JOMS Study: New Treatment Protocol Created for Children with Arthritis Affecting the Jaw Joints

A new study presents a protocol emphasizing collaboration between healthcare disciplines to treat patients with jaw deformities caused by juvenile idiopathic arthritis (JIA), a serious form of arthritis affecting the jaw joints of children.

ROSEMONT, Ill. (PRWEB) June 06, 2019 -- A new study presents a protocol emphasizing collaboration between healthcare disciplines to treat patients with jaw deformities caused by juvenile idiopathic arthritis (JIA), a serious form of arthritis affecting the jaw joints of children.

The proposed algorithm suggests treatments based on factors such as progression of the deformity and skeletal maturity, according to the study published in the June issue of the Journal of Oral and Maxillofacial Surgery, the official journal of the American Association of Oral and Maxillofacial Surgeons (AAOMS).

JIA is the most common chronic condition impacting the joints, muscles, bones and immune system in children. The condition can affect the temporomandibular joint (TMJ), which is located near the ears and connects the jawbone to the skull. The condition can cause disproportion of size and position of bones in the jaws – known as dentofacial deformity – and dysfunction that impacts breathing and chewing.

No generally accepted protocol exists for treatment of dentofacial deformities in patients with JIA, authors wrote. Treatments can include joint preservation or reconstruction.

“A standardized protocol for management of patients with dentofacial deformity from JIA would help clinicians make treatment decisions and allow comparisons of outcomes in research,” authors wrote.

The presented algorithm outlines treatment based on whether the patient has progression of the dentofacial deformity over the last year and whether the patient’s skeleton has stopped growing, followed by whether the patient’s degree of asymmetry and/or loss of vertical height is moderate or severe.

Treatments range from having patients use orthopedic splints that can improve jaw alignment to total joint replacement using tissue from the patient or other materials. For example, the study states an orthopedic appliance is recommended until skeletal maturity in a patient who has little or no active TMJ disease.

The researchers emphasize cooperation among disciplines in treating patients. The initial step to appropriate treatment is identifying TMJ involvement in patients, necessitating “close collaboration” between the pediatric rheumatologist, dentist and/or orthodontist and oral and maxillofacial surgeon, according to the study.

Authors referred to the algorithm as a “conceptual framework,” noting it does not constitute rigid treatment guidelines.

“The algorithm must be modified as necessary to meet unique patient scenarios that may not be fully addressed by the branches of the algorithm and must be adapted to the preferences of the patient and treatment team,” researchers wrote.

Researchers developed the algorithm based on literature and expert opinions presented at a conference held by
the TMJaw group – a multidisciplinary, multinational clinical and research network devoted to the diagnosis and management of TMJ arthritis resulting from JIA.

“We hope that this algorithm will improve consistency in the care of patients with JIA-induced TMJ arthritis and will facilitate future multicenter research,” the authors wrote.

The authors of “An Algorithm for Management of Dentofacial Deformity Resulting From Juvenile Idiopathic Arthritis: Results of a Multinational Consensus Conference” are Cory M. Resnick, DMD, MD (Harvard School of Dental Medicine, Harvard Medical School and Boston Children’s Hospital); Paula Frid, DDS (University Hospital North Norway); Sven Erik Norholt, DDS, PhD, Peter Stroustrup, DDS, PhD and Thomas Klit Pedersen, DDS, PhD (Aarhus University); Zachary S. Peacock, DMD, MD and Leonard B. Kaban, DMD, MD (Massachusetts General Hospital and Harvard School of Dental Medicine); and Shelly Abramowicz, DMD, MPH (Emory University School of Medicine and Children’s Healthcare of Atlanta) on behalf of the Temporomandibular Joint Juvenile Arthritis (TMJaw) Working Group.

The full article can be accessed at JOMS.org/article/S0278-2391(19)30226-5/fulltext.
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