

Assessment of Periodontal Status in Patients with Temporomandibular Disorders

Jeevitha M^{1*}, Jayakeerthana S² and Maragathavalli G³

Department of Oral Medicine and Radiology, Saveetha University, Chennai, India; ²Department of Periodontics, Saveetha Dental College and Hospitals, Chennai, India.

Corresponding author:

Dr. Jeevitha M, Assistant Professor
Department of Periodontics,
Saveetha Dental College and
Hospitals Chennai-600077, India,
Tel; +919789338332;
E-mail: jeevitham.sd@saveetha.com

Abstract

Aims: The aim of the study is to assess the periodontal status in patients with temporomandibular disorders. **Materials & Methods:** Case records of 86000 patients who had visited university hospital were analyzed. A total of 55 patients who had been diagnosed with temporomandibular disorders were taken into the study. Age, gender and the periodontal status were collected. The data collected was then statistically analyzed in SPSS software version 20. **Results:** The results of the present study showed that 50.9% of males had temporomandibular disorders and 49.1% of females patients had temporomandibular disorders. 71% of temporomandibular disorder patients were diagnosed with generalised chronic gingivitis and 7.2% were diagnosed with generalized chronic periodontitis. Majority of the patients in the age group of 26-40 years (16.3%) were diagnosed with generalised chronic gingivitis ($p < 0.05$). Majority of female patients were diagnosed with generalised chronic gingivitis ($p > 0.05$). Generalised chronic periodontitis (7.2%) was present more commonly in patients in the age group of 41 to 60 years. **Conclusion:** Within the limitation of the current study, we observed that generalised chronic gingivitis was more common in the age group of 21 to 40 years and generalised chronic periodontitis was more common in the age group of 41-60 years.

Keywords: Anthropometry; Inter-canthal distance, Inter-alar width, Inter-commissural width, Maxillary inter-canine distance

Introduction

Temporomandibular disorder is one of the most challenging diseases of today's society. It is said that it is difficult for the clinician to diagnose and manage. [1] Of such Temporomandibular Disorders (TMDs) Temporomandibular Joint (TMJ) dysfunction is reported to present itself as a multifactorial disease process that may manifest with various combinations of signs and symptoms. [2,6]

Temporomandibular disorders are defined as a collective term embracing a number of clinical problems involving the TMJ, mastication muscle, or both in the criteria of AAOP. Women have been found to represent the majority of patients with TMJ dysfunction several studies have shown that the female patients with TMJ dysfunction is more than 80%. The exact cause of TMD is still unknown, although TMJ overloading is considered to be a common aetiological factor. [7-13]

Chronic periodontitis is the bacterial infection resulting in the loss of alveolar bone and the occurrence of periodontal pockets. [14] Aetiology may be bacteria calculus, overhanging restorations, smoking, systemic diseases and genetic factors. [15] If it's not treated it may lead to tooth loss. In temporomandibular disorders the masseter muscles over develops and blocks the opening of parotid glands. Thus it causes xerostomia which causes changes in the oral microflora and leads to recession, periodontal diseases. Previously our team had conducted numerous clinical trials and lab animal studies and *in vitro* studies over the past 5 years. [16-30] Previously our team has a rich experience in working on various research projects across multiple disciplines now the

growing trend in this area motivated us to pursue this project. [31-45] The aim of the present study was to assess the periodontal status in patients with temporomandibular disorders.

Methodology

Study setting

This is a hospital based retrospective study to evaluate the periodontal status in patients with temporomandibular disorders. Ethical approval was obtained from the Institutional Ethical Committee (Ethical approval no.SDC/SIHEC/2020/DIASDATA/0619-0320).

Study design

This study was designed to include patients who reported with temporomandibular disorders involving all the age groups and gender.

Sampling method

Non probability consecutive sampling method was followed. All the case sheets who were reported to have temporomandibular disorders and underwent treatment for the same were included in the study.

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

How to Cite this Article: Jeevitha M, et al. Assessment of Periodontal Status in Patients with Temporomandibular Disorders. Ann Med Health Sci Res. 2021;11:S2:334-338.

Data collection and tabulation: Case records of 86000 patients who had visited Saveetha Dental College and Hospitals between the period of June 2019-March 2020 were analysed. From these case sheets, a total of 55 patients who had temporomandibular disorders were included in the study. Cross verification of data was done by telephonic communication, photographs and radiographs. Two examiners were involved in the study who had reviewed the case sheets. Age, gender and the periodontal status were recorded. The collected data was entered in a methodical manner in excel sheet and then statistically analysed.

