

Occlusal grinding pattern during sleep bruxism and temporomandibular disorder

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Abstrak

Pola grinding oklusal selama sleep bruxism dan kelainan temporomandibular. Sleep Bruxism merupakan salah satu etiologi terjadinya temporomandibular disorder (TMD), dan menyebabkan banyak kelainan di rongga mulut seperti keausan gigi atau faset. Namun, hingga kini belum ada penelitian tentang hubungan antara sleep bruxism dan TMD. Tujuan: Untuk mengetahui apakah ada hubungan antara pola grinding oklusal selama sleep bruxism dan kelainan temporomandibular. Metode: Penelitian cross-sectional dilakukan melibatkan 30 pasien yang diduga mengalami sleep bruxism yang datang ke Rumah Sakit Pendidikan Fakultas Kedokteran Gigi Universitas Indonesia (FKG UI RSGMP). Mereka mengisi 2 kuesioner, yaitu kuesioner berisi indeks ID-TMD dan kuesioner dari American Academy of Sleep Medicine. BruxChecker dibuat sesuai untuk masing-masing pasien, kemudian digunakan selama dua malam untuk merekam pola grinding oklusal. Pola grinding oklusal dikategorikan menjadi sisi laterotrusive grinding (LG) dan sisi mediotrusive. Selanjutnya, LG dibagi menjadi tiga klasifikasi: gigi insisif-kaninus (IC), gigi insisif-kaninus-premolar (ICP) dan gigi insisif-kaninus-premolar-molar (ICPM). Sisi Mediotrusive diklasifikasikan sebagai kontak mediotrusive (MC) dan mediotrusive grinding (MG). Hasil: Ditemukan bahwa pola grinding oklusal pada subjek tidak TMD adalah IC + MC, subjek dengan TMD ringan adalah ICP + MG, dan subjek dengan TMD moderat adalah ICP + MG dan ICPM + MG. Pola grinding ICP dan ICPM mempengaruhi TMJ lebih signifikan dibandingkan dengan pola grinding IC. Simpulan: Terdapat hubungan yang bermakna antara pola grinding oklusal selama sleep bruxism dan TMD.

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Sleep Bruxism is a significant etiology of temporomandibular disorder (TMD) and causes many dental or oral problems such as tooth wear or facet. There is no study analyzing the relationship between sleep bruxism and TMD. Objective: To investigate any relationship between occlusal grinding pattern during sleep bruxism and temporomandibular disorder. Methods: A cross-sectional study involving 30 sleep bruxism patients attended the Faculty Dentistry Universitas Indonesia Teaching Hospital (RSGMP FKG UI). Completion of 2 forms of ID-TMD index and questionnaire from American Academy of Sleep Medicine were done. BruxChecker was fabricated and used for two nights to record the occlusal grinding pattern. The occlusal grinding pattern was categorized into laterotrusive grinding (LG) and mediotrusive side. Further divisions of LG were: incisor-canine (IC), incisor-canine-premolar (ICP) and incisor-canine-premolar-molar (ICPM). Mediotrusive side was classified as mediotrusive contact (MC) and mediotrusive grinding (MG). Results: It was found that occlusal grinding pattern in non-TMD subjects were IC+MC, in subjects with mild TMD were ICP+MG and in subjects with moderate TMD were ICP+MG and ICPM+MG. TMJ was more significantly affected by ICP and ICPM grinding pattern than that of IC. Conclusion: There was a significant relationship between occlusal grinding pattern during sleep bruxism and TMD.