VISCOSUPLEMENTAÇÃO DOS COMPARTIMENTOS SUPERIOR E INFERIOR DA ARTICULAÇÃO TEMPORO-MANDIBULAR (ATM) - CONTROLO DE DOENÇA ARTICULAR DEGENERATIVA

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Objetivo do trabalho: Controlo e tratamento conservador da osteoartrite e osteoartrose da ATM, com goteira de estabilização(1) e fisioterapia(2-4) para recuperação funcional e restabelecimento da biomecânica articular. Estes procedimentos foram associados a um tratamento minimamente invasivo (viscosuplementação)(5-9), que consiste na injeção de ácido hialurónico (AH) nos compartimentos superior e inferior da articulação temporomandibular em paciente avaliado clinicamente e através de tomografia computadorizada de feixe cónico (CBCT).

Materiais e métodos: Um paciente de 60 anos de idade, diagnosticado através do DC/TMD com diagnóstico de dor miofascial, osteoartrite, osteoartrose e presumível deslocamento de disco sem redução das duas articulações temporomandibulares e bruxismo de vigília e do sono primários ou idiopáticos(9-12). Protocolo sequencial de injeção de AH de médio peso molecular (Osteonil plus-TRB pharma) no compartimento póstero-superior das ATMs e AH de baixo peso molecular(Hylart-Bagó pharma) intercalado com Osteonil plus-TRB pharma para o compartimento anteroinferior de ambas ATMs com periodicidade mensal durante 04 meses(13, 14).

Avaliação com CBCT antes do protocolo de tratamento, e seis meses após o final do mesmo. Após cada sessão de viscosuplementação tal como na semana seguinte foi efetuado tratamento de Fisioterapia, sendo o paciente orientado também com exercícios no domicílio(2, 15).

Avaliação mensal com medição de amplitude de abertura bucal (ADM) com therabite sendo a dor avaliada através da escala visual analógica (EVA)(16). Sendo a abertura inicial de 30 mm e passiva após final de tratamento de 44 mm.
Controlo de bruxismo de vigília com aconselhamento e aplicações para telemóvel e bruxismo de sono com placa de estabilização(17, 18).

Resultados: Ganho estrutural evidente, da forma e volume da cabeça da mandíbula em ambas as ATMs, melhoria funcional e das atividades de vida diária, comer e falar, do paciente com aumento de amplitude de abertura bucal e ausência de dor no final de tratamento.

Conclusões: A viscossuplementação sequencial com AH, dos dois compartimentos articulares associada com tratamento conservador e controlo de bruxismo de sono e vigília, foi efetiva no tratamento da osteoartrite e osteoartrose

Palavras-chave:
Viscossuplementação, Ácido Hialurônico, Articulação Temporomandibular Osteoartrite, Osteoartrose.