Statistical analysis

The SPSS software version 20 was used to statistically analyse the collected data. Descriptive statistics (Percentage, mean and SD) was performed. Chi-square test was performed to analyse the association of TMDs and periodontal disease status.

Results

A total of 55 patients with TMDs were taken into this retrospective study and were enrolled for the analysis. Based on age and periodontal status of TMD patients it was found that the study population between 26 to 40 years were most commonly diagnosed with generalised chronic gingivitis. The patients in the age group of 11 to 25 years and 26 to 40 years did not report with periodontitis. The study population between 11 to 25 years were diagnosed with generalized chronic gingivitis (16.3%), 3.6% with localised chronic gingivitis and 5.4% had clinically healthy gingiva. In the study population between the age group of 41 to 60 years 14.5% of patients were diagnosed with generalised chronic gingivitis, 7.2% with generalised chronic periodontitis. In the age group of 26 to 40 years, 5.4% of patients were diagnosed with localised chronic gingivitis and 3.6% with clinically healthy gingiva [Figure 1].

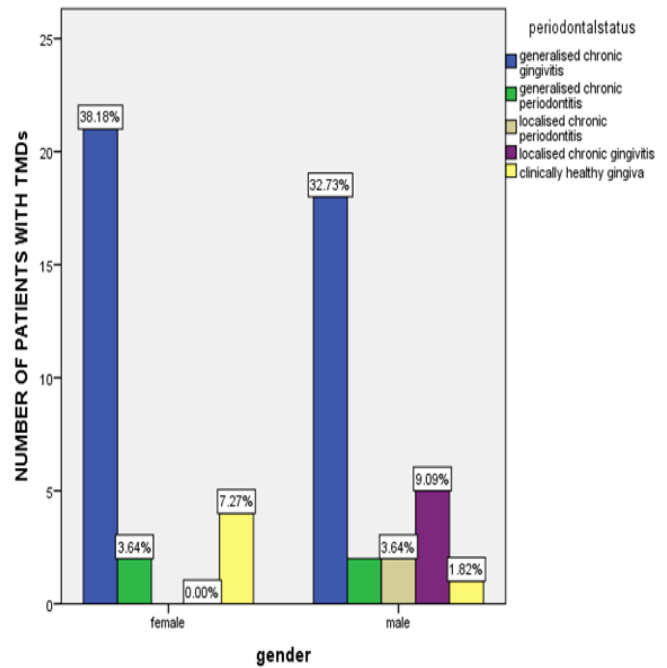
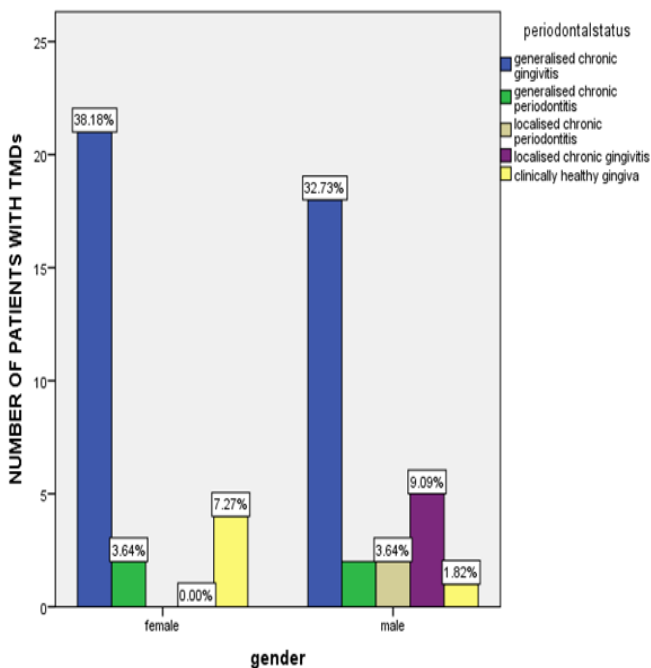


Figure 2: Bar chart represents the association of gender and periodontal status in patients with TMD. X axis represents the gender and Y axis represents periodontal status of the number of patients with TMDs. Majority of female patients were diagnosed with generalised chronic gingivitis than male patients. (Chi square test): Pearson chi square value 9.016; p value- 0.061 (p>0.05) which is not statically significant.

