

Radiographic measurement of the cervical spine in patients with temporomandibular dysfunction.

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Abstract

AIM: To compare the craniocervical angles and distances between temporomandibular dysfunction (TMD) and free TMD subjects. **CASUISTIC AND METHODS:** The sample consisted of young adults, of both genders, with age ranging between 18 and 30 years. TMD diagnosis was based on the clinical criteria of the Research Diagnostic Criteria for TMD (RDC/TMD), associated with self-reported symptoms of TMD. For radiological analysis we measured three angles and two distances of craniocervical region. **RESULTS:** Of the 56 subjects, only 23 completed all stages of research, which were divided into two groups: (1) free TMD group - composed of 11 individuals; (2) TMD group - constituted of 12 subjects. The most common clinical diagnosis of TMD was arthralgia (75.0%) followed by myofascial pain without limited mouth opening (58.4%). Among the self-reported symptoms of TMD, the most frequent were facial (83.4%) and neck (66.6%) pain. Of radiological measurement, only plane atlas angle (APA) ($p=0.026$) and anterior translation distance (Tz C(2)-C(7)) ($p=0.045$) showed statistical difference between groups TMD (APA=16.7 \pm 1.63; Tz C(2)-C(7)=28.7 \pm 2.58) and free TMD (APA=21.64 \pm 1.24; Tz C(2)-C(7)=19.82 \pm 3.29). **CONCLUSION:** It could be verified that the symptomatic TMD patients presented a flexion of the first cervical vertebra associated with an anteriorization of the cervical spine (hyperlordosis). Copyright © 2010 Elsevier Ltd. All rights reserved.

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