

Living with TMJ Disorder: A Case Report on Joint-Related (Arthrogenic) Jaw Pain

Meet James

James is a 41-year-old teacher who began experiencing **clicking sounds in his jaw, pain when chewing, and difficulty opening his mouth fully**. Over time, his symptoms worsened. He noticed his jaw would “lock” occasionally, especially when yawning, and he had to move it a certain way to get it to open properly again.

His symptoms included:

Sharp pain in front of the ear, especially on the right side

Clicking and popping noises when opening or closing the mouth

Restricted mouth opening—he could only open about 25 mm without pain

Jaw locking and fatigue when talking or eating

James initially thought it was just stress or teeth grinding, but when the pain started affecting his ability to eat and speak, he sought help.

Diagnosis: Arthrogenic TMJ Disorder

After seeing a dentist and being referred to a specialist in oral and maxillofacial surgery, James underwent an **MRI scan**. The scan showed:

Anterior disc displacement in the TMJ (where the disc inside the joint moves out of position)

Joint space narrowing

Degenerative changes in the jaw joint on the right side

This type of TMJ disorder is called **arthrogenic**, meaning the problem originates from **inside the joint itself**, not just from the muscles. The disc that cushions the joint was no longer in the right place, leading to joint friction, pain, and restricted motion.

Treatment Approach

James’s care team developed a step-by-step treatment plan, starting with conservative methods before considering surgery.

1. Occlusal Splint (Mouth Guard)

James was fitted with a **custom night guard** to reduce pressure on the TMJ. This helped prevent teeth grinding and gave the joint space to relax overnight.

2. Physiotherapy

He began **TMJ-focused physiotherapy**, including:

- Gentle jaw mobilization techniques

- Exercises to improve range of motion

- Strategies to improve posture and reduce strain on the jaw

- Advice on avoiding habits like chewing gum or resting his chin on his hand

These methods helped reduce his pain but did not fully restore his jaw opening or eliminate the joint noise.

3. Surgery

Because James continued to have **persistent joint pain and restricted opening**, his surgeon recommended moving forward with **minimally invasive arthroscopic TMJ surgery**.

Arthroscopic Surgery:

A small camera was inserted into the joint space, allowing the surgeon to wash out the joint, remove debris, and try to reposition the disc. This procedure was done under general anaesthetic and required only small incisions.

In James's case, **the disc could not be repositioned**, and after a few months, symptoms returned. He later underwent **open joint surgery**, where the surgeon had better access to repair the joint directly.

Recovery and Outcome

After open joint surgery:

- James regained almost **full jaw opening** (over 40 mm)

- Clicking and locking were resolved**

- His jaw pain significantly improved

- He continued physiotherapy for several months to support healing and movement

James's Reflections:

"It was frustrating not being able to eat a sandwich or yawn without pain. I didn't realize how much the jaw joint affects daily life. The journey wasn't easy, but with the right support and treatment, I got my life back."

Key Lessons for Patients:

Joint-related TMJ disorders can cause pain, noise, and jaw movement problems due to disc displacement and arthritis-like changes.

Non-surgical treatments like splints and physiotherapy are effective first steps.

When these don't work, **surgical options**—either **arthroscopic** or **open joint surgery**—can provide relief and restore function.

Early diagnosis and tailored treatment improve long-term outcomes.