In the present study, 50.9% of males presented with temporomandibular disorders and 49.1% of females had temporomandibular disorders. The association between gender and periodontal status of TMD patients [Figure 2] 38% of females and 32% of males were diagnosed with generalised chronic gingivitis. 3.6% of males and females were diagnosed with generalised chronic periodontitis.

Discussion

From the case records of 86000 patients who had visited Saveetha Dental College and Hospitals were analysed. Various studies have been reported on association between chronic periodontitis and TMJ dysfunction. [46-48] The results of the present study showed that generalised chronic gingivitis was mostly experienced by the middle age group 26-40 years (40%), while generalised chronic periodontitis mostly occurred in the elderly age group (7.2%). [41-60] These results are in accordance with a study by Eke *et al.* that confirmed a high prevalence of periodontitis in US adults aged 30 years and older. [49]

Tadjoedin *et al.* did a study on comparison of age and periodontal disease and she concluded that periodontal disease tends to relate to age and this study is in accordance with our present study were 7.2% of the patients in the age group of 41-60 years were diagnosed with generalised chronic periodontitis (p<0.05). [50]

Schützer, did a study on influence of age, sex, plaque and smoking on periodontal conditions in a population from Bauru, Brazil, he concluded that the study population showed clinical loss of attachment most commonly in male than females. This study is in accordance with our present study were 8.2% of male patients were diagnosed with periodontitis (p>0.05). [51]

Figure 1: Bar chart represents the association of age and periodontal status in patients with TMD. X axis represents different age groups and Y axis represents the number of patients with TMDs Majority of patients in the age group of 26-40 years were diagnosed with generalised chronic gingivitis than other age groups. (Chi-square test): Pearson chi square value 20.303; p value-0.009 (p<0.05) which is statistically significant.

Table 1: Frequency distribution of periodontal status in patients with TMDs based on gender.

	Generalized chronic gingivitis	Generalized chronic periodontitis	Localised chronic gingivitis	Localised chronic periodontitis	Clinically healthy gingiva	Total
Males	18	2	5	2	1	28
Females	21	2	0	0	4	29
Total	39	4	5	2	5	55

kardine, did a study on prevalence and factors associated with alterations of the TMJ in institutional elderly and she concluded that women are most commonly affected and have periodontal problems. [52]

Kumar *et al.* did a study on association between periodontal disease TMD and rheumatoid arthritis among patients visiting rheumatology centres. He stated that periodontitis is most commonly present in the study population. [53] Our institution is passionate about high quality evidence based research and has excelled in various fields. [54-57] We hope this study adds to this rich legacy.

Comparing the above two studies we concluded that, generalised chronic periodontitis was most commonly diagnosed in the age group of 41-60 years, generalised chronic gingivitis was most commonly diagnosed in the age group of 25-40 years. The present study had a smaller sample size and it was a single-centered study and geographical limitations. Future studies may be needed to analyse the type of TMDs and its association with periodontal disease and understanding its pathophysiology [Table 1].

Conclusion

Within the limitation of the current study, we observed that generalised chronic gingivitis was more common in the age group of 21 to 40 years whereas generalised chronic periodontitis was more common in the age group of 41- 60 years in patients with temporomandibular disorders. This study emphasizes the importance of frequent scaling oral hygiene reinforcement in these patients and health education to prevent periodontal disease.

The present study establishes a preliminary baseline value for intercanthal distance, inter-alar width, inter commissural width and maxillary inter-canine distance in adult Saudis.

The study can be a foundation for further studies that can assist in future analysis, diagnosis, and planning of correction of different deformities, orthognathic surgery or orthodontic treatment, malformations or posttraumatic disfigurements in Saudi adults.

Conflict of Interest

The authors and planners have disclosed no potential conflicts of interest, financial or otherwise.

Acknowledgements

The study was supported by the university who provided insights and expertise that greatly assisted the study. We would also like to thank the reviewers of the article for their insights.