Figura 1: seringa de anestesia com a desinfecção da pele

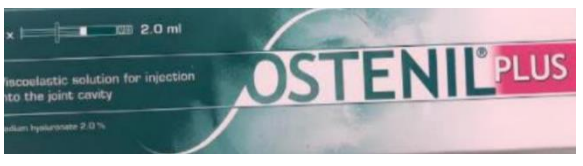


Figura 2: ácido hialurônico de médio peso molecular

Figura 3: acesso ao compartimento inferior

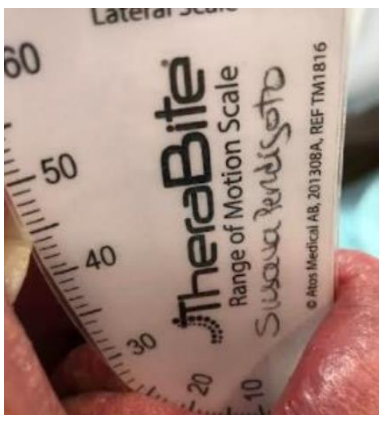


Figura 4: abertura final 44mm

Fig. 5: ATM esquerda inicial

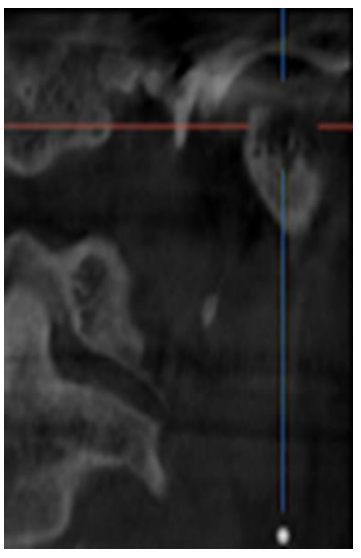


Fig. 6: ATM esquerda final

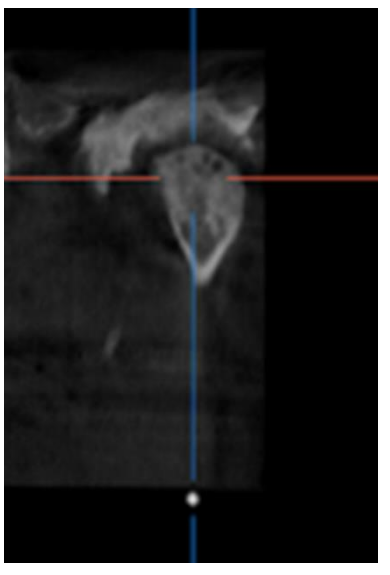


Fig. 7: ATM esquerda início do tratamento

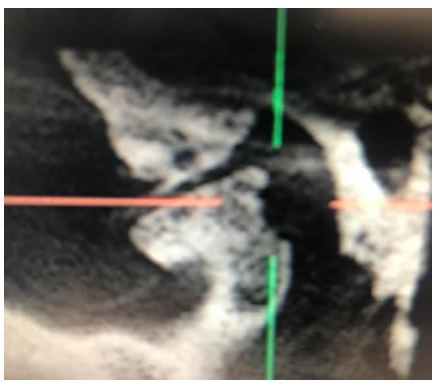


Fig. 8: ATM esquerda final Encerramento distal

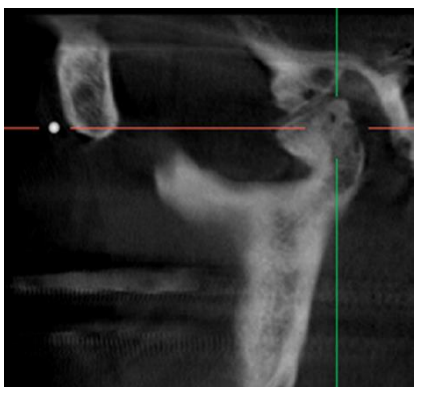


Fig. 9: pseudoquistos sub-condrais

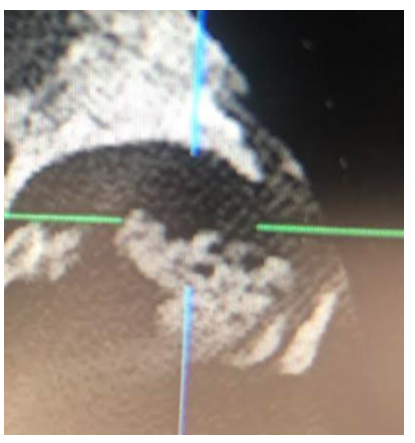


Fig. 10: encerramento de pseudoquistos

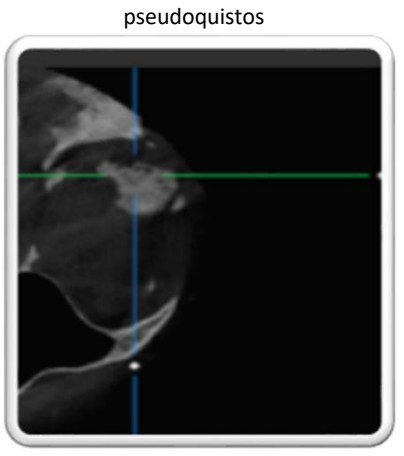


Fig. 11: ATM direita início

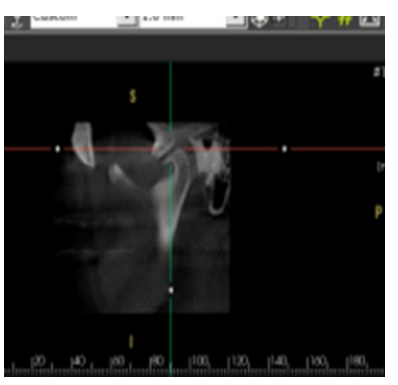
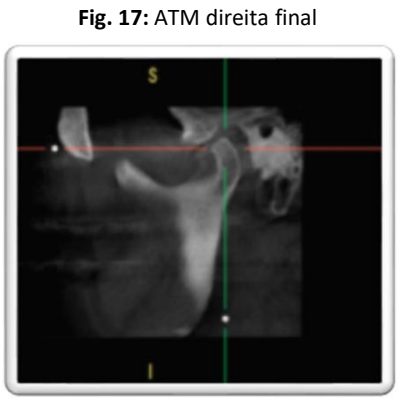


