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orthopedic literature, has recently come to be identified in the dental/temporomandibular joint (TMJ) disorders literature with any noninflammatory arthritic condition that results in similar degenerative changes as in osteoarthritis. The term “idiopathic condylar resorption,” also known as “progressive condylar resorption,” is described as a dysfunctional remodeling of the TMJ manifested by morphologic change, decreased ramal height, progressive mandibular retrusion in the adult, or decreased mandibular growth in the juvenile. This article discusses the diagnosis and management of osteoarthritic TMJ disorders and idiopathic condylar resorption.

Psychological Considerations for Chronic Orofacial Pain

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Charles R. Carlson

This article presents an overview of psychologic and behavioral issues related to chronic orofacial pains. Clinicians are first introduced to the role that biobehavioral issues play in the onset and maintenance of orofacial pains. Specific foundational principles for the development of successful biobehavioral interventions are then presented and examples of successful biobehavioral treatment programs for orofacial pains are described. Positive outcomes in chronic orofacial pain management often require a multidimensional approach to treatment because of the complexity of dysfunctions. The principles and procedures outlined in this article can guide the development of effective biobehavioral management approaches for orofacial pain conditions.

Pharmacologic Management of Temporomandibular Disorders

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Elliot V. Hersh, Ramesh Balasubramaniam, and Andres Pinto

Although there are theoretically numerous pharmacologic targets for relieving temporomandibular disorder (TMD)-associated pains, evidence-based literature clearly establishing the efficacy and safety of drugs in the TMD population is limited at best. This article reviews the pharmacology, toxicology, and research supporting the use of a host of pharmacologic agents that have been used in patients who have TMD, including nonsteroidal anti-inflammatory drugs, corticosteroids, benzodiazepines, nonbenzodiazepine sedative hypnotics, opioids, skeletal muscle relaxants, capsaicin, transdermal lidocaine, antidepressants, and anticonvulsants. Recommendations regarding the proper use of each drug class are also made.

Technological Devices in the Diagnosis of Temporomandibular Disorders

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Yoly M. Gonzalez, Charles S. Greene, and Norman D. Mohl

Claims have been made that certain diagnostic devices should be routinely used to differentiate between jaw dysfunction and normal variation and between various pathologic conditions of the temporomandibular joint. The claims that jaw-tracking devices have diagnostic value for detecting TMD are not well supported by the scientific evidence. The clinical usefulness of electromyography devices is limited because of technical, methodologic, and data interpretation problems, as well as significant overlap between asymptomatic and symptomatic groups. Claims for the use of sonography and vibratography machines to discriminate between various intracapsular TMJ conditions have not been substantiated by well-designed research. Until acceptable levels of technical and diagnostic validity have been clearly established, these diagnostic devices cannot be relied on as aids in differential diagnosis or in clinical decision making in the TMD field.

Neurovascular Pains: Implications of Migraine for the Oral and Maxillofacial Surgeon

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Donald R. Nixdorf, Ana M. Velly, and Aurelio A. Alonso

Epidemiologic studies have shown that migraine headaches are a common finding in the general population, often associated with a high degree of disability. Additionally,

migraine has a reported comorbidity with other medical conditions, most notably with chronic pains, such as temporomandibular disorders. The pathophysiologic mechanisms involved with migraine are suggestive of an increased and prolonged hyperexcitability to stimuli, especially within the trigeminal distribution. Because migraine is mediated by branches of the trigeminal nerve it has the potential to mimic other types of pains, such as toothache or sinusitis. It is therefore recommended that oral and maxillofacial surgeons be familiar with the diagnostic criteria for migraine headaches to identify and appropriately treat such individuals who present to their clinics.

Neuropathic Orofacial Pain

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Rafael Benoliel and Eli Eliav

Neuropathic orofacial pain is a general term employed to describe a number of clinical syndromes, which may be spontaneous or triggered by local trauma or systemic disorders. Symptomatically these painful syndromes may be episodic or continuous and are often difficult to distinguish from dental pathology. In the present article, we review the diagnosis, pathophysiology and therapeutic approaches to trigeminal and glossopharyngeal neuralgias, orofacial pain associated with herpetic infection, persistent idiopathic facial pain (previously termed atypical facial pain), post-traumatic orofacial neuropathy and neuritis.

Burning Mouth Syndrome: Recognition, Understanding, and Management

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Gary D. Klasser, Dena J. Fischer, and Joel B. Epstein

Burning mouth syndrome (BMS) can be a frustrating condition to the patient and the practitioner because the patient often experiences a continuous burning pain in the mouth without any apparent clinical signs, but the practitioner is unable to definitively diagnose symptoms even with the use of diagnostic testing or imaging. To overcome this dilemma, it is important for the practitioner to recognize and understand the complexities of BMS. The practitioner can then develop a sound approach to management of this condition and patients can be educated and reassured regarding BMS.

Orofacial Movement Disorders

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Ramesh Balasubramaniam and Saravanan Ram

This article reviews three poorly recognized yet relatively common presentations of hyperactive orofacial movement disorders: oromandibular dystonia, orofacial dyskinesia, and drug-induced extrapyramidal syndrome reactions. Orofacial movement disorders are often misdiagnosed as temporomandibular disorders, hence understanding these conditions is pertinent for the practitioner treating orofacial pain. Aspects of epidemiology, etiology, pathophysiology, clinical presentation, and diagnosis are discussed along with treatment considerations for these orofacial movement disorders.

Cancer and Orofacial Pain

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Dena J. Fischer, Gary D. Klasser, and Joel B. Epstein

Orofacial pain is commonly associated with cancer and may motivate patients to seek care from an oral and maxillofacial surgeon. Pain may be a presenting symptom of primary tumors, metastatic disease, systemic cancer, or distant non-metastasized cancer. Patients with head and neck cancer undergoing therapy may suffer treatment-induced complications, which are often associated with acute pain. Following cancer therapy, permanent changes to tissues may cause late effects of treatment that may result in chronic orofacial pains. Oral and maxillofacial surgeons should be knowledgeable regarding these orofacial pain presentations.

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