

# Masticatory/Temporomandibular Disorders: Practical Assessment and Care Concepts for the Otolaryngologist

Matthew R Lark\*

*Diplomate American Board of Orofacial Pain, University of Toledo Medical College, Pain Kois Center, Washington, United States*

## DESCRIPTION

Orofacial Pain is the newest minted specialty in dentistry. This discipline concerns itself with the diagnosis and management of disorders of the craniomandibular complex. Temporomandibular Joint (TMJ) disorders, post traumatic trigeminal neuropathies, acquired and congenital auto-immune pathology, neurovascular pain, musculoskeletal disorders, neuralgias, are just a few of the many problems addressed by the orofacial pain dentist. Dental infection can manifest in the maxillary sinus. Vii trigeminal neuralgia or neuropathic pain can imitate the symptoms of an acoustic neuroma or a cerebral pontine angle tumor and possibly be secondary to these neoplasms. Many comorbidities crossover into the realm of medical specialists. Otolgic problems can masquerade as temporomandibular arthralgia and myoneuronal trigger points and synovitis of the TMJ can refer pain to the ear structures.

Orofacial Pain practice intersects otolaryngology in the area of sleep disordered breathing. Obstructive sleep apnea and upper airway resistance syndrome are both functional and structural disorders. Upper airway begins with nasal structures. Osteal meatal obstruction, deviated septa, choncha bullosa, sinusitis, polyps, mucocoeles, fungal infections, nasal valve collapse, neoplasms, all contribute to nasal obstruction forcing a patient to become an obligatory oral breather. The nose is the carburetor of the respiratory system which functions to warm and moisten inspired ambient air and blending the air with nitric oxide released from the sinuses making facilitating oxygen absorption in the alveoli. Nasal respiration enhances parasympathetic tone and when compromised increased sympathetic tone causes sleep fragmentation which interrupts stage three restorative sleeps. Mouth breathing can cause xerostomia resulting in fetid oralis and increased risk for dental caries and periodontal disease. Temporomandibular joint disorders and dentofacial growth abnormalities can constrict the

retropharyngeal airway as the tongue retracts into the hypopharynx decreasing effective airway volume. During development, tongue ties can prevent the formation of development of the palate and width of the nasal floor. The dentist and ENT must collaborate with interdisciplinary care when considering the management of obstructive sleep apnea by understanding the anatomical and pathological etiologies and comorbidities cogent to each specialty.

Cone beam radiology of the head and neck has become the standard of care when diagnosing both dentofacial disorders and otolaryngological disorders. Cone Beam Computed Tomography (CBCT) enhances the clinical evaluation by imaging anomalies specific to both disciplines. The ENT might benefit from observing dental related problems such as: Temporomandibular joint arthritis, or signs of disc displacement, growth disorders, impacted or infected teeth, cysts, tumors, fractures, and the impact the maxillary dental infection has on the maxillary sinuses.

Neurovascular problems and neurogenic disorders which affect the trigeminal system have comorbid presentations which might be first witnessed by the ENT or dentist. Awareness of trigeminal autonomic cephalalgias, migraine, tension type headache, sinus contact headache, and secondary headaches attributed to metabolic disorders, neoplasms, traumatic injuries, and neurological disorders may be triaged by the ENT or dentist which may promote the need for referral.

## CONCLUSION

The purpose of this chapter is to encourage interdisciplinary cooperation between the specialties by highlighting commonalities where comorbidities affect both the otolaryngologist and the orofacial pain specialist; Thereby patients might be better routed to the appropriate practitioner.

**Correspondence to:** Matthew R Lark, Diplomate American Board of Orofacial Pain, University of Toledo Medical College, Pain Kois Center, Washington, United States, E-mail: abiento@aim.com

**Received:** 05-Aug-2022, Manuscript No. DCR-22-17682; **Editor assigned:** 08-Aug-2022, Pre QC No. DCR-22-17682 (PQ); **Reviewed:** 22-Aug-2022, QC No DCR-22-17682; **Revised:** 29-Aug-2022, Manuscript No. DCR-22-17682 (R); **Published:** 08-Sep-2022, DOI: 10.35248/2161-1122.22.12.592.

**Citation:** Lark MR (2022) Masticatory/Temporomandibular Disorders: Practical Assessment and Care Concepts for the Otolaryngologist. J Dentistry. 12:592.

**Copyright:** © 2022 Lark MR. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.