Sheet no : 11

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Inflammatory disorder of TMJ :

In this lecture we just talk about splint ..

\* The inflammatory disorder of TMJ is the same idea of disc and spasm ,, I mean we have different of treatment (definitive or supportive ) .

\* As a dentist we don’t deal a lot with this disorder because it is a systematic disease ,so general physician or orthopedic who treat it .

If it is a trauma , it acts as : #

1. Self limiting
2. Change to synovitis cured by antibiotics , surgery or splint

according to severity of case and treated within systematic disease .

\* physician may use supportive treatment like :

1-limit mandibular movement

2-soft diet

3-analgesic

4-thermotherapy

\* doctors usually give corticosteroids in most inflammatory joint diseases . Sometimes they make intramaxillary fixation to treat malocclusion until the case will be better then remove it .

Occlusal splint

Determinant of occlusion :

1-TMJ itself

2-muscles

3-occlusion

We put this splint to treat one of these determinant depend on case . so

Basic types of splints :

1-permissive splint

2-directive splint

1-permissive splint :

Just relives loading.-

-this splint position according to contact relation (not contact occlusion ).

-it just comforts the joints and muscles by using this method because in contact relation the joint on the most superior anterior position so joints and muscles are comfortable .

-it is diagnosed to eliminate noising occlusal contact and promote harmonious mastication function , the primary function of this splint is alter occlusion of the teeth and not interfere with the complete seating of the condoyle .

-contact relation splint (permissive splint) uses as diagnosed and treatment for muscle and occlusion problem.

As a following:

1-we use it when the muscle is spasm or hypertension after two months if the problem in the muscle , it will resolve .

2-the same of the problem in occlusion (interference) I keep teeth two months in centric relation away from occlusion then I can relieve interference .

2-directive splint :

- I direct the pts to certain occlusion forward (this present anterior guidance) and I make this splint according to this occlusion which is anterior guidance , so it is named directive .

- we use it if the problem in disc

#note :problem in disc occur when TMJ doesn’t follow the condyle so using this splint will put the TMJ on concert and force them for two weeks then the problem will resolve .

How to make a splint :

a- in contact relation (permissive splint) :

1- I will do an impression for a pts to take its occlusion but when I go to the lab I wont use this occlusion on the articulator , I will return it back to the most contact relation position so I will remove the over jet (that’s mean it is the same relation but it is elevated upon each other by 2 mm ) .

2- then I will put the acrylic sheet upon them so it will be occluded between teeth .

3- i will cut the sheet from anterior teeth in which only cover 2 mm of it , but I will cover all posterior teeth and a little bit of palate by 6 mm .

#note:

-if we do it 2 mm anteriorly and posteriorly it wont fix.

-thickness of this sheet is 2 mm.

-when pts put this sheet on his mouth , he wont be able to bite his normal biting , so this sheet impose the pts to bite on contact relation .

b-in anterior guidance :

the pts will close his mouth at first four anterior teeth (central and lateral) not posterior .

in anterior guidance splint : same idea .

1-I will take an impression for central and lateral max and mand teeth ( I have already taken an impression for his occlusion before I do this ) .

2-then I will transfer these relation on articulator .

#note : the difference here I wont return the articulator back like centric relation .

3-i will precede lower cast and put it anteriorly .

4-i will give a duralay impression only for anterior max and mand teeth during biting , then I transfer it on the jaws to allow it occlude on the same way then I do splint like it .

#note: - here this splint I will make it thicker anteriorly by 2 mm.

- I will let the pts 2 weeks occlude in this way ( again there is no contact posteriorly just anteriorly to allow condyle and disc being forward in this period ).

To summary :

I will make an impression do cast put it on articulator , then if :

1- I want contact relation :

I will return it back on contact relation and remove any occlusion then do occlusal splint in where he bites on all teeth (On contact relation ) bfr8yat 2 mm.

2- I want anterior guidance :

I will do an impression for four anterior teeth max and mand ( 8 teeth ) while pts precede his teeth anteriorly so when I transfer it on articulator I will make sure that lower cast precede anteriorly on the same way .

With our regards …