



JAW JOINT DYSFUNCTION

Jaw joint dysfunction is a common condition. Patients frequently visit an ENT Surgeon because of ear symptoms that arise from this condition. The relationship between the jaw (Temporomandibular Joint) and the ear is position and nerve innervation. The TMJ is situated just in front of the ear canal and is supplied by the same nerve as that which supplies the ear canal and eardrum. As such, inflammation within the TMJ frequently causes ear symptoms. These symptoms include: pain, blockage, fullness, itch or ringing in the ears and sensitivity to loud sound. Frequently the skin over the temple is sensitive and there can be aching in the lower jaw and in the upper part of the neck.

Patients can present with ear infections secondary to TMJ dysfunction because the ear has been scratched or rubbed with cotton buds or other instruments leading to skin breakage and the introduction of bacteria. This leads to secondary external ear canal infection which can be quite painful and associated with hearing loss and ear discharge. Patients with jaw joint dysfunction are not uncommonly told that they have a middle ear infection, as the symptoms are similar. Jaw joint dysfunction is usually seen in patients under stress. Examination by your ENT Surgeon, when ear symptoms are present, is important to correctly identify the source of a patient's symptoms and provide guidance on appropriate management.

TMJ dysfunction is the altered mechanism and movement of the jaw joint as a result of some common precursors including: stress, grinding and clenching teeth, significant dental work (including extractions) or recent surgery (dental or other).

Stress can sometimes cause people to hold tension in their jaw and neck. This tension can affect the mechanics of the jaw and lead to pain, jaw stiffness, jaw clicking and, in particularly bad cases, jaw locking. Stress can also initiate teeth grinding or clenching during the day and or at night. This is usually a subconscious manifestation which can also lead to a similar presentation of symptoms.

If you are missing numerous teeth, particularly the back teeth as a result of extractions, this can affect the bite pattern and the mechanics of the jaw when chewing. This searching for teeth to oppose each other to chew food loads the jaw joints due to the excessive accessory movement required. Over time this will lead to jaw joint degeneration and may cause some of the symptoms listed above. Dentures need to fit well and they do wear out. Poor fitting or worn dentures can affect the occlusion plane (the way your teeth fit together) and this can affect the joint loading and jaw mechanics. Poor dental hygiene and the resulting dental disease can cause denture ulceration, or gum and tooth sensitivity. This can have a secondary effect on jaw mechanics and result in TMJ dysfunction.

On diagnosis of TMJ dysfunction, patients commonly benefit from some simple measures such as: the avoidance of hard chewing by eating softer foods, awareness and avoiding clenching or grinding teeth. Analgesics and anti-inflammatory medication, such as Nurofen, can reduce inflammation in the jaw joint and in the tender chewing muscles. The application of hot packs to the cheek can help with muscle spasm in the chewing muscles that commonly occurs with this condition.

The management of TMJ dysfunction is specific and sometimes requires a multidisciplinary approach. Patients of the Illawarra ENT, Head and Neck Clinic are referred to the TMJ and Facial Clinic, conducted by Physical Therapy Health Group, for assessment and management by David Beconsall. Only suitably trained physiotherapists, with extensive experience in the management of TMJ dysfunction should be consulted for the management of this particular condition.

On the basis of your assessment, David may direct you to consult with your dentist as a part of your management strategy. Follow up consultation with your ENT Surgeon will be made as appropriate.