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Persistent Idiopathic Facial Pain

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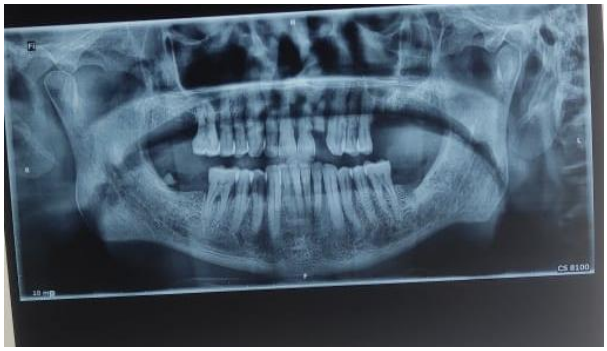
Persistent idiopathic facial pain (PIFP) also known as atypical facial pain, refers to pain along the course of trigeminal nerve but does not fit the classic presentation of neuralgic pain.

Most of the time doctors \ dental surgeons' misdiagnosis it due to non-classic representation of neuralgic pain. We have a classic case presentation of PIFP which has been misdiagnosed by most of dental surgeons.

Case Report: A 64 years old male patient came to the clinic with history of severe episode of pain from last 2-month pain was so serious that wants was continually taking NSAID twice daily from last 2 months. On taking medical history patient was NIDDM and his last Fasting Glucose level was 210 mg/dl. Patient was taking antihypertensive drugs because of history of hypertension (Olmesartan 40mg and Amlodipine 5mg). On general examination BP 140/90 mm of Hg, Pulse 89 beats/min, TEMPERATURE afebrile.

On oral examination there was extraction of 26 # 2 month back in some government hospital and after that patient's pain starts. Gingiva was inflamed and red in colour there is generalized gingival recession and attrition wrt lower anterior teeth socket was well healed and non-tender on digital pressure so X ray was taken RVG wrt 26#,27# region which shows 3mm distal residual root in socket wrt 26# close to maxillary sinus lining. OPG shown in Fig 1



On taking past dental history patient had visited 3-4 clinics before visiting our clinic, patient was already treated with Antibiotics (Amoxicillin 500mg, cefixime 200mg cefpodoxime 200mg, analgesics (Diclofenac, Etoricoxib), Corticosteroid (prednisolone 40mg) from last 2 months but there was no relief.

According to patient pain was unilateral episodic approx. 5-8 episode everyday last for 30 to 45 min and disappeared itself or by taking analgesics.

Pain was severed and throbbing along left upper lip, maxillary sinus and referred to tragus of ear. Sometimes patient gets relief in pain while rubbing gingiva region 26#.

So, our initial diagnosis was that pain is due to residual root left in 26# region while extraction was done in government institute and we have planned of extraction of residual root. But taking consideration nature and course of pain and past drug history we have come to a conclusion to treat patient for neuralgic pain.

Patient was given mezatol 200mg (Carbamazepine) BD for 7 days and neurobion forte tab OD for 10 days and patient was asked to review after one week.

After 7 days follow up, pain was completely subsided and patient gave history of little drowsy while taking this medicine but keeping in consideration the improvement of patient treatment was continued for next 15 days after that tapering was done with mezatol 100mg BD and patient was also referred for neurological consultation.

Pt was kept on follow up and patient shows remarkable improvement.

Conclusion

So, within the group of chronic facial pain syndrome, PIFP represents a particular diagnostic challenge. Patients frequently are misdiagnosed or attribute their pain to a prior event, such as dental procedure or facial trauma. Treatment of PIFP is typically less effective than that of other facial pain syndrome, and a multidisciplinary approach is required to address the many facets of this pain syndrome. And most of times treatment can only help in diagnosis the facial pain syndrome because there is no specific investigation to diagnose facial pain syndrome.

Reference

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