

Non-Invasive Therapy for Disc Displacement with Reduction and Myalgia: A Case Report.

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INTRODUCTION & AIM

- DDwR and myalgia are common TMDs in young adults.
- Symptoms include joint clicking, deviation, and masticatory pain.
- Conservative therapy (splint, exercises, education) is first-line.
- Limited data on long-term outcomes of combined DDwR + myalgia.

AIM:

- Present a DDwR + myalgia case in a 22-year-old female.
- Describe conservative treatment and 1-year outcome.
- Highlight importance of DC/TMD diagnosis and personalized care.

CASE PRESENTATION

22-year-old female with:

- 7-month history of left-sided TMJ clicking
- Mandibular deviation to the left on opening
- 2 months of bilateral masticatory pain, aggravated by chewing

Clinical exam:

- Reproducible left TMJ clicking
- Tenderness in masseter and temporalis muscles
- DC/TMD Axis I diagnosis: DDwR with myalgia
- **MRI**

RESULTS & DISCUSSION

Maxillary stabilization splint + education + soft-diet + mandibular exercises.

Baseline: VAS 6/10, mouth opening 41 mm, reproducible joint clicking.

2 weeks: Pain ↓ to VAS 2/10, opening 44 mm, clicking absent.

1 year: VAS 0/10, no joint sounds, stable function, no activity limitations.

CONCLUSION

- Multi-directional, non-invasive therapy can achieve full and long-term remission in DDwR with myalgia.
- Highlights the importance of accurate diagnosis using **DC/TMD**.
- Personalized, conservative management is essential for durable clinical success.



INTRAORAL EXAMINATION



MOUTH OPENING MEASUREMENT



MAGNETIC RESONANCE IMAGE



OCCUSAL STABILIZATION SPLINT

FUTURE WORK / REFERENCES

- Need for:
 - Expand follow-up to larger patient groups with DDwR and myalgia.
 - Evaluate long-term outcomes of different conservative modalities.
 - Develop standardized protocols for young adult TMD management.