

International Journal of Research ISSN: 2348-6848 Vol-5, Special Issue-18 2nd EduIndex® International Conference on Science Changes the World held on 28-29th June 2018 at Edupedia Publications Pvt Ltd, New Delhi in Association with <u>www.tadqiqot.uz</u> of the Republic of Uzbekistan



Clinical and Diagnostic Correlation of Changes in Arthritis and Osteoarthritis of the Temporomandibular Joint

Khaydarova Gozal Bagiddinovna, Khodjibekov Marat Khudaykulovich

Key words: osteoarthritis, arthritis, temporomandibular joint.

Abstract: Arthritis and osteoarthritis as it affects other joints also affects temporomandibular joint (TMJ). The present study was undertaken to study the clinical aspects of patients with osteoarthritis and arthritis of TMJ supplemented by CT scan of joints to study the radiological changes and to find out if there was any correlation between them.

Actuality: Osteoarthritis and arthritis are frequent pathologies of TMJ. Osteoarthritis and arthritis accompanied by joint dysfunction are often manifested by similar clinical symptoms of varying severity. In time, the differentiation of morphological changes in joint is an important condition for adequate treatment.

Aim: To determine the radiological classification of osteoarthritis and arthritis of the TMJ based on the comparison of CT and clinical manifestation of the disease.

Material and methods: 74 patients were examined, according to the comprehensive clinical laboratory and radiological examination arthritis is diagnosed in 18 of them, osteoarthritis is diagnosed in 56 of them.

According to clinical severity, patients were classified to the modified Okeson criteria. Computed tomography were performed to all patients in multispiral mode with subsequent MPR.

Results: In CT examination in light arthritis, the joint surfaces erosion of the TMJ were detected in 75%, as in the case of osteoarthritis, no erosion was detected at this stage. The narrowing of the joint gap in osteoarthritis was twice as common as in arthritis, the flattening of the joint was noted in all cases of osteoarthritis, whereas in arthritis was not observed in this stage. Arthritis of



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moderated severity was preceded by erosions of articular surfaces(100%), osteophytes were only 10%, whereas in case of osteoarthritis erosion did not occur at this stage in general, flattening of the head prevailed (50%).

In severe stages arthritis was manifested by frequent erosions which amounted to 78%, and for osteoarthritis of corresponding clinical severity 43%. Osteophytes, flattening head of condyle with arthritis of the TMJ were less common in 5%, 11%, respectively and for osteoarthritis in 43%, 40% respectively.

Conclusion: Complex clinical and radiological evaluation including of clinical severity and computer tomographic signs improve the differentiation of arthritis and osteoarthritis of the TMJ.