## **Abstract #74670**

## Click here to print this page now.

Acoustic Emissions Generated By the Temporomandibular Joint of Patients with Juvenile Idiopathic Arthritis and Their Implication on Patient Assessment and Screening: A Pilot Study

#### **Program Book Publication:**

**Daniel Whittingslow**, Georgia Institute of Technology, Emory University School of Medicine

#### **Abstract Supplement and Online Publication:**

These authors will be published in a supplement of the <u>Arthritis & Rheumatology</u> journal as well as the abstracts section of the ACR/ARHP Meeting Abstract website (<u>acrabstracts.org</u>).

**Daniel Whittingslow**<sup>1,2</sup>, Hyeon Ki Jeong<sup>1</sup>, Talia Gergely<sup>3</sup>, Lori Ponder<sup>3</sup>, Sampath Prahalad<sup>3</sup>, Omer Inan<sup>1</sup> and Shelly Abramowicz<sup>4</sup>, <sup>1</sup>Georgia Institute of Technology, <sup>2</sup>Emory University School of Medicine, <sup>3</sup>Emory University, <sup>4</sup>Emory University/Children's Healthcare of Atlanta

## **Abstract Text**

Character count for abstract text: 2675 (75 Characters Remaining)

## Background/Purpose:

The temperomandibular joint (TMJ) is one of the most commonly affected joints in juvenile idiopathic arthritis (JIA) (up to 45% of cases). There is a discrepancy between clinical signs and presence of arthritis of the TMJ, which makes recognizing TMJ involvement and effective intervention difficult. Currently, combined radiographic and magnetic resonance (MR) imaging studies of the TMJ are necessary for a formal diagnosis. These approaches are time consuming, expensive, restricted to a clinical setting, and may not show involvement until the disease has sufficiently progressed. Thus, the high prevalence and difficulty in identifying the condition justifies the development of a novel approach for quantitatively and objectively diagnosing and monitoring diseases of the TMJ. The common finding of crepitus in an involved TMJ in patients with JIA inspired the current study. This common, but not well understood sign, led to our development of a novel, inexpensive wearable system for rapid measurement of the acoustic emissions produced during jaw movement. Here, we investigate the use of these sounds as a non-invasively measurable physiological biomarker of TMJ involvement in JIA.

#### Methods:

We built a custom system using contact microphones inside a headset to unobtrusively capture the acoustic emissions generated by the articulation of the TMJ (Fig. 1 A, microphone circled in red). Internal friction between articulating structures of the TMJ during movement produce various frequencies of vibrations that can be detected on the surface of the skin above the joint. To determine the possibility of using these vibrations to classify and diagnose TMJ involvement 6 patients have so far been recruited. 2 of the patients have clinically-diagnosed JIA with TMJ involvement, and 4 served as healthy controls. We recorded the unique audio profile produced by each patient opening and closing their jaw at a rate of 1 cycle / 4 seconds. Several features of the joint sounds were then calculated and compared to determine if they could be used to potentially classify and diagnose the condition.

#### **Results:**

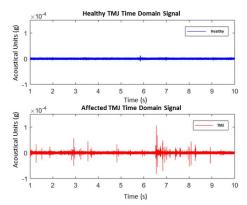
The time-domain analysis of the signal shows large peaks and a chaotic signal from affected jaws, whereas the healthy jaw produces virtually no sounds with a flat signal (Fig. 1 B). Two of the signal features showing a large difference between the groups are presented (Fig. 1 C).

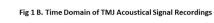
#### **Conclusion:**

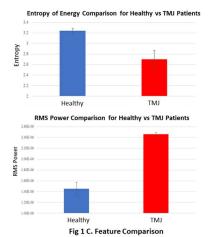
The signals recorded with our portable TMJ acoustic emission headset may serve as a novel and convenient way to differentiate between patients with affected and unaffected jaws. In this small sample, two signal features were different between patients with affected TMJs and those without. This promising preliminary finding warrants further study, recruitment, and development to determine if this measurement modality can one day serve as a means of screening patients for jaw conditions.



Fig 1 A. TMJ Sound Recording Setup







**Disclosure: D. Whittingslow**, None; **H. K. Jeong**, None; **T. Gergely**, None; **L. Ponder**, None; **S. Prahalad**, None; **O. Inan**, None; **S. Abramowicz**, None.