References

1. Jerolimov V. Temporomandibular disorders and orofacial pain. Rad Hrvatske akademije znanosti i umjetnosti: Medicinske znanosti. 2009;504,(33):53–77.
2. Meru S, Ranjan R, Devrani A, Choudhary S. Comparative evaluation of signs of temporomandibular joint dysfunction and occlusal discrepancies in asymptomatic men and women: A cross-sectional study. Indian J Dent Sci. 2018; 49(2):234–43
3. Gelb H, Bernstein I. Clinical evaluation of two hundred patients with temporomandibular joint syndrome. J Prosthet Dent. 1983;49(2):234–43.
4. Graber TM. Temporomandibular joint disturbances and the periodontium. Int J Periodontics Restorative Dent. 1984;4(6):8–39.
5. Mejersjö C, Carlsson GE. Analysis of factors influencing the long-term effect of treatment of TMJ-pain dysfunction. J Oral Rehabil. 1984;11(3):289–97.
6. Dhanda M, Gomes AF, Meru S, Ranjan R. Comparative evaluation of signs of temporomandibular joint dysfunction and occlusal discrepancies in asymptomatic men and women: A cross-sectional study. Indian J Dent Res. 2018;49(2):234–43
7. MorenoHay I, Okeson JP. Does altering the occlusal vertical dimension produce temporomandibular disorders? A literature review. J Oral Rehabil. 2015;42(11):875–82.
8. Cohen SR. Follow-up evaluation of 105 patients with myofascial pain-dysfunction syndrome. J Am Dent Assoc. 1978;97(5):825–8.
9. Zarb GA, Thompson GW. Assessment of clinical treatment of patients with temporomandibular joint dysfunction. J Prosthet Dent. 1970;24(5):542–54.
10. Perry HT Jr. The symptomology of temporomandibular joint disturbance. J Prosthet Dent. 1968;19(3):288–98.
11. Brooke RI, Stenn PG, Mothersill KJ. The diagnosis and conservative treatment of myofascial pain dysfunction syndrome. Oral Surg Oral Med Oral Pathol. 1977;44(6):844–52.
12. Carraro JJ, Caffesse RG, Albano EA. Temporomandibular joint syndrome. A clinical evaluation. Oral Surg Oral Med Oral Pathol. 1969;28(1):54–62.
13. Huang Q, Opstelten D, Samman N, Tideman H. Experimentally induced unilateral tooth loss: histochemical studies of the temporomandibular joint. J Dent Res. 2002;81(3):209–13.
14. Armitage GC. Development of a classification system for periodontal diseases and conditions. Northwest Dent. 2000;79(6):31–5.
15. Berezow AB, Darveau RP. Microbial shift and periodontitis. Periodontol 2000. 2011;55(1):36–47.
16. Thamaraiselvan M, Elavarasu S, Thangakumaran S, Gadagi JS, Arthie T. Comparative clinical evaluation of coronally advanced flap with or without platelet rich fibrin membrane in the treatment of isolated gingival recession. J Indian Soc Periodontol. 2015;19(1):66–71.

