Letters

Treatment for clicking questioned

The "Case Report:VT" (Turpin, D.L., Vol. 59 no. 2, pages 155-159) which appeared in the summer 1989 issue was of interest. The case was treated well and the result was excellent. However, we would like to raise some questions about the rationale for treatment of that patient. It was stated that the patient had a history of clicking of her left temporomandibular joint which she thought "seemed to increase over the past five years." No pain was reported and joint function was essentially normal. A number of treatment options were discussed including no treatment, but "due to the persistence of TMJ symptoms, it was decided to initiate some form of treatment for the purpose of improving function." No posttreatment comments relating to this problem appeared in the article. Did the successful treatment of the posterior crossbite succeed in eliminating the click? A positive or negative finding in this regard would still be misleading, since some longitudinal studies have shown that clicking may appear or disappear in the same patient without treatment.[1-4]

Our profession is in the midst of a debate concerning the relationship between occlusion and temporomandibular disorders. A number of people in our profession as well as some who are on the fringes of orthodontics use case reports such as this to support what they believe, even though documented studies may have evidence to the contrary.

It was implied that the patient's temporomandibular joint clicking was related to her malocclusion (in this case a bilateral posterior crossbite). However, there is a substantial body of literature that has shown little or no relation between occlusion and temporomandibular joint problems, including clicking.[2,3,5-7] To infer or imply such a relationship only contributes to the confusion that exists in our profession about whether patients presenting with temporomandibular joint clicking and a morphologic malocclusion should receive orthodontic treatment. If clicking was the reason to initiate orthodontic treatment, what differential diagnosis was made to attempt to determine the basis for the click? Also, no evidence was cited to indicate that a functional problem existed. Clicking is a common phenomenon that may be of no consequence, depending on the condition that is producing the click. Especially in the absence of other symptoms or signs, treatment of an asymptomatic temporomandibular joint sound is probably not indicated. Furthermore, there is some question as to whether it is even possible to successfully treat clicks non-surgically in a predictable manner.[7-12]

We think the case report discussing a particular treatment strategy for correction of a posterior cross bite in an adult patient was informative and well done. However, the assumption that treatment of the malocclusion was "to improve the function," and the implication that treatment may prevent more serious temporomandibular joint problems, is regrettable, especially since no documentation was presented and the issue was not even discussed with reference to the literature.

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Selected References

1. Gross, A. and Gale, E.N.: A prevalence of the clinical signs associated with mandibular function. J. Am. Dent. Assoc., 107(6):932-936, 1983.
2. Wannman, A. and Agerberg, G.: Two-year longitudinal study of signs of mandibular dysfunction in adolescents. Acta Odontol. Scand., 44:333-342, 1986.
3. Magnusson, T., Egermark-Eriksson, I. and Carlson, G.E.: Five-year longitudinal study of signs and symptoms of mandibular dysfunction in 119 young adults. J. Craniomandib. Pract., 4:338-344, 1986.
4. Greene, C.S. and Laskin, D.M.: Long-term status of TMJ clicking in patients with myofascial pain and dysfunction. J. Am. Dent. Assoc., 117: 461-465, 1988.

5. Carlsson, G.E.: Epidemiologic studies of signs and symptoms of temporomandibular joint pain-dysfunction: A literature review. Aust. Prosthet. Soc. Bull., 14:7-12,1984.
6. Greene, C.S.: Myofascial pain-dysfunction syndrome: The evolution of concepts. In Sarnat, B.G., Laskin, D.M. (Eds.). The temporomandibular joint: A biological basis for clinical practice, Springfield, Ill., Charles C. Thomas, 1980, pp 277-288.
7. Helkimo, E. and Westling, L.: History, clinical findings and outcome of treatment of patients with anterior disk displacement. J. Craniomandib. Pract., 5:269-276, 1987.
8. Anderson, G.C., Shulte, J.K. and Goodkind, R.J.: Comparative study of two treatment methods for internal derangement of the temporomandibular joint. J. Prosthet. Dent., 53:392-397, 1985.
9. Lundt, H. and others: Anterior repositioning splint in the treatment of temporomandibular joints with reciprocal clicking: Comparison with a flat occlusal splint and an untreated control group. Oral Surg. Oral Med. Oral Path., 60:131-136, 1985.
10. Moloney, F. and Howard, J.A.: Internal derangements of the temporomandibular joint: Anterior repositioning splint therapy. Aust. Dent. J., 31: 30-39, 1986.
11. Clark, G.T.: Treatment of jaw clicking with temporomandibular repositioning: Analysis of 25 cases. J. Craniomandib. Prac., 2:263-270, 1984.
12. Lundt, H., Westesson, P-L. and Kopp, S.: A three-year follow-up of patients with reciprocal temporomandibular joint clicking. Oral Surg. Oral Med. Oral Path., 63:530-533, 1987.

Don't overlook NYU

After reading Dr. Wahl's article in the Fall issue of the Journal entitled, "It was a fantastic experience," Dr. Laurance Jerrold offers additional facts relating to the orthodontic department at New York University College of Dentistry and the role that it played in the development of orthodontic education.

Formal lectures in orthodontics were offered at the undergraduate level in 1905. In 1910 Ellison Hillyer was named Professor of Prosthetic Dentistry and Orthodontia. Five years later, in 1915, Dr. Ralph Waldron was appointed the Director of the Orthodontic Clinic which marked the earliest establishment of a separate Department of Orthodontics at NYU. The curriculum at that time consisted of lectures in orthodontic theory and techniques as well as observation by the undergraduate students of cases that were being treated by the faculty. By 1917 there were over 200 patients receiving orthodontic treatment in the NYU orthodontic clinic.

The academic year 1919-1920 marked the formation of a separate Department of Orthodontics at NYU, with Dr. Waldron at the helm. Undergraduate studies in orthodontics at that time included the etiology of malocclusions, the study of dental supporting structures, changes in these structures during tooth movement, treatment, and appliances. Utilizing the texts of the day, undergraduate study in orthodontics included 60 hours of lecture, 75 hours of laboratory technique, and 90 hours of clinical instruction. As late as the 1960s many dental schools had not yet reached that level of instruction at the undergraduate level.

In the mid to late 1920s our faculty included: Abram Hoffman, Harry Bull, Norman Hillyer, Frederick Stanton, Edward Griffin and Milo Hellman.

The first post graduate course in orthodontics at NYU was during the 1927-1928 academic year. It could be taken full time, in one year, or on a part time basis over a two-year period. Drs. Hoffman and Stanton were co-directors. As one can see this program was one of the first if not the first in the nation.

As any student of orthodontics knows, we as a profession would have achieved little without the professional egos of the likes of Angle, Tweed, and numerous others who were instrumental in directing the growth and development of the profession of orthodontics. I am sure that Dr. Wahl had only the best of intentions by his highlighting the role played during the early years of orthodontic education by the universities named: Illinois, Northwestern, Columbia, Pennsylvania and Michigan. I do not wish to detract from the fine history and role the University of Illinois has played in our profession over the past half century, however, I am proud of the role of my alma mater, NYU, in the development of the specialty.

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