LETS SAY NO TO ORO-FACIAL PAIN

Pain is always a subjective phenomenon experienced by an individual. Although pain is now recognized as being more of an experience than a sensation that recognizes the nature of initiating stimulus including its quality, intensity, location and duration. Chronic Pain has both physiological and psychological components. An experience of poorly managed pain related to underlying cause can lead patients to avoid or postpone treatment, as well as make them more difficult to treat and less likely to comply with prescribed regimens. With the changing concepts of chronic pain represented in body, mind & person, diagnosis and management require the broad understanding of people on the part of attending clinician.

INTRODUCTION

Chronic Orofacial pain is a collective term used for a number of complex orofacial pain and dysfunction disorders including TMJ disorders, neuropathic pain, non odontogenic pain, musculoskeletal pain, neurovascular pain, Neuropathies, referred pain, headache, eagle’s syndrome, oromotor dysfunction, cancer related pain and mandibular behavioral disorders, resulting in symptoms of chronic head, neck and orofacial pain. Diagnosis is by far the most difficult aspect of managing a patient’s orofacial pain. This poster presentation highlights various chronic orofacial pain conditions and importance of various treatment modalities adapted for the management of chronic orofacial pain.

METHODOLOGY

A multi-disciplinary approach towards the treatment of chronic oro-facial pain can be deemed as the call of the hour. Pain relief may be achieved by a variety of means and the treatment must be customized to the individual with drug treatment, image guided interventions (like nerve or ganglion blocks and other neurolytic or ablative procedures), physiological and behavioral approaches geared to the patient’s needs. Prevention, assessment, diagnosis, treatment, and rehabilitation of orofacial pain disorders should be offered to the patient as a complete package. Aggressive treatments like Gasserian ganglion block, Glossopharyngeal block, Sphenopalatine block etc are the keys for sustain relief of chronic orofacial pain.

MANAGEMENT

Non-pharmacological Management

- Patient education and self-care
- Physical Therapy (TDIO, Ultrasound massage, shortwave diathermy etc for TMJ pain disorders)
- Acupuncture

Intra-lesional Injection

- Nerve resection and avulsion
- Discectomy
- Cryosurgery
- Intracranial nerve decompression
- Peripheral neurectomy

SURGICAL TREATMENT

- Dental Management
- Treatment of underlying cause
- Topical anaesthesia, analgesics
- NSAIDS
- Anti-neuropathic pain modification(Amityptyline, Gabapentin, Pregabalin, Carbamazepine)
- Opioids

CONCLUSION

An interdisciplinary management with judicious use of pharmacological, non-pharmacological and minimally-invasive, image guided interventions are required to treat chronic oro-facial pain. Existing the proper etiology and diagnosing oro-facial pain is the more difficult aspect of managing the patient’s pain problem. A combined approach from the oral physician and pain physicians might open new doors for those suffering from chronic oro-facial pain.