MANAGEMENT OF A PATIENT WITH PSORIASIS AND TEMPOROMANDIBULAR DISORDERS

A case presentation

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ABSTRACT
The Masticatory or occlusal system, is an orthopedic system in nature; complex, adaptable and efficient and in charge of speech, respiration, mastication, sleep and swallow throughout our lives, all on which life depends. The system has 3 complex anatomical components; the 2 temporomandibular joints (TMJ), the neuromuscular and the interdental relationship and its supporting tissues that can be damaged in similar ways to those of the rest of the human body or present in comorbidity. The intention of this case presentation is to describe the conservative management of the Phase I and Phase II of a patient with neck pain,
INTRODUCTION
This a case of a 48 years old female male patient (pt) referred to my office by her ENT specialist and first seen in March 14, 2017. The occlusal analysis revealed;
1. Chief Complaint; “problems with mastication and to swallow and throat ache”. She first went to the ENT specialist that referred her to me because he suspected it was an articular condition.
2. Medical History;
   a. Psoriasis for many years.
   b. Medications; She could not recall the name of medication prescribed by her attending dermatologist for the psoriatic dermatitis, she was not currently taking it and has not visited the dermatologist recently.
   c. Weight: known, 136 lbs.
   d. Blood pressure; unknown. Taken in the office: 88/63 right wrist.
3. The sleep apnea questionnaire and the Epworth scale in Spanish (fig. 1) was only positive to non-repairing sleep and 7 hours sleep.
4. Dental history; orthodontics in her youth.
5. Articular-muscular history; History of 1.5 weeks with the actual chief complaints and without previous history. She did refer a history of 3 years with daily awakening and daytime headaches, neck pain and whole body aches, all without treatment or diagnosis. The pt was aware of the difficulty in closure and that she had the habit of repetitively moving the jaw during the day to be able to close the mouth. She has had joint sounds for years.
6. Muscular examination; Palpation indicated pain and slight swelling of bilateral masseter, temporal, SCM and trapezius muscles. Psoriatic lesions were observable in her neck (fig. 2).
7. Articular examination; Both TMJ were painful on palpation and crepitation was heard during opening and lateral with the Doppler™.
8. Range of motion examination: Painful opening and closing in both TMJ, with a 30 mm inter incisal right side shift (fig. 3).
9. Posture examination; Deviated omicron line and anterior posture of head (figs. 4 & 5). Psoriatic lesions in the arms were hidden by the long sleeves.
10. **Interdental examination:** Two anterior bite relationships were observed before obtaining Maximum Intercuspidation (MI) (fig. 6, 7, 8 and Movie). The dysphagia and salivation could be seen. Wear facets in all molars.
11. **Intraoral examination:** Retruded tongue and generalized gingivitis. (Movie)
12. **Images examination:** Asymmetrical and irregular condyles with a large Ellis cyst in the right. The airway seemed open (fig. 9, 10 & 11).

The **diagnosis** were:
1. R/O Psoriatic Arthritis of both TMJ.
2. Muscular Co contraction
3. Capsulitis, bilateral
4. Sleep and awake Bruxism
5. Maladaptive Occlusion

The **Phase I treatment** started immediately with #1 and #2 at the consultation appointment with:
1. An urgent referral to her dermatologist. The dermatologist saw her one week later and prescribed Soritec™ 10 mg per day.
2. Plaque disclosing was done, brushing and flossing indications were given and instructions for .012 chlorhexidine solution one-minute rinse after meals for two weeks. She was referred to her attending dentist for periodontal evaluation.
3. An initial session of 30 minutes with TENS by Bioreserach™ and delivery, in the resultant mandibular position, of a mandibular full coverage neuromuscular appliance (fig. 12) with anterior guidance and even contacts obtained with a Parkell II™ ribbon.
4. Use of the appliance 24 hours a day, removal only to eat and oral hygiene and follow up/adjustment appointments every 2 weeks for at least 2 months.

The # 3 and # 4 treatments were started March 23, 2017. She complied and reported constant reduction of all signs and symptoms and improved sleep and was fully asymptomatic by May 20, 2017, thus obtaining the goals of Phase I of pain control, bruxism cessation and restoration of mandibular function.

Post op photos, a bite registration in the postural adapted centric relation (PACR) and models were taken (figs. 13, 14, 15, 16 & 17). The lesions in the neck had decreased in size and redness and she could now wear short sleeves.

The discrepancy between PACR and MI indicated an Occlusal Equilibration as a **Phase II option of treatment**. In June 1, 2017 I did the case
presentation, she understood and accepted it. It was done in July 8, 2017, with 2 tune ups in July 22 and August 6, 2017 and progressive loading of the system with gradual removal of the appliance. She was instructed to visit her dermatologist regularly, to maintain the appliance for possible relapses and to call us ASAP if signs or symptoms reappear.

SUMMARY
The Temporomandibular Disorders\(^2\) can be painful, incapacitating, move or wear teeth, alter the sleep, the general health and wellbeing. Their sign and symptoms can be perplexing, its diagnosis can be difficult or can present with comorbidity with other medical conditions. The alternatives of Phase I relieve pain and restore or improve muscular and articular function. The Phase II alternatives, rehabilitate the altered occlusal table.

BIBLIOGRAPHY
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FIGURES AND MOVIE

Figure 1

Figure 2
Figure 5
Figure 6 (#1 position)
Figure 7 (#2 position)
Figure 8 (MI)
Figure 10
Figure 11