The head, face, masticatory system and cervical region are common sites in which pain is experienced. Many conditions present with similar signs and characteristic patterns that may lead to diagnostic confusion and ultimately misdiagnosis. Two basic categories of TMDs are extracapsular (myogenous) and intracapsular (arthrogenous). The majority of TMDs exist, extracapsular (myogenous) and intracapsular (arthrogenous). The most common diagnostic categories include osteoarthri-
tis, myositis, myalgia, neoplasia and fibromyalgia. Myositis is inflammation of a muscle due to local causes such as infection or injury. Pain is usually acute and in a local-
ized area with localized tenderness.

Myofibromatosis is a new, abnormal or unclassi-
fied myofibrotic neoplasm arising from the parotid
gland (adenoid cystic carcinoma). The disease occurs in chil-
dren and young adults. It is a slow-growing swelling of the head and neck region, usually occurring in the submaxillar region. It may appear as a lump under the skin or as a noticeable mass in the mouth. Myofibromatosis is a benign tumor that can occasionally become malignant. The treatment for myofibromatosis depends on the size and location of the tumor. Surgical excision is the primary treatment option, and radiation therapy may also be used in some cases. The prognosis for patients with myofibromatosis is generally good, with a high rate of cure and minimal recurrence. However, in rare cases, myofibromatosis may be associated with other disorders, such as neurofibromatosis type I (NF1) or NF2. The association between myofibromatosis and these other disorders is currently under investigation.

Myofibromatosis is a rare benign tumor that can occur in various locations throughout the body, including the head and neck region, submaxillary gland, and oral cavity. The disease is characterized by the presence of rapidly growing, painless masses that are often associated with skeletal abnormalities. Myofibromatosis is not related to myofibromatous neurofibromatosis, a different condition that is associated with NF1 and NF2. The prognosis for patients with myofibromatosis varies depending on the location and extent of the tumor. In general, however, myofibromatosis is a relatively indolent disease with a high likelihood of cure and minimal recurrence. However, in rare cases, myofibromatosis may be associated with other disorders, such as neurofibromatosis type I (NF1) or NF2. The association between myofibromatosis and these other disorders is currently under investigation.
Although the concept of natural progression has been suggested for the TMJ, there is no convincing evidence that TMJ clicking typically progresses to crepitation and that or arthritic changes must develop.24 This may be demonstrated by the absence of a normal physiological response.25,26

Diagnostic criteria include: reproducible joint noise usually at the onset of opening (clicking), soft tissue imaging confirms a displaced disc that is not reducible, or joint opening and hard tissue imaging will demonstrate absence of degenerative bone changes. Pain may be precipitated by joint movement and devistion during movement coinciding with a click.

Joint dislocation, or “open-lock”, is characterized by the onset of joint noise that ceased with the occurrence of locking, ipsilateral hypermobility, and occasionally hard-tissue occlusion (during acute stage) of locking, ipsilateral hypermobility and crepitus or multiple joint sounds. Potential etiological factors include direct trauma to the TM joint (traumatic arthritis, local TMJ infection or his- fional pain of masticatory muscles. J Orofacial Pain 1994; 8:50-56.