17. Ramesh A, Varghese SS, Doraiswamy JN, Malaiappan S. Herbs as an antioxidant arsenal for periodontal diseases. *J Intercult Ethnopharmacol.* 2016;5(1):92–6.
18. Varghese SS, Thomas H, Jayakumar ND, Sankari M, Lakshmanan R. Estimation of salivary tumor necrosis factor-alpha in chronic and aggressive periodontitis patients. *Contemp Clin Dent.* 2015;6(Suppl 1):S152–6.
19. Avinash K, Malaippan S, Dooraiswamy JN. Methods of isolation and characterization of stem cells from different regions of oral cavity using markers: A systematic review. *Int J Stem Cells.* 2017;30;10(1):12–20.
20. Panda S, Jayakumar ND, Sankari M, Varghese SS, Kumar DS. Platelet rich fibrin and xenograft in treatment of intrabony defect. *Contemp Clin Dent.* 2014;5(4):550–4.
21. Mootha A, Malaiappan S, Jayakumar ND, Varghese SS, Toby Thomas J. The effect of periodontitis on expression of Interleukin-21: A systematic review. *Int J Inflam.* 2016; 22:3507503.
22. Ravi S, Malaiappan S, Varghese S, Jayakumar ND, Prakasam G. Additive effect of plasma rich in growth factors with guided tissue regeneration in treatment of intrabony defects in patients with chronic periodontitis: A split-mouth randomized controlled clinical trial. *J Periodontol.* 2017; 839–45.
23. Khalid W, Varghese SS, Sankari M, Jayakumar ND. Comparison of serum levels of endothelin-1 in chronic periodontitis patients before and after treatment. *J Clin Diagn Res.* 2017;11(4):ZC78–81.
24. Khalid W, Varghese SS, Lakshmanan R, Sankari M, Jayakumar ND. Role of endothelin-1 in periodontal diseases: A structured review. *Indian J Dent Res.* 2016 May;27(3):323–33.
25. Ramesh A, Varghese SS, Jayakumar ND, Malaiappan S. Chronic obstructive pulmonary disease and periodontitis—unwinding their linking mechanisms. *J Oral Biosci.* 2016; 23–6.
26. Kavarthapu A, Thamaraiselvan M. Assessing the variation in course and position of inferior alveolar nerve among south Indian population: A cone beam computed tomographic study. *Indian J Dent Res.* 2018;29(4):405–9.
27. Ramesh A, Ravi S, Kaarthikeyan G. Comprehensive rehabilitation using dental implants in generalized aggressive periodontitis. *J Indian Soc Periodontol.* 2017;21(2):160–3.
28. Ramesh A, Vellayappan R, Ravi S, Gurumoorthy K. Esthetic lip repositioning: A cosmetic approach for correction of gummy smile—A case series. *J Indian Soc Periodontol.* 2019;23(3): 290–294.
29. Mathew MG, Samuel SR, Soni AJ, Roopa KB. Evaluation of adhesion of *Streptococcus mutans*, plaque accumulation on zirconia and stainless steel crowns, and surrounding gingival inflammation in primary molars: Randomized controlled trial. *Clin Oral Investig.* 2020;24(9):3275–80.
30. Subramaniam N, Muthukrishnan A. Oral mucositis and microbial colonization in oral cancer patients undergoing radiotherapy and chemotherapy: A prospective analysis in a tertiary care dental hospital. *J Investig Clin Dent.* 2019;10(4):e12454.
31. Giriya ASS, Shankar EM, Larsson M. Could SARS-CoV-2-Induced Hyperinflammation Magnify The Severity Of Coronavirus Disease (Covid-19) Leading To Acute Respiratory Distress Syndrome? *Front Immunol.* 2020 27;11:1206.
32. Dinesh S, Kumaran P, Mohanamurugan S, Vijay R, Singaravelu DL, Vinod A, et al. Influence of wood dust fillers on the mechanical, thermal, water absorption and biodegradation characteristics of jute fiber epoxy composites. *J Polym Res.* 2020;27(11):1206.
33. Thanikodi S, Singaravelu D Kumar, Devarajan C, Venkatraman V, Rathinavelu V. Teaching learning optimization and neural network for the effective prediction of heat transfer rates in tube heat exchangers. *Therm Sci.* 2020;24575–81.
34. Murugan MA, Jayaseelan V, Jayabalakrishnan D, Maridurai T, Kumar SS, Ramesh G, et al. Low velocity impact and mechanical behaviour of shot blasted SiC wire-mesh and silane-treated aloevera/hemp/flax-reinforced SiC whisker modified epoxy resin composites. *Silicon Chem.* 2020;12(8):1847–56.
35. Vadivel JK, Govindarajan M, Somasundaram E, Muthukrishnan A. Mast cell expression in oral lichen planus: A systematic review. *J Investig Clin Dent.* 2019;10(4):e12457.
36. Chen F, Tang Y, Sun Y, Veeraraghavan VP, Mohan SK, Cui C. 6-shogaol, an active constituents of ginger prevents UVB radiation mediated inflammation and oxidative stress through modulating NrF2 signaling in human epidermal keratinocytes (HaCaT cells). *J Photochem Photobiol B.* 2019;197:111518.
37. Minicab A, Devarasan E, Manogaran G, Priyan MK, Varatharajan R, Hsu C-H, et al. Score level based latent fingerprint enhancement and matching using SIFT feature. *Multimed Tools Appl.* 2019;78(3):3065–85.
38. Wu F, Zhu J, Li G, Wang J, Veeraraghavan VP, Krishna Mohan S, et al. Biologically synthesized green gold nanoparticles from induce growth-inhibitory effect on melanoma cells (B16). *Artif Cells Nanomed Biotechnol.* 2019;47(1):3297–305.
39. Ma Y, Karunakaran T, Veeraraghavan VP, Mohan SK, Li S. Sesame inhibits cell proliferation and induces apoptosis through inhibition of STAT-3 translocation in thyroid cancer cell lines (FTC-133). *Biotechnol Bioprocess Eng.* 2019;24(4):646–52.
40. Ponnaniakamideen M, Rajeshkumar S, Vanaja M, Annadurai G. *In vivo* type 2 diabetes and wound-healing effects of antioxidant gold nanoparticles synthesized using the insulin plant *Chamaecostus cuspidatus* in albino rats. *Can J Diabetes.* 2019;43(2):82–9.e6.
41. Vairavel M, Devaraj E, Shanmugam R. An eco-friendly synthesis of *Enterococcus* sp.-mediated gold nanoparticle induces cytotoxicity in human colorectal cancer cells. *Environ Sci Pollut Res Int.* 2020;27(8):8166–75.
42. Paramasivam A, Priyadharsini VJ, Raghunandhakumar S. N6-adenosine methylation (m6A): a promising new molecular target in hypertension and cardiovascular diseases. *Hypertens Res.* 2020;43(2):153–4.
43. Kirveskari P, Alanen P. Association between tooth loss and TMJ dysfunction. *J Oral Rehabil.* 1985;12(3):189–94.
44. Harriman LP, Snowdon DA, Messer LB, Rysavy DM, Ostwald SK, Lai CH, et al. Temporomandibular joint dysfunction and selected health parameters in the elderly. *Oral Surg Oral Med Oral Pathol.* 1990;pp:406–13.
45. Pullinger AG, Seligman DA, Gornbein JA. A multiple logistic regression analysis of the risk and relative odds of temporomandibular disorders as a function of common occlusal features. *J Dent Res.* 1993;pp:968–79.
46. Eke PI, Dye BA, Wei L, Thornton-Evans GO, Genco RJ. Prevalence of periodontitis in adults in the United States: 2009 and 2010. *J Dent Res.* 2012;pp:914–20.
47. Tadjoeidin FM, Fitri AH, Kuswandani SO, Sulijaya B, Soeroso Y.

