

Editöre mektup / Letter to editor

Temporomandibular dislocation secondary to modified electroconvulsive therapy

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Dear Editor,

Modified electroconvulsive therapy (ECT) is much safer today with anesthetic and muscle relaxant drugs. Although it is a safe and effective treatment in severe psychiatric disorders, rare side effects such as bone fractures, cardiovascular complications, epileptic status and death have been reported.¹ In this paper, a case of pregnancy depression with temporomandibular joint (TMJ) dislocation secondary to modified ECT was presented.

CASE

The patient was 32 years old and five months pregnant. She had depressive symptoms for two months. The patient was hospitalized because of intense suicidal thoughts, guilt and sinfulness, weight loss and impaired functionality. Her initial examination revealed that she had an undernourished appearance, reduced self-care, psychomotor agitation, thoughts about guilt and sinfulness. She said that 'This disease was because of my sins, I am a sinner and I deserve to die'. ECT was planned due to suicidal ideations and pregnancy. After the second treatment, jaw protrusion, inability to speak and close the mouth was observed and the patient was consulted to otolaryngology department. A diagnosis of TMJ dislocation was made. In her history, it was learned that she had undergone TMJ dislocation during tooth extraction approximately four years ago. It was thought that the plastic bite block was not appropriate for the patient because of the bite force going to the back teeth. In the next treatment applications, cotton bite blocks wrapped in double-sided gauze cloth were prepared. A total of six ECTs were performed without any complication.

DISCUSSION

At ECT, the electrical stimulation directly stimulates the temporalis and masseter muscles, causing a sudden and strong tooth tightening. Therefore, excessive stress is applied to TMJ. In order to prevent intra-oral complications, rubber bite block, plastic bite block, gauze, gauze-wrapped tongue blades were developed. However, when using plastic bite block, we observed that there was usually a gap in the molar tooth area and the mouth opening was increased. Therefore, in our case, plastic bite block was not used in the next ECT applications because of TMJ dislocation risk due to strong tooth squeezing. As described by Kiran et al.,² two cotton rolls wrapped with gauze were placed on molar and premolar teeth and there was no problem in the next ECT sessions. In conclusion, as seen in our case, rare side effects such as TMJ dislocation may be seen with modified ECT. Two cotton roll wrapped with gauze can also be useful in cases such as TMJ diseases and dislocation, and can prevent intra-oral complications.

REFERENCES

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