BARCELONA 2006

september 28 - october 1 28 septiembre - 1 octubre

European Academy of Craniomandibular Disorders
Open Meeting

XVII Reunión de la Sociedad Española de Disfunción Craneomandibular y Dolor Orofacial



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Certificate of Attendance Luca GUARDA NARDINI

Barcelona 2006, september 28 - october 1
Deemed to be of health interest by the Catalan Government

Dr. Eduardo Vázquez-Rodríguez
President EACD

Dr. José Luis de la Hoz
President XVII Annual Meeting SEDCYDO

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BARCELONA 2006

European Academy of Craniomandibular Disorders
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september 28th – october 1st

Oral presentation & posters Abstract book



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Introduction and objectives: Tooth clenching and tooth grinding are unvoluntary habits that result in facial pain and in TMJ dysfunctions.

The purpose of this study is to assess the capacity of type-A botulinum toxin (BTX-A) to reduce masticatory, muscular hyperactivity, facial pain and to improve mandibular functionality and psychological conditions.

Materials and methods: In a randomized blinded placebo-controlled study, 20 patient (10 BTX-A, 10 placebo) with cronic facial pain, hyperactivity of masticatory muscles assessed both clinically and with EMKG and with presence of tooth abrasions were treated with 100 U of BTX-A, injected bilaterally into masseters and temporalis muscles under echographic guidance. Patients had a 6 months follow-up regarding pain, mandibular function and movements, treatment tolerability, judgement of efficacy, masticatory efficiency and EMKG values.

Results: We noticed a decrease of muscular activity in the muscles treated and also in 33% of the other masticatory muscles considered with EMKG; 33% of patients injected with placebo had a subjective improvement not confirmed with EMKG. After six months the muscles treated were back to same values of EMKG.

BTX-A increases free-way space, decreases pain , improves mandibular functionality, in the first weeks some patients referred light weekness . In some cases benefits progressively decreased after six months. We had no complications due to injections.

Conclusions: BTX-A is a valid and reversible treatment, with no side effects. This technique is easy to be performed and well tolerated by patients. Can be used instead of bite plane in patients with augmented FWS and must be considered the only alternative to maxillary impaction in patients with no FWS, to be remarked the importance of the psychological aspect of this patients in maintaining the clinical but not instrumental results and the Importance of posture and the feed-back effects in other masticatory muscles.

1st PRESENTATION CANDIDATE MEMBER