



## Headache Secondary to Temporomandibular Dysfunction in Adolescents: Case Report

Wadsa Luiza De Oliveira Silva Cavalcanti<sup>1</sup>; Antônio Sergio Guimarães<sup>1</sup>; Luciane Lacerda Franco Rocha<sup>1</sup>; Renata Silva Melo Fernandes<sup>2</sup>

1. São Leopoldo Mandic, Campinas - SP - Brasil;

2. Universidade Federal De Pernambuco, Recife - PE - Brasil.

**Categoria:** Cefaleias Secundárias

### Introdução

the diagnosis of headache secondary to Temporomandibular Disorder (TMD) is given when faced with a headache in a patient who has TMD; it disappears with the control of the DTM. Temporomandibular dysfunction consists of a set of clinical joint and muscular changes and/or associated structures in the orofacial region. It presents a complex and multifactorial etiology, associated with predisposing, initiating and perpetuating factors, such as parafunctional habits, anxiety, among others.

Although TMD is present mainly among young and middle-aged adults, studies carried out in children and adolescents seem to indicate an increase in cases at this stage. Since the symptoms and signs of TMD such as pain in the head, TMJ and muscles, restriction in the range of movement of the mouth, among others, can begin in childhood and last until adulthood. It is interesting to investigate its presence and associated factors in this age group, so that adequate clinical monitoring can be carried out.

Treatment must be carried out in a multidisciplinary manner, and the integration of physiotherapeutic and dental therapies has proven to be quite effective.

### Objective

the present work aims to describe the resolution of the clinical case of a teenager who presents with headache and TMD, detailing the basis of the diagnosis and establishment of an appropriate treatment plan, in search of satisfactory results in the treatment proposed for the patient.

### Case description

the patient arrived with pain in the left temporal region (site of the headache), pain in the left masseter and left pre-auricular region. The DC/TMD questionnaire (Diagnostic Criteria for Temporomandibular Disorder) was applied. The established diagnosis was Disc Displacement Without Reduction (DDSR) - with limited opening in the left TMJ, Myofascial Pain with reference (left temporal region) and headache with tension-type headache phenotype (secondary to TMD?). The patient and her guardian were informed about the treatment possibilities and accepted the proposed approach.

After the diagnosis of TMD and the headache to be clarified, treatment was instituted with the integration of physiotherapeutic and dental therapies, to resolve the patient's signs and symptoms, and improve her quality of life. To control the TMD presented in this clinical case, 1 weekly treatment was scheduled for 6 weeks. With the following behaviors for self-management by the patient: cognitive behavioral therapy, thermotherapy (moist heat), self-massage, stretching and home maintenance exercises. Conducts during care: kinesiotherapy, manual therapy (intra and extra-oral myofascial release, muscle stretching and joint mobilization techniques), electrotherapy (use of transcutaneous electrical stimulation (TENS) - conventional mode for 20 min; and low-power LASER - infrared wavelength, energy 6J/point), dry needling at trigger points, anesthetic block of the auriculotemporal nerve and functional taping (resource chosen - kinesio-tape at the end of the care).

At the end of the proposed treatment, the patient had satisfactory muscle and joint function and no headaches. He reported that they did not interfere with his well-being and he no longer took anti-inflammatory to control his symptoms. In a return visit, after a year, he mentioned that he had other episodes of pain, but that he knew what to do to control it. She highlighted that by knowing what she had and how to handle it, she felt safe, helping with her daily activities.

### Conclusion

it can be stated that simple and reversible procedures were efficient in controlling the TMD and headache in question. Success is achieved mainly in providing the patient with the necessary information about this condition and how to control it. Furthermore, it is important to highlight that therapeutic success depends on the correct diagnosis and execution of therapies.

**Palavras-chave:** TMD; adolescents; Headache.