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| **Name:** |
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| **Group:** |
| 8A-4 |
| **Pathology Question:** |
| What causes anterior disc displacement and bilateral masticatory myalgia of the TMJ? |
| **Report:** |
| Temporomandibular joint anterior disc displacement occurs when there is an abnormal relationship between the articular disc, the mandibular condyle and the mandibular fossa. It is one of the most common TMJ disorders and presents with clicking, joint pain, limited range of movement and masticatory difficulty. When the disc is displaced anteriorly, that means it is displaced in front of the condylar head when the jaw is closed. Then, when the jaw opens, the disc may remain displaced (without reduction) or the disc may relocate to the intermediate area - on the condylar head (with reduction).  Anterior disc displacement is caused by trauma to the jaw or joint (chronic or acute injuries). This may include but are not limited to abnormal forces applied to the jaw, lack of lubrication within the joint/degenerative articular disorder, occlusal abnormalities, TMJ hypermobility/excessive opening. When the TMJ disc displacement occurs with reduction, there is often clicking/popping and pain with jaw use. When the TMJ disc displaces without reduction, the jaw is limited to a maximum jaw opening of less than 30 mm.  When there is pain associated with the TMJ due to disc displacement with jaw use, it is called masticatory myalgia. It is characterized as dull persistant ache overlying the jaw. It occurs due to the interplay between the muscles and the joints. Masticatory myalgia leads to stiffness, headaches, ear pain, malocclusion, clicking sounds/trismus, restricted opening and fatigue. |
| **References:** |
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