

Neuroradiology

This pamphlet's purpose is to provide basic information to help you understand your temporomandibular joint (TMJ) imaging procedure.

The physicians and physician assistants in the Division of Diagnostic and Interventional Neuroradiology at the University of Rochester Medical Center / Strong Memorial Hospital will answer any questions you may have before they perform your procedure.

If you do have any questions or concerns, please ask during your pre-procedure interview or call us ahead of time at 585-275-1839.

Radiologists:

- ◆ P-L Westesson, MD, PhD, DDS,
Director, Diagnostic & Interventional
Neuroradiology
- ◆ Jeevak Almast, MD,
Attending Neuroradiologist
- ◆ John Deveikis, MD,
Attending Neuroradiologist
- ◆ Sven Ekholm, MD, PhD,
Attending Neuroradiologist
- ◆ Henry Wang, MD, PhD,
Attending Neuroradiologist

Physician Assistants:

- ◆ Stephen D'Ambrosio, MPAS, RPAC
Physician Assistant
- ◆ Iris Young, RPA-C, Physician Assistant

Directions to Strong Memorial Hospital

From the East:

NYS Thruway (I-90) to Exit 46; I-390 North to Exit 16 (W. Henrietta Rd); right on W. Henrietta Rd (Rte 15); proceed approximately two miles to Elmwood Avenue; make a left on to Elmwood Ave; the hospital will be on your left hand side; parking garage will be on the left.

From the West:

NYS Thruway (I-90) to Exit 47; I-490 East to I-390 South to Exit 16A (E. River Rd.); right on East River Rd. and right on Kendrick Rd; bear left onto Lattimore Rd; one block to Crittenden Rd.; take right on Crittenden, parking garage will be on the left.

From the South:

I-390 North to Exit 16 (W. Henrietta Rd.); right on W. Henrietta Rd (Rte. 15); proceed two miles and make a left on Elmwood Avenue; parking garage will be on the left.

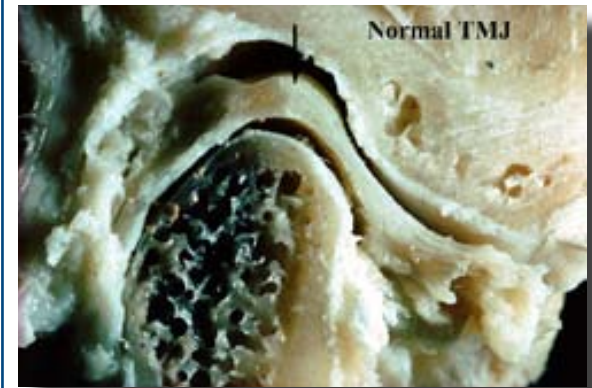
From Parking Garage to the Patient Information Desk (Main Lobby) to the Imaging Sciences Department (Ground Floor)

Take the garage elevators to the 1st floor. Follow the signs to the main lobby. Go through the main lobby passing the information desk. Follow the Red (R) ceiling tags to the red elevators. Take the red elevators to the ground floor. Exiting towards the red corridor turn right and follow the black ceiling tiles marked (x) to the Imaging Sciences/Radiology reception area (G-3300).

NEURORADIOLOGY

University Imaging at Strong Memorial Hospital
601 Elmwood Avenue
Rochester, NY 14642-8648
Telephone: 585-275-1839

TMJ Imaging



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Frequently Asked Questions Regarding TMJ Imaging

Q. What is TMJ?

A. The temporomandibular joint (TMJ) is the small jaw joint located in the front of the ear. The TMJ can cause problems if the disk gets displaced from its normal position on the top of the mandibular condyle.

Q. What are the signs and symptoms of TMJ displacement?

A. Clinical symptoms are often pain, clicking, locking, and limitation of opening the jaw.

Q. What type of imaging is used?

A. The best imaging technique to study the TMJ is MR imaging. MR demonstrates the bone and soft tissue, and especially the disk can be seen. TMJ MR imaging is totally noninvasive and requires no injections.

Q. What is the difference between muscular pain versus joint pain?

A. It is important to understand the difference of pain coming from the muscles of mastication or pain coming from the jaw joint (TMJ). Physical examination and imaging are helpful to make this differentiation. Plain films are used primarily to evaluate for bone disease such as osteoarthritis and traumatic injuries.

Q. Is arthrography used?

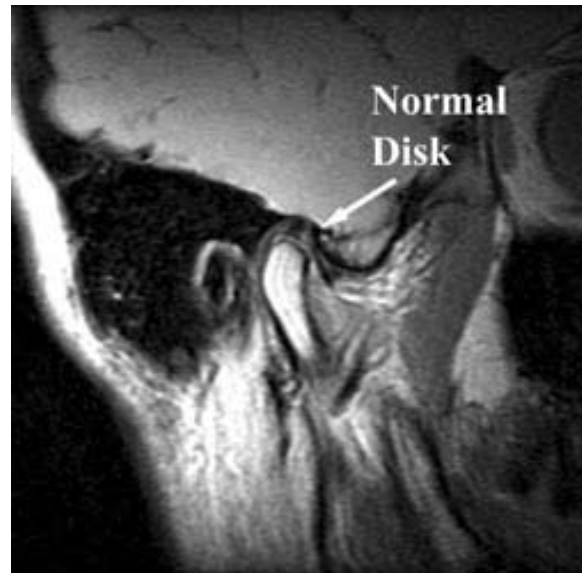
A. TMJ arthrography, once a mainstay in diagnosis of TMJ disease, is not used extensively anymore since noninvasive MR imaging has replaced it.

Q. What treatment is there for TMJ?

A. Muscle symptoms are obviously not treated with surgery whereas occasionally joint disorders caused by derangement/internal derangement may be treated with surgery.

Q. What is the etiology of TMJ pain?

A. The etiology of TMJ pain and dysfunction is unknown. It is thought that in some cases it is caused by trauma, but many cases have no clear etiology.



Remarks

Not all patients with pain in front of the ear or facial pain have TMJ disease. Many patients with true internal derangement also have muscle pain.

Physical therapy, rehabilitation, and muscle treatment are probably the most important conservative measures.