Fig. 17: ATM direita final



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VISCOSUPPLEMENTATION OF THE UPPER AND LOWER COMPARTMENTS OF TEMPOROMANDIBULAR JOINT (TMJ) - DEGENERATIVE JOINT DISEASE CONTROL

Susana Perdigoto, João Adriano, Eduardo Januzzi*

Objectives: Conservative treatment of TMJ osteoarthritis and osteoarthrosis. The procedure consisted of stabilization(1) using occlusal appliance and physiotherapy(2-4) for functional recovery and restoration of joint biomechanics. These interventions were associated with minimally invasive treatment injecting hyaluronic acid (5-9), (AH) into the upper and lower joint space and the results evaluated by conical beam computed tomography (CBCT).

Materials and methods: 60 year old Patient diagnosed using DC/TMD with myofascial pain, osteoarthritis, osteoarthrosis, and presumption of diagnosis of disc displacement without reduction, of the two temporo-mandibular joints associated with primary or idiopathic(9-12) wake and sleep bruxism. Sequential protocol of injection of medium molecular weight HA(13) (Osteonil plus-TRB pharma) in the posterosuperior compartment and low molecular weight HA (Hylart-Bagó pharma) interspersed with Osteonil plus-TRB pharma for the anteroinferior compartment of both TMJs, monthly for 4 months (13,14) .

Evaluation with CBCT before the treatment protocol, and six months after the end of the treatment protocol. Physiotherapy after each viscosupplementation session and the following week, and homeoriented exercises(2,15).

Monthly clinical evaluation with measurement of oral opening amplitude (ROM) with therabite and pain using the visual analogue scale (VAS)(16). The initial opening was 30 mm and after the end of treatment of 44 mm. Wake bruxism control advice, bruxism applications for mobile phone and occlusal split for sleep bruxism (17,18).

Results: Significant structural gain seen in shape and volume of the mandible head in both TMJs, functional joint improvement, with increased amplitude of oral opening and absence of pain at the end of treatment with obvious improvement in activities of daily living such as eating or speaking.

Conclusions: Sequential viscosupplementation with AH of the two joint compartments associated with conservative treatment and control of awake and sleep bruxism, were effective in the treatment of osteoarthritis and osteoarthrosis of patient TMJs.

Keywords:
Viscossuplementation, Hialuronic Acid, Temporomandibular Joint, Osteoarthritis, Osteoarthrosis

