



# THE ESSENTIAL ROLE OF DIAGNOSTIC AND TREATMENT METHODS FOR PATIENTS WITH TEMPOROMANDIBULAR JOINT PAIN DYSFUNCTION SYNDROME

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<b>Received:</b> March 11 <sup>th</sup> 2022 <b>Accepted:</b> April 20 <sup>th</sup> 2022 <b>Published:</b> May 30 <sup>th</sup> 2022	For a long time, the occurrence of pain dysfunction syndrome has been associated with bite anomalies and deformities, dentition integrity disorders and changes in occlusal height. At the same time patients with prominent dentoalveolar anomalies without temporomandibular joint disturbances as well as patients with pain dysfunction syndrome without occlusal-articular pathology are often encountered in clinical practice.

**Keywords:** temporomandibular joint, pain syndrome.

## INTRODUCTION.

In recent years, more and more researchers tend to consider the leading role of changes in the psycho-emotional status in the development of pain dysfunction syndrome. Meanwhile, it is known that psychoemotional disorders can provoke the disease as well as be a consequence of long-term pain symptom and contribute to pain chronicity. The mechanisms of the adverse effects of psycho-emotional disturbances on the masticatory muscles and temporomandibular joint function have not yet been determined. Some authors consider masticatory muscle parafunctions to be the cause of the disease. However, it is known that such pathological conditions may be a consequence of both occlusal-articular disorders and changes in the psycho-emotional status of patients. With the current ambiguous approach to understanding the etiology and pathogenesis of the disease, the diagnosis of pain dysfunction syndrome presents considerable difficulties. The electroneuromyographic examination method is of particular importance in the diagnosis of pain dysfunction syndrome, since many authors believe that masticatory muscle dysfunction plays a key role in the development of the disease. However, there is no unified algorithm for the electroneuromyographic examination of neuromuscular changes in patients with pain dysfunction syndrome. Perhaps for this reason, the data presented in the literature by different authors are often ambiguous and even contradictory. The treatment of patients with pain dysfunction syndrome also remains one of the

most complex and pressing problems of modern dentistry. Most of the therapies on offer are symptomatic, prescriptive and ineffective. The current situation means that the arsenal of drugs and other treatments for patients with this condition is constantly increasing, making it difficult for the practitioner to choose a tactic. The development of simple but effective ways of improving the treatment of patients with pain dysfunction syndrome, taking into account the causal mechanisms of the disease and using a comprehensive, individualised approach based on examination results, is a valid and necessary measure in the current context.

**THE AIM WAS TO IMPROVE** the diagnosis and treatment of patients with temporomandibular joint pain dysfunction syndrome.

## MATERIALS AND METHODS:

We examined 30 patients during the period 2021-2022. The study was conducted on the basis of CHLH medical association of Samarkand. Laboratory methods of investigation were used (urinalysis, complete blood count, blood chemistry). In patients occlusion-articular relations in patients with temporomandibular joint pain dysfunction syndrome were determined. Peculiarities of psychoemotional status of patients with temporomandibular joint pain dysfunction syndrome were studied. Results of the study. During the study it was found out that temporomandibular joint pain syndrome



development was influenced by defects and deformities of dental rows as well as premature occlusal contacts. We proved that in patients with temporomandibular joint pain dysfunction syndrome structural rearrangement of the masticatory muscles motor units corresponding to the II, IIIA stage of denervation and reinnervation process according to B.M. Geht is observed. as well as the severity of the temporomandibular joint pain dysfunction syndrome, changes in the psychoemotional status of patients and, above all, an increased level of personal anxiety, where suprasegmental structures of the central nervous system played an important role in the formation of pain symptoms in the temporomandibular joint pain dysfunction syndrome. Thus, we found that the state of activity of the suprasegmental structures of the central nervous system is interrelated with the level of anxiety and emotional state of patients with temporomandibular joint pain syndrome.

#### **CONCLUSIONS:**

Thus, certain connective tissue diseases causing problems that can affect the temporomandibular joint. The treatment of patients with pain dysfunction syndrome also remains one of the most difficult and pressing problems of modern dentistry. Most of the proposed therapies are symptomatic, recommendatory and ineffective. This situation leads to an ever-increasing arsenal of medications and other treatments for patients with this condition, making it difficult for the practitioner to choose a tactic. Therefore, the development of simple but effective ways to improve the effectiveness of treatment of patients with pain dysfunction syndrome, taking into account the cause-and-effect mechanisms of the disease development and using a complex individual approach, based on the results of the examination, is a reasonable and necessary measure in the current conditions.

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