In China, the TMJ arthrosis is termed “Disturbance syndrome of TMJ (TMJDS)”. This disorder is classified as follows:

I. First kind: Dysfunction of masticatory muscles. Actually, this kind is an extra-articular disorder.

II. Second kind: Internal derangement of the joint. Various kinds of meniscus displacement are included. In deferred cases, the histopathological changes of the condyle and meniscus are early degenerative changes.

III. Third kind: Organic destruction. Bony abnormal changes of the condyle and/or communication between the superior and inferior cavities are present. The nature of this kind is a secondary degenerative arthrosis. According to the progress of bone changes, this kind can be divided into four stages:

Stage I. The cortex of the condyle is obscure or disappeared, or concave and cystic changes take place.

Stage II. Extensive destruction of the condyle.

Stage III. Reduction of destroyed condyle and beginning of repair.

Stage IV. Shortening of the condyle, flattening of the anterior slope, frequently accompanied by flattening of the posterior slope of the articular eminence, shallowing and widening of the glenoid fossa.

Osteophyte formation may occur in Stage III or IV.

Communication between upper and lower articular cavities may or may not take place during any stage.

Those cases showing transient pain–dysfunction syndrome are probably functional and reversible; however, the indolent and deferred cases with TMJ dysfunction do have internal derangement of TMJ, and histopathologically, the degenerative changes of the condyle and meniscus do occur. This condition actually belongs to an early stage of TMJ degenerative arthrosis.

After a better understanding on the nature of this disorder, a programme (order) for the diagnosis and treatment is suggested during a symposium on TMJ arthrosis as follows:

DIAGNOSIS

1. Stage and kind of TMJDS Example: Anterior displacement of meniscus, internal derangement stage. Spasm of the external pterygoid muscle, dysfunction stage.

2. Diagnosis of occlusion

3. Analysis of possible predisposing factors

4. Radiological diagnosis
PROGRAMME (ORDER) OF TREATMENT

1. Symptomatic treatment
2. Adjustment of mandibular position
3. Occlusal adjustment
4. Orthodontic treatment
5. Restorative treatment
6. Operation