

The etiology of oral tori is still not quite clear. Oral tori have been considered to be due to evolution<sup>3</sup>, hereditary factors<sup>11</sup>, nutritional disturbances<sup>12</sup>, masticatory hyperfunction<sup>7,13</sup>, or environmental factors<sup>6,9,14</sup>.

Some researchers believe that masticatory stress associated with occlusal load stimulates the growth of TM. A study of dental patients in Norway<sup>15</sup> concluded that patients with TM had, on average, more teeth present than those without TM<sup>16</sup>.

Temporomandibular disorders (TMD) is a collective term embracing a number of clinical problems that involve the masticatory musculature, the temporomandibular joint (TMJ) and associated structures or both<sup>17</sup>. Parafunctional activity such as grinding, or clenching teeth and/or bruxism is considered to be an etiological factor of TMD<sup>18,19</sup>.

If parafunctional activity is involved in the etiology of both oral tori and TMD, then the patients with TMD may have a higher prevalence of oral tori compared with patients without these disorders. If the association exists, the presence of tori may suggest the examination for TMD.