CRNC4: Management of Spontaneous Dislocation and Headache Attributed to TMD Using Stabilization Splint: Case Report

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Introduction: Treatment for temporomandibular disorder (TMD) is still controversial and it is preferable to eliminate pain and achieve relocation of the disc to its proper position. One of the common TMD is dislocation which characterized by inability to close the mouth. Dislocation has to be differentiated from subluxation which is a self-reducible condition. The purpose of this poster is to describe the management of a patient who developed pain and diagnosed with spontaneous dislocation and headache attributed to TMD using stabilization splint (SS).

Case Description: A 33 years old female patient came with pain in her jaw after reposition of her dislocate mandible several days ago. Pain and dislocation initially felt 21 years ago after a prolonged surgical removal of an impacted tooth. Six years later, recurrent dislocation occurred and patient often had headache until now. Patient had undergone orthodontic treatment in maxilla. Patient had clenching habit and chewing on one side. Clinical examination found muscles spasms, clicking on lateral excursion, and midline deflection on mouth opening. Temporomandibular joint radiograph showed difference in both condyle position. Panoramic radiograph showed big gonial angle. The Diagnostic Criteria for Temporomandibular Disorders (DC/TMD) was Disc Displacement with Reduction (DDwR) and headache attributed to TMD. Treatment plan for this case was maxillary SS followed by orthodontic treatment. At 3 months control, muscles spasms and pain disappeared completely and subluxation only occurred one time. At 6 months control, dislocation didn’t occur. Patient can open her mouth widely with no doubt.

Discussion: Stabilization splint is used to provide balanced bilateral occlusal contact on a flat splint surface. This method can be used to stabilize the occlusion, muscle, and joint so
that the pain and dislocation will be reduced. It provided a
temporary and removable ideal occlusion at increased vertical
dimension and centric relation. It increases TMJ space and
allowing anterior inferior movement of the condyle so SS can
manage disc-condyle disorders including dislocation.

**Conclusion:** In this case report, SS provides favourable
treatment outcome of reducing pain and occurrence of
mandibular dislocation, although further studies are still
required.

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