

# Letters to the Editor

Send letters to [afplet@aafp.org](mailto:afplet@aafp.org), or 11400 Tomahawk Creek Pkwy., Leawood, KS 66211-2680. Include your complete address, e-mail address, and telephone number. Letters should be fewer than 400 words and limited to six references, one table or figure, and three authors.

Letters submitted for publication in *AFP* must not be submitted to any other publication. Possible conflicts of interest must be disclosed at time of submission. Submission of a letter will be construed as granting the AAFP permission to publish the letter in any of its publications in any form. The editors may edit letters to meet style and space requirements.

This series is coordinated by Kenny Lin, MD, MPH, Associate Deputy Editor for *AFP* Online.

## Temporomandibular Disorder: An Underdiagnosed Cause of Headache, Sinus Pain, and Ear Pain

TO THE EDITOR: Headache, sinus pain, and ear pain are common chief complaints in the primary care setting. In 17 years of working in a community urgent care practice, I routinely encountered patients who reported a history of recurrent ear infections, sinus infections, or migraine headaches; yet, the history and physical examination did not correspond with the chronic recurrent diagnoses they reported. In many cases, examination of the jaw revealed they were most likely experiencing temporomandibular disorder (TMD).

TMD affects as many as 10% to 15% of adults (peak ages 20 to 40 years) and presents with symptoms that include facial pain, ear discomfort, headache, and jaw pain.<sup>1</sup> Physical examination findings include tenderness over the temporomandibular joint, restricted jaw movement, and crepitus or clicking with opening the mandible.<sup>1,2</sup> TMD is often comorbid with primary headache disorders and is found to be a contributing cause of “sinus headaches” in otolaryngology practice.<sup>3,4</sup>

In my experience, most patients feel much better with short-term use of nonsteroidal anti-inflammatory drugs; symptoms typically resolve within about two weeks. Some patients also may need muscle relaxants, anxiolytics, or referral to an oral surgeon for an occlusive splint.<sup>1</sup>

Of particular concern, many patients I saw over the years in community urgent care reported repeated treatment with antibiotics for presumptive ear and sinus infections. Some were skeptical of the new diagnosis and thought they did not need to take antibiotics. During the past year, I have worked in a university student health center where I have seen several undergraduate and graduate students with chronic recurrent headaches that, at least in part, could be attributed to TMD.

Physicians should consider TMD in the differential diagnosis when a patient presents with headache, sinus pain, or ear pain

and no other diagnosis that readily explains the symptom. Accurately diagnosing TMD can not only lead to more appropriate treatment to relieve the patient's pain but also reduce unnecessary antibiotic prescriptions.

P. HUNTER SPOTTS, MD

Durham, N.C.

E-mail: [hunter.spotts@duke.edu](mailto:hunter.spotts@duke.edu)

Author disclosure: No relevant financial affiliations.

## REFERENCES

1. Gauer RL, Semidey MJ. Diagnosis and treatment of temporomandibular disorders. *Am Fam Physician*. 2015;91(6):378-386.
2. Ely JW, Hansen MR, Clark EC. Diagnosis of ear pain. *Am Fam Physician*. 2008;77(5):621-628.
3. Speciali JG, Dach F. Temporomandibular dysfunction and headache disorder. *Headache*. 2015;55(suppl 1):72-83.
4. Patel ZM, Setzen M, Poetker DM, DelGaudio JM. Evaluation and management of “sinus headache” in the otolaryngology practice. *Otolaryngol Clin North Am*. 2014;47(2):269-287.

## Corrections

**Incorrect wording.** The Medicine by the Numbers “Controlled Cord Traction During the Third Stage of Labor” (March 1, 2016, online only [<http://www.aafp.org/afp/2016/0301/od1.html>]) incorrectly stated that the Advanced Life Support in Obstetrics (ALSO) program did not support the use of controlled cord traction in the third stage of labor. The last sentence of the Caveats section should have read: “Current guidelines within Advanced Life Support in Obstetrics (ALSO) support the use of controlled cord traction in the third stage of labor (<http://www.aafp.org/cme/programs/also/courses.html>). The online version of the article has been corrected.

**Misspelled author name.** The STEPS department “Vilazodone (Viibryd) for the Treatment of Depression” (August 15, 2013, p. 263) misspelled the first name of the third author. Her name should have been listed as Katharine DeGeorge rather than Katherine DeGeorge. The online version of the article has been corrected. ■