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بالرسالة صفحات
لم ترد بالأصل

Meta analysis of arthrocentesis and arthroscopy in treatment of internal derangement of temporomandibular joint

Thesis

Submitted to Oral & Maxillofacial Surgery Department, Faculty of Dentistry, Ain Shams University in partial fulfillment of the requirements of Masters Degree in Oral & Maxillofacial Surgery

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To My Parents

- My Father
- My Mother

To My Family

- My Wife
- My Daughter

To My Brother

To the soul of my Cousin…

I wish them the best of all

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LIST OF ABBREVIATION

TMJ	:	Temporomandibular joint
TMDs	:	Temporomandibular disorders
ID	:	Internal derrangement
OA	:	Osteoarthritis
ARSIS	:	Arthrocentesis
ARCOPY	:	Arthroscopy
MRI	:	Magnetic resonance imaging
ROM	:	Range of motion
ADDwR	:	Anterior disc displacement with reduction
ADDwoR	:	Anterior disc displacement without reduction

INTRODUCTION

Internal derangement (ID) of temporomandibular joint (TMJ) is one of the most controversial issues in the oral and maxillofacial field. Diagnosing and treating temporomandibular disorders(TMDs) usually challenge the oral and maxillofacial surgeons in their practice. There is a debate in every single item in this interesting disorder and after years of research and thousands of articles being published, simple questions are still not answered. Is the disc position and shape relevant or not? What is the genuine cause of pain and dysfunction in these patients? Is there a role for inflammatory mediators in predisposing pain or are they only representatives of an adaptation state in the joint ? Is ID a disorder of progressive nature? Do we need magnetic resonance imaging (MRI) in reaching a final diagnosis or its role is diminished after the introduction of arthroscopy (ARCOPY)? The dilemma and confusion extended, as well; to involve the treatment of ID. The fact that there are many suggested treatments for ID in the literature, surgical and non surgical, implies that none of them is satisfactory enough to the patients or their physicians. It has even been proposed that TMJ closed lock signs and symptoms improve regardless of the intervention being used whether this treatment is non surgical or minimally invasive as arthrocentesis (ARSIS) and ARCOPY, or aggressive open arthrotomies.[1] These