Steroid Injections Effective in Early TMJ Arthritis

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Temporomandibular joint arthritis in children with juvenile idiopathic arthritis responds well to intraarticular corticosteroid injection, especially when it is administered early on, reported Bita Arabshahi, M.D., of Children’s Hospital of Philadelphia, and colleagues.

Twenty-three children aged 4-16 years who had clinical evidence of temporomandibular arthritis and MRI evidence of temporomandibular joint (TMJ) inflammation underwent CT-guided steroid injection of 1 or more TMJs. Fourteen patients had follow-up MRI studies of the TMJ 6-12 months later.

Ten of 13 patients (77%) who had jaw pain before the injection had no pain after the treatment. Nearly half of all 23 patients had significant improvement in maximal incisal opening (it was below age-matched normal values in all patients), with the most significant improvements seen in patients diagnosed before 5 years of age and in those injected by age 6.

Among the 14 patients who had follow-up MRI, 13 (57%) of the 23 TMJs studied had shown acute joint effusion before injection. Corticosteroid injections resulted in resolution of effusion in more than two-thirds of the acutely affected joints, the investigators reported (Arthritis Rheum. 2005;52:3563-9).

The fact that about one-third of these patients had persistent effusion after injection suggests that “the presence or resolution of pain may not accurately predict the presence of TMJ inflammation,” said the investigators, who collected data retrospectively from medical records and prospectively from patient questionnaires.

The majority of patients were ANA-positive girls who had polyarticular juvenile idiopathic arthritis for a median of 2 years. They were treated with triamcinolone acetonide or triamcinolone hexacetonide.