## **Topic Selection:**

Pediatric Rheumatology – Clinical Poster III: Juvenile Idiopathic Arthritis and Uveitis

#### Slot:

: Tuesday, October 23, 2018: 9:00 AM-11:00 AM

#### **Preferred Presentation Format:**

No Preference

#### **Keywords:**

Diagnostic Tests, TMJ, juvenile arthritis, temporomandibular joint and tracking

## **Additional Information:**

#### Does your abstract report the results of a clinical trial?

No

# is this abstract a result of funding from the Rheumatology Research Foundation?

No

## Are you interested in participating in ACR media activities?

Yes

## Please explain why this abstract is newsworthy.

We present our custom headset with integrated sensors to detect sounds generated by a TM joint. We compare the jaw sounds from children with JIA with affected jaws versus those with healthy jaws. Significance was found in several features of the signals indicating that this non-invasive, affordable technique could be used to quickly and quantitatively classify jaw health. The immediate goal for this research is to create a screening tool for jaw pathology diagnosis. This tool could reduce cost, time to diagnosis, and tests performed. Additionally, it could be used as a tool for monitoring longitudinal progression of jaw health.

## Does this research involve human subjects?

Yes

I affirm that my research received approval from the IRB or comparable body depending on country.

#### Does this research involve animals?

No

#### **NONEXCLUSIVE LICENCE AGREEMENT**

I acknowledge and agree that my presentation and presentation materials may be recorded and used in the ACR app, on the ACR Beyond online platform, in live streaming broadcasts, and in enduring materials produced by ACR and/or its approved partners.

#### **EXPECTATIONS OF PROFESSIONAL CONDUCT**

We have agreed to the following statements:

- I. I will abide by and am subject to the <u>ACR Educational Meeting Code of</u> Conduct.
- II. I will act in compliance with and conduct my presentation in compliance with the Code of Conduct.

III. I understand that failure to comply with the Code of Conduct may result in the withdrawal of this or future activity participation as determined by the ACR Education Committee.

#### **Payment Received:**

printable receipt

**Confirmation Number:** 

acr-2018-4462-7518-1181-8665

**Total Paid:** 

\$70.00

## We have agreed to the following statements:

- I. I affirm that I have read and agree to the ACR/ARHP Annual Meeting general guidelines and policies for abstract submission outlined in the 2018 Call for Abstracts guidelines.
- II. I affirm that any work with human or animal subjects reported in the abstract complies with the guiding principles for experimental procedures found in the <u>Declaration of Helsinki</u> of the World Medical Association.
- III. I understand that case reports are not appropriate and will not be reviewed.
- IV. I understand that an abstract is ineligible for consideration if it reports work that has been accepted for publication as a manuscript prior to the ACR/ARHP submission deadline of Tuesday, June 5, 2018.
- V. I understand that this abstract, if accepted, will be under embargo until 4:30 PM Central Time on Saturday, October 20, 2018.
- VI. I understand that abstracts submitted for the ARHP may not be dually submitted to the ACR and vice versa.
- VII. I understand that, if accepted, the American College of Rheumatology has permission to publish this abstract in printed and/or electronic formats.
- VIII. I understand that, if accepted for presentation, the presenting author or co-authors listed on the abstract must present the abstract during an oral and/or poster presentation.
- IX. I affirm that this abstract title does not include a trial group name or acronym and understand that the ACR/ARHP will no longer publish them.
- X. I affirm that this abstract does not report results that have been previously presented at an ACR/ARHP Annual Meeting.

First Author

## **Presenting Author**

Daniel Whittingslow

Email: dcwhitt@emory.edu -- Will not be published

Alternate Email: dwhittingslow@gmail.com -- Will not be published

Georgia Institute of Technology
Department of Biomedical Engineering
Atlanta GA
USA
Emory University School of Medicine
Atlanta GA
USA

#### Author Classification: Pre-doctoral student - Graduate student

## Second Author

## **Corresponding Author**

Hyeon Ki Jeong

Email: hjeong39@gatech.edu -- Will not be published

Georgia Institute of Technology Electrical and Computer Engineering Atlanta GA USA

## Author Classification: Pre-doctoral student - Graduate student

#### Third Author

Talia Gergely

Email: talia.r.gergely@emory.edu -- Will not be published

Emory University Atlanta GA USA

## Author Classification: Not applicable (Non-Trainee)

## Fourth Author

Lori Ponder

Email: laponde@emory.edu -- Will not be published

Emory University Atlanta GA USA

## Author Classification: Not applicable (Non-Trainee)

## Fifth Author

Sampath Prahalad, MD, MSc

**Email:** sprahal@emory.edu -- Will not be published

**Emory University** 

Pediatrics

2015 Uppergate Drive NE Atlanta GA 30322 USA

## Author Classification: Not applicable (Non-Trainee)

#### Sixth Author

Omer Inan, PhD

Email: inan@gatech.edu -- Will not be published

Georgia Institute of Technology Electrical and Computer Engineering Atlanta GA USA

## Author Classification: Not applicable (Non-Trainee)

## Seventh Author

Shelly Abramowicz, DMD, MPH, FACS **Email:** sabram5@emory.edu -- Will not be published **Alternate Email:** none -- Will not be published

Emory University/Children's Healthcare of Atlanta Surgery 1365 Clifton Road Bldg B, Suite 2300 Atlanta GA 30322 USA

Author Classification: Not applicable (Non-Trainee)