# DISEASES OF THE TEMPOROMANDIBULAR JOINT AND FORMULATION OF DIAGNOSIS.

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***Abstract.*** *Comparatively recently, back in the 80s of the last century, differential diagnostics of temporomandibular joint (TMJ) diseases was carried out between the most common temporomandibular joint diseases - habitual dislocation and subluxation of the lower jaw, arthritis and arthrosis. Later, works began to appear in which the diagnosis made, for example, "TMJ meniscus dislocation" 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 mandible.*

# 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.*

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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 malocclusion), section " Diseases of the temporomandibular joint".

•Temporomandibular joint pain dysfunction syndrome. •Clicking jaw.

•Dislocation and subluxation of the TMJ.

•TMJ pain, not elsewhere classified.

•Stiffness of TMJ, not elsewhere classified.

•Osteophytes of the temporomandibular joint.

•Other TMJ diseases.

•TMJ disorder, unspecified.

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, osteoarthrosis, 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's syndrome), "clicking jaw" and" temporomandibular joint osteoarthritis".

In foreign literature, the classification according to Wilkes, Research Diagnostic is widely used. Criteria (RDC) and the American Academy of Orofacial Pain (AAOFP) classification.

The most common classification used by maxillofacial surgeons in other countries is the Wilkes classification. However, this classification does not include all TMJ disorders. 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 was recognized by leading specialists as the most successful:

Articular diseases:

1. Inflammatory (arthritis). 2.
2. Non-inflammatory.

2.1. Internal violations.

2.2. Osteoarthritis:

- not associated with internal TMJ disorders, 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 treatment at the clinic for TMJ pathology.

The most common cause of this type of pathology is long-term changes in the dental system, forming 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 occurrence of these disorders is overstretching of the TMJ ligamentous apparatus. 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.

1. Chronic dislocation of the head of the lower jaw.
2. Subluxation of the articular disc.
3. Chronic dislocation of the head of the lower jaw with subluxation of the articular disc.
4. Chronic dislocation of the TMJ.
5. Habitual dislocation of the TMJ.
6. Recurrent dislocation of the joint disk.

7. Chronic dislocation of the articular disc.
8. Chronic dislocation of the articular disc, osteoarthritis (secondary).
9. Chronic posterior dislocation of the articular disc

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