals.

CONCLUSION

According to the literature review, it can be obtained that TMD is a multifactorial pathology, that is, several factors can cause its appearance and permanence, there is still much controversy in relation to some aspects. However, treatments for temporomandibular disorder have covered several professional areas, physiotherapies, acupuncture, therapies, among others, in addition to dentistry.



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