

NTEA ENDO FAX

Compliments of North Texas Endodontic Assoc.

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Atypical Facial Pain

Introduction

Atypical Facial Pain is a syndrome encompassing a wide group of facial pain problems. ATFP can have many different causes but the symptoms are all similar. Facial pain, often described as burning, aching or cramping, occurs on one side of the face, often in the region of the trigeminal nerve and can extend into the upper neck or back of the scalp. Although rarely as severe as trigeminal neuralgia, facial pain is continuous for ATFP patients, with few, if any periods of remission. Recent studies propose the ATFP is an early form of trigeminal neuralgia. Indeed, some patients have components of both ATFP and TN symptoms.

Possible Causes

ATFP has many possible causes. In some cases, infections of the sinuses or teeth appear to be involved. Some studies postulate a low-grade infectious and inflammatory process occurring over a long period can result in nerve damage and be the triggering factor for ATFP pain. Some believe that vascular compression of the trigeminal nerve in the same area that is postulated to lead to trigeminal neuralgia is a cause of ATFP although studies have shown that microvascular decompression rarely leads to pain relief in ATFP patients. Dental or some sort of physical trauma is also linked to ATFP. Several controversial studies postulate that a condition known as NICO-Neuralgia Inducing Cavitation Osteonecrosis is the cause of the neuralgia-like symptoms of atypical facial pain. Because of the lack of clear etiological data, it is the position of the American Association of Endodontists that a NICRO diagnosis should be considered only as a last resort when all possible local odontogenic causes for facial pain have been eliminated. Earlier literature has linked ATFP to "psychological pathology." Recent studies, however have shown no such link exists.

Diagnosis

Diagnosing atypical facial pain is not an easy task. It's not unusual for ATFP patients to have undergone numerous dental procedures, including extensive endodontic therapy and extractios, seen multiple doctors and undergone many medical tests before being successfully diagnosed and treated. A diagnosis of ATFP is usually a process of elimination. When a patient complains of constant facial pain restricted to one side of the face, the physician must first rule out any treatable causative lesions. Tests include roentgenograms of the skull, CT scan with particular attention to the skull base, careful dental and otolaryngologic evaluation, and thorough neurological examination. Only after tests rule out other factors can a diagnosis of ATFP be made.

Treatment

Treatment of ATFP can be difficult and perplexing for both doctor and patient. Medication is usually the first course of treatment. Surgical procedures such as microvascular decompression generally are not successful with ATFP patients.

The following drugs are used to treat atypical facial pain:

Amitriptyline (Triptyl, Elavil)

Gabapentin (Neurontin)

Pamelor

Capsaicin

Other pain relief strategies include:

Dental Splint

Hot and cold compresses

Acupuncture

Biofeedback

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