

**DISEASES OF THE TEMPOROMANDIBULAR JOINT AND FORMULATION OF
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Abstract. Comparatively recently, back in the 80s of the last century, differential diagnostics of diseases of the temporomandibular joint (TMJ) was carried out between the most common diseases of the temporomandibular joint - habitual dislocation and subluxation of the lower jaw, arthritis and arthrosis. Later, works began to appear in which the diagnosis made, for example, "dislocation of the meniscus of the TMJ" went beyond the international classification of diseases (ICD), new nosological forms began to appear in the classifications, for example, muscular-articular dysfunction.

Key words: temporomandibular joint, articular disc, arthritis, arthrosis, dislocation of the head of the lower jaw.

**ЗАБОЛЕВАНИЯ ВИСОЧНО-НИЖНЕЧЕЛЮСТНОГО СУСТАВА И
ФОРМУЛИРОВКА ДИАГНОЗА.**

Аннотация. Сравнительно недавно, еще в 80-х годах прошлого века, дифференциальная диагностика заболеваний височно-нижнечелюстного сустава (ВНЧС) проводилась между наиболее распространенными заболеваниями височно-нижнечелюстного сустава — привычным вывихом и подвывихом нижней челюсти, артритами и артрозами. Позднее стали появляться работы, в которых поставленный диагноз, например, «вывих мениска ВНЧС» выходил за рамки международной классификации болезней (МКБ), в классификациях стали появляться новые нозологические формы, например, мышечно-суставная дисфункция.

Ключевые слова: височно-нижнечелюстной сустав, суставной диск, артрит, артроз, вывих головки нижней челюсти.

The rapid further development of medical science and, in particular, the study of TMJ pathology, was facilitated by the emergence in recent decades of highly effective technologies such as computed tomography (CT), magnetic resonance imaging (MRI) and TMJ arthroscopy, which significantly expanded diagnostic capabilities and revealed many previously unknown details of structural changes in the TMJ. It became possible to visualize the soft tissue structures of the TMJ, it was established that many pathological processes are explained or accompanied by

a violation of these structures - the articular disc, intra-articular ligaments and capsule, and these diseases, according to many authors, account for 70 to 80% of all cases of TMJ lesions.

Currently, the most common classification used in our country and abroad is the classification of TMJ diseases based on ICD-10. According to this classification, joint diseases can be classified into two classes.

Class XII. Maxillofacial anomalies (including bite anomalies), section "Diseases of the temporomandibular joint".

- Painful dysfunction syndrome of the temporomandibular joint.
- Clicking jaw.
- Dislocation and subluxation of the TMJ.
- Pain in the TMJ, not classified in other sections.
- Stiffness of the TMJ, not classified in other sections.
- Osteophytes of the temporomandibular joint.
- Other diseases of the TMJ.
- Unspecified TMJ disease.

Class XIII. Diseases of the musculoskeletal system and connective tissue. Arthropathies.

- Infectious arthropathies: pyogenic arthritis, reactive arthropathies, Reiter's disease.
- Inflammatory polyarthropathies: seropositive rheumatoid arthritis, Felty's syndrome, other rheumatoid arthritis, juvenile arthritis.

- Traumatic arthropathies.

Arthrosis.

- Arthrosis (polyarthrosis, osteoarthritis, primary arthrosis).

However, this classification does not take into account the issues of etiology and pathogenesis of TMJ diseases. Most often, the diagnosis is formulated as "temporomandibular joint pain dysfunction syndrome" (Costen syndrome), "clicking jaw" and "temporomandibular joint osteoarthritis".

The Wilkes classification, Research Diagnostic Criteria (RDC) and the classification of the American Academy of Orofacial Pain (AAOFP) are widely used in foreign literature.

The most common classification used by maxillofacial surgeons in other countries is the Wilkes classification. But this classification does not include all TMJ diseases. The use of the RDC classification requires a large number of complex calculations and calculations, which limits their use in practical dentistry. In 1997, Russian scientists created a new classification of diseases and injuries of the temporomandibular joint, which was adapted to modern diagnostic capabilities and recognized by leading experts as the most successful:

Articular diseases:

1. Inflammatory (arthritis). 2.

2. Non-inflammatory.
- 2.1. Internal disorders.
- 2.2. Osteoarthritis:
 - not associated with internal disorders of the TMJ, primary or generalized;
 - associated with internal disorders of the TMJ (secondary).
- 2.3. Ankylosis.
- 2.4. Congenital anomalies.
- 2.5. Tumors.

Non-articular diseases:

1. Bruxism.
2. Pain syndrome of TMJ dysfunction.
3. Contractures of the masticatory muscles.

One of the main features of this classification is the presence of a section on internal disorders.

Internal TMJ disorders. The collective term "internal TMJ disorders" includes conditions in which there is pathology of the soft tissue elements of the joint (articular disc, intra-articular ligaments, capsule), changes in their anatomical and functional relationships. According to literary data, they make up 70-80% of patients who have sought medical attention for TMJ pathology. The most common cause of this type of pathology is long-term changes in the dental system that form forced occlusion. In the absence of occlusal pathology, the cause of internal TMJ disorders may be a change in the state of the muscles involved in chewing. In many cases, the leading etiological factor in the appearance of these disorders is overstretching of the ligamentous apparatus of the TMJ. It should be noted that the onset and progression of internal TMJ disorders is often associated with the initial state of the soft tissue structures that make it up. Patients with connective tissue dysplasia are characterized by a high degree of predisposition to diseases of the musculoskeletal system.

There are 9 clinical forms of internal TMJ disorders.

The main clinical forms, syndromes and clinical manifestations are presented in Table 1.

Table 1 - Main clinical forms of internal TMJ disorders, syndromes and clinical manifestations

Clinical forms	Syndromes	Main clinical manifestations
Chronic dislocation of the head of the mandible	Dislocation of the head of the lower jaw without displacement of the articular disc	Dislocation of the head of the lower jaw, not requiring reduction, without clicking

Subluxation of the articular disc	Anterior early reducible displacement	No dislocation of the head of the lower jaw, clicking within the glenoid fossa
Chronic dislocation of the head of the lower jaw with subluxation of the articular disc	Dislocation of the head of the lower jaw, anterior early irreducible displacement of the articular disc	Dislocation of the head of the lower jaw, not requiring reduction, clicking within the glenoid fossa
Chronic TMJ dislocation	Dislocation of the head of the lower jaw, anterior late reducible displacement of the articular disc	Dislocation of the head of the lower jaw, not requiring reduction, clicking sound during dislocation
Habitual dislocation of the TMJ	Same	Dislocation of the head of the lower jaw requiring reduction, clicking sound during dislocation
Recurrent dislocation of the articular disc	Intermittent anterior non-reducible displacement of the articular disc	Transient blocking of the TMJ with different options for disc position during reduction
Chronic dislocation of the articular disc	Permanent anterior non-reducible displacement of the articular disc	Permanent blocking of the TMJ
Chronic dislocation of the articular disc, osteoarthritis (secondary)	Anterior permanent irreducible displacement of the articular disc, its adhesion, violation of the integrity of the cartilaginous covering of the head of the lower jaw, etc. R-logical signs of osteoarthritis	Permanent blocking of the TMJ
Chronic posterior dislocation of the articular disc	Posterior permanent irreducible displacement of the articular disc	Pain, disturbance of teeth occlusion on the affected side

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