



TMD News

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**Temporomandibular Disorders/Orofacial Pain
Snoring/Obstructive Sleep Apnea
Headaches**

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The Great Imposter

TMD has been called The Great Imposter because **it can present with symptoms that mimic (or pose as) many other medical or dental problems.** This makes diagnosis difficult and can result in patients being seen by multiple doctors, often enduring misdiagnoses and failed treatments before he/she is finally evaluated for TMD. Patients may present broke and frustrated, even though the TMD therapist is meeting them for the first time. In addition, the delay in getting proper diagnosis and treatment causes the symptoms to become more chronic and complex, making treatment success more difficult. Symptoms that might have been managed early with some simple education or home care can require multiple therapies after time and frustration have complicated and expanded them.

A classic example of The Great Imposter is TMD causing otalgia in the guise of an ear infection. These patients often exhibit no clinical signs of primary ear pathology, yet they may have ear pain that persists even after an ear infection has been successfully treated. Historically, TMD has been closely linked with otolaryngology. One of the earliest credible studies describing TMD was published in 1934 by an otolaryngologist, James B. Costen. Though his sample size was small (only 11 edentulous patients) and some of his conclusions have since been discredited, Costen established **TMD as a differential diagnosis to be considered when otalgia is present.** TMD is still referred to as “Costen’s Syndrome” today in some medical textbooks.

Patients with otalgia need **a thorough soft-tissue examination and a comprehensive interview** in order to obtain their health history and understand the nature and progression of their presenting symptoms. Previous diagnoses and unsuccessful treatments should be noted. These patients almost always exhibit tenderness of the posterior TMJ capsule when palpated manually. Inflammation in this region typically refers pain to the ipsilateral ear. It can cause a feeling of fullness in the ear or the sensation that it is plugged up. Patients may also experience subjective hearing loss. Other, usually secondary, sites of referral to the ear include the ipsilateral sternocleidomastoid and trapezius muscles.

Etiology of referred otalgia varies. **Extrinsic trauma** can be an obvious cause, but most patients present without a history of trauma. Their symptoms can usually be attributed to **intrinsic trauma** from bruxing, often compounded by missing teeth and inadequate posterior support.

Treatment for referred otalgia **varies depending on the exam findings**, but options include an intraoral stabilization appliance for dentulous patients as well as physical therapy. Edentulous patients often need correction of their dentures, especially the inadequate and poorly fitting lower denture. This can range from a simple relin to implants and new dentures.

Good diagnostic and treatment decisions are the keys to unmasking The Great Imposter!