

Temporomandibular Disorder or Oromandibular Dystonia? Multidiciplinary Approach: Letter to the Editor

Teporomandibular Eklem Hastalığı mı Yoksa Oromandibular Distoni mi? Multidisipliner Yaklaşım

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Dear editor, a 21-year-old male patient was admitted to Diyarbakir Military Hospital with complaint of acute temporomandibular disorder (TMD) of unknown cause. The patient was counselled and prescribed classical TMD treatment, including non-steroidal inflammatory drugs and night plaque. Unfortunately, one month later, he was contacted and informed me that he had symptoms of muscle pain and dysphagia by chewing. He had vigorous complaint of involuntary clenching of the masticatory and facial muscles (Figure 1). Neurological consultation and electromyography (EMG) investigation confirmed that he had oromandibular dystonia (OMD).

Oromandibular dystonia is a focal neurologic disorder which is characterized by involuntary spasms and movements of all masticatory, lingual and facial muscles in a repetitive and painful fashion. Muscles of mastication, facial expression and the tongue may be affected. The etiology of OMD is unknown.¹ OMD can be idiopathic, tardive or secondary to another movement or neurological disorder.² Due to absence of gold standard for validity of the diagnosis, OMD may be misdiagnosed as TMD.¹

Management of OMD include medication, botulinum toxin injection, local anesthetic blocks, dental appliances



FIGURE 1: Involuntary clenching of the masticatory and facial muscle during chewing.

and psycholological support.³ Medical therapy is the first choice to manage OMD. However, surgical treatment may also be an effective alternative in patients who are unresponsive to the medical therapy.⁴ Medication, in early stage, may be effective for controlling the dystonic movements.¹ Hanagasi et al. studied benefit of clozapine (dibenzodiazepine) in patients with OMD.⁵ In this case, I want to present a patient with oromandibular dystonia,

whose disorder was diagnosed and the first phase treatment was started in my clinic. He was prescribed diazepam (benzodiazepam) 10 mg/day for a week. Afterwards, the patient was sent to Gulhane Military Medicine Academy for botulinum injection which is the most effective treatment.³ In summary, this particular case is unusual requiring a differential diagnosis and special treatment modalities.

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