Clinical Reminder

Lost for words—a forgotten differential of dysarthria

An 80-year-old right-handed arteriopath was referred with non-fluent speech disorder. On examination, the admitting team noted facial asymmetry and dysarthria. Initial brain imaging was unremarkable. Orthopantomography revealed anterior dislocation of the left mandibular head (Appendix 1 on website). Manual reduction was successful and she resumed normal speech.

Geriatricians should be aware of temporomandibular joint (TMJ) dislocation. Classical symptoms of jaw pain and inability to bite are less common in older patients [1]. Any form of exaggerated jaw opening can provoke dislocation. Common medical interventions such as intubation, endoscopy and feeding tube placement have all been implicated [2]. In a review of TMJ dislocation in an aged population, all cases were associated with chronic neurological disease, the majority occurring in stroke patients [3]. Seizure and dystonic movement were common precipitants.

In our patient, recognition of TMJ dislocation led to ‘cure’ of mutism to the patient’s relief, and we hope, her husband’s satisfaction.

Funded departmentally, there are no relevant conflicts of interests. Full informed consent was given by the patient and her family.

Supplementary data

Supplementary data for this article is available online at http://ageing.oxfordjournals.org.

Terry Quinn
University of Glasgow, Institute of Cardiovascular and Medical Sciences, Gardiner Institute, Western Infirmary, Church Street, Glasgow G1 1 6NT, UK
Email: tjq1@clinmed.gla.ac.uk


doi:10.1093/ageing/afm114
Published electronically 19 September 2007