Figura 1: anesthesia syringe with skin disinfection

Figura 2: medium molecular weight hyaluronic acid

Figura 3: access to the lower compartment

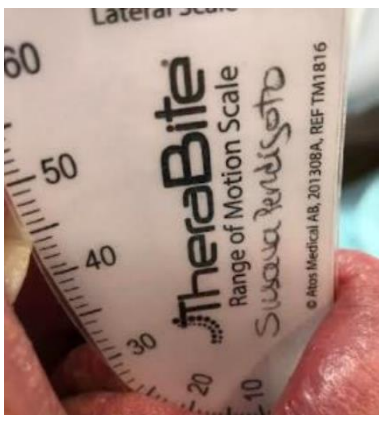


Figura 4: Final opening - 44mm

Fig. 5: Left TMJ

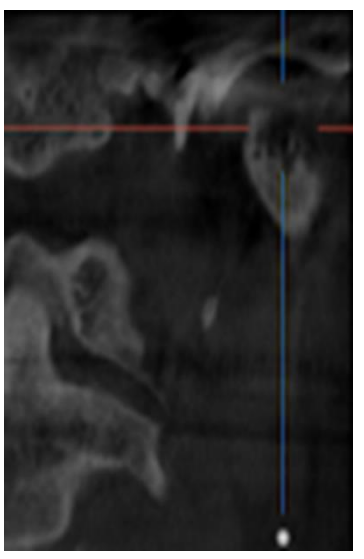


Fig. 6: Left TMJ final

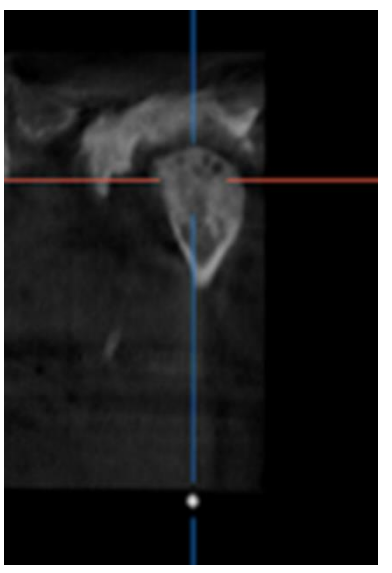


Fig. 7: Left TMJ 1st appointment

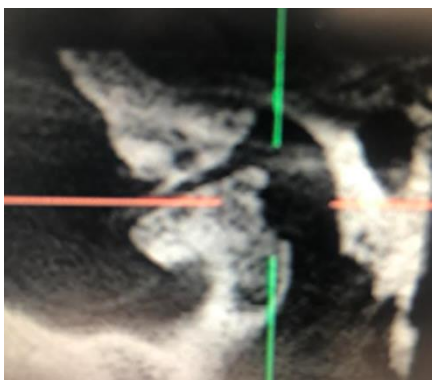


Fig. 8: LefT TMJ distal closure

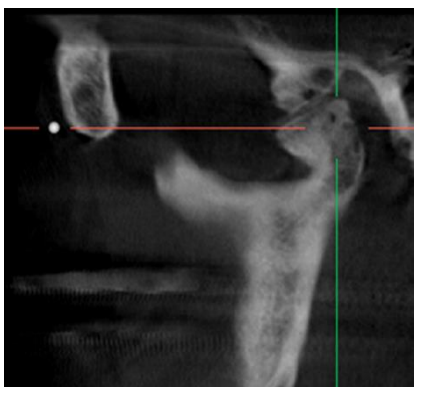


Fig. 9: subchondral pseudocyst

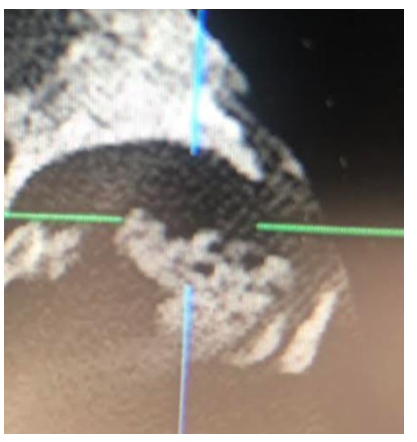


Fig. 10: closed cortical

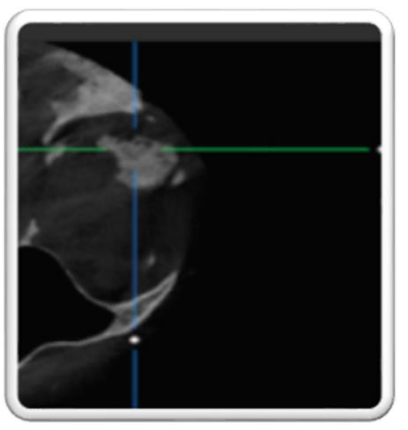


Fig. 11: Right TMJ 1st appointment

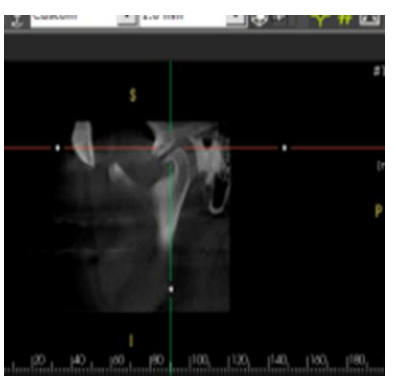
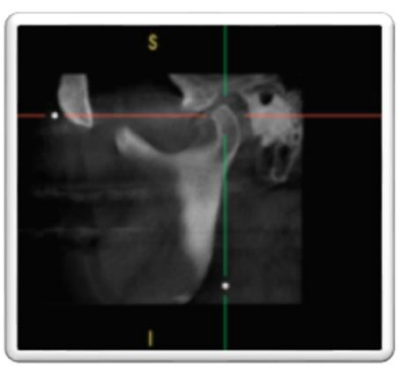


Fig. 17: Right TMJ last appointment



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