

CASE HISTORY: TEMPORO MANDIBULAR JOINT DYSFUNCTION IN A SEVEN YEAR OLD CHILD

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The child had been complaining of pain in front of her right ear, to her mother, for six months. At the onset of the pain the child had been examined by the family medical practitioner who referred her to a pediatrician. Beyond commenting on the presence of enlarged adenoids, which in his opinion did not require treatment, the pediatrician made no diagnosis.

Through the intervening months the frequency and duration of the pain increased and the patient was referred to an E.N.T. specialist. After a detailed examination, including a radiographic examination, the E.N.T. specialist confirmed the opinion of the pediatrician concerning the adenoids but could find no medical cause for the complaint. He referred the patient to her dentist who referred the patient in turn to the author.

The patient was a healthy, intelligent and rational child of seven and one half years. She complained of a dull aching pain, of variable duration, in the face anterior to her right ear. The patient possessed the normal mixed dentition for her age with a cross bite relationship (Fig. 1) in the right posterior quadrant and a slightly increased overjet. There were no carious lesions present nor was any other pathology evident.

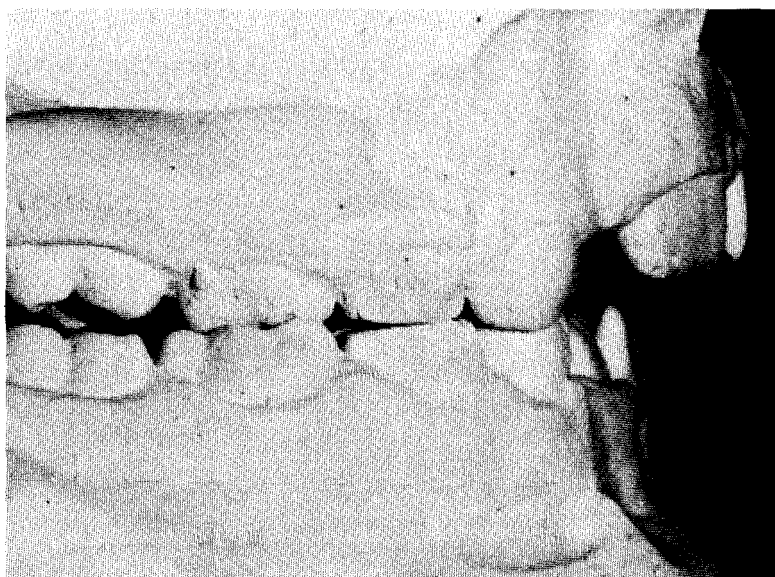


Fig. 1: Models of patient showing cross-bite and increased overjet.

A careful occlusal analysis was made of the patient's mandibular positions and movements but again no departures from the normal were evident. The patient's mother stated that the child was an habitual thumbsucker. There were no visible signs of this habit such as calloused fingers or thumb. As the E.N.T. examination had

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been conducted only five days previously, its negative findings were accepted. It is of major importance in the treatment of temporo-mandibular joint dysfunction cases to ensure that there is no other and possibly more serious etiological factor than the dental or occlusal factors.

It was thought that the pain could be the result of muscular strain arising from the thumb sucking habit. The insertion of a maxillary removable appliance was decided upon in an attempt to break this habit. No comment was made to the child at any stage concerning the habit or its possible consequences. The patient was told that she would be given a small appliance to wear all the time, except when she was eating. She was also told that the purpose of the appliance was to act in a preliminary way for the straightening of her teeth and the major part of this treatment would be carried out later.

A simple acrylic appliance (Fig. 2) with an anterior bite plane, labial arch wire and two Adams cribs was made. The patient cooperated and wore the appliance as directed. The mother advised that the thumb sucking ceased immediately after insertion and the pain disappeared soon after. The appliance was worn for seven and one half weeks. It was removed by the mother when the family were in another State on a visit.

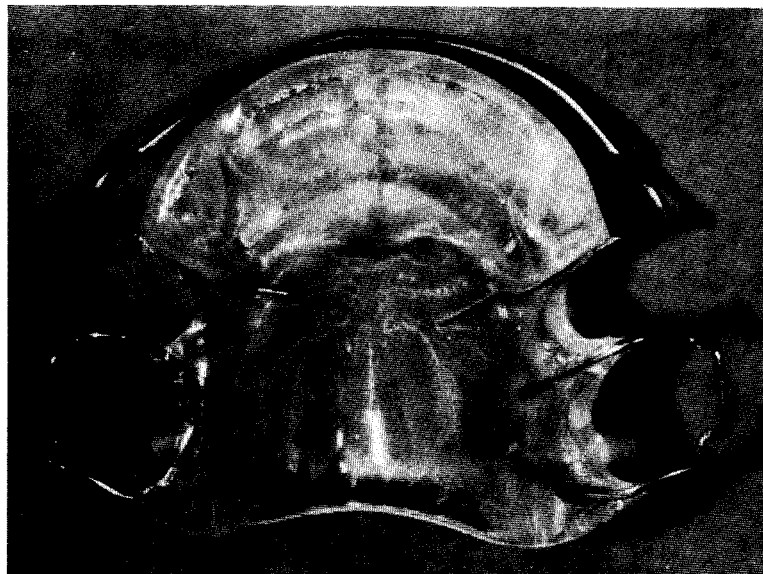


Fig. 2: Maxillary removable appliance.

Since the appliance was removed, there has been no relapse of the thumb sucking habit. The facial pain has not recurred.

Summary

This report describes a case of temporo-mandibular joint dysfunction in a child with a history of persistent thumb sucking. The insertion of a maxillary removable appliance resulted in cessation of the habit and disappearance of the pain.