- The correlation between age and periodontal diseases. *J Int Dent Med Res.* 2017;10(2):327–32.
48. Ragghianti MS, Greggi SLA, Lauris JRP, Santana ACP, Passanezi E. Influence of age, sex, plaque and smoking on periodontal conditions in a population from Bauru, Brazil. *J Appl Oral Sci.* 2004;12(4):273–9.
49. Medeiros AKB de, Barbosa FP, Piuvezam G, Carreiro A da FP, Lima KC. Prevalence and factors associated with alterations of the temporomandibular joint in institutionalized elderly. *Cien Saude Colet.* 2019;24(1):159–68.
50. Kumar V, Yashoda R, Puranik MP. Association between periodontal disease temporomandibular disorders and rheumatoid arthritis among patients visiting rheumatology centers in Bengaluru. *J Indian Assoc Pediatr Surg.* 2019;24(1):159–68.
51. Priyadharsini VJ. In silico validation of the non-antibiotic drugs acetaminophen and ibuprofen as antibacterial agents against red complex pathogens. *J Periodontol.* 2019;90(12):1441–8.
52. Ezhilarasan D, Apoorva VS, Vardhan AN. *Syzygium cumini* extract induced reactive oxygen species-mediated apoptosis in human oral squamous carcinoma cells. *J Oral Pathol Med.* 2019;48(2):115–21.
53. Ramesh A, Varghese S, Jayakumar ND, Malaiappan S. Comparative estimation of sulfiredoxin levels between chronic periodontitis and healthy patients-A case-control study. *J Periodontol.* 2018;89(10):1241–8.
54. Mathew MG, Samuel SR, Soni AJ, Roopa KB. Evaluation of adhesion of *Streptococcus mutans*, plaque accumulation on zirconia and stainless steel crowns, and surrounding gingival inflammation in primarily. *Clin Oral Investig.* 2020;89(10):1241–8.
55. Sridharan G, Ramani P, Patankar S, Vijayaraghavan R. Evaluation of salivary metabolomics in oral leukoplakia and oral squamous cell carcinoma. *J Oral Pathol Med.* 2019;48(4):299–306.
56. Pc J, Marimuthu T, Devadoss P. Prevalence and measurement of anterior loop of the mandibular canal using CBCT: A cross sectional study. *Clin Implant Dent Relat Res.* 2018;23(9):3543–50.
57. Ramadurai N, Gurunathan D, Samuel AV, Subramanian E, Rodrigues SJL. Effectiveness of 2% Articaine as an anesthetic agent in children: Randomized controlled trial. *Clin Oral Investig.* 2019;23(9):3543–50.