GLOBAL YEAR AGAINST OROFACIAL PAIN
OCTOBER 2013 – OCTOBER 2014

Persistent Idiopathic Facial Pain (Previously "Atypical Facial Pain")

Definition

Persistent idiopathic facial pain (PIFP), previously termed "atypical facial pain," is a persistent facial pain that does not have the characteristics of cranial neuralgias and cannot be better attributed to a different disorder.

Epidemiology

The prevalence of PIFP is far less frequent than that of trigeminal neuralgia (TN). Its prevalence in the general population is estimated at 0.03%. Its incidence is unknown.

Pathophysiology

The literature suggests that abnormal sensitization of the trigeminal nociceptive system may play a crucial role in the development of PIFP.

Clinical Features

Location, radiation: Generally, PIFP is limited to one particular area on one side of the face at disease onset, is deep and poorly localized, and does not follow a neurological distribution.
Character: Nagging, aching, and dull, but can be sharp at times.
Severity: Varying often throughout the day from mild to moderate.
Duration and periodicity: Daily, and can be continuous or intermittent.
Factors affecting it: Stress, fatigue.
Associated factors: Often associated with other chronic pain conditions such as irritable bowel syndrome , chronic widespread pain, headache, or back pain. Not associated with sensory loss or other neurological deficits. Anxiety and depression, high catastrophizing, and impaired quality of life are often associated with this condition.

Investigations

Radiographic imaging, cranial computed tomography (CT), or magnetic resonance imaging (MRI) of the face and jaws do not demonstrate any relevant abnormality and are only indicated if the history and examination suggest a need.

Therapy

There are very few randomized controlled trials, and most treatment choices are based on open-label studies. Tricyclic antidepressants such as amitriptyline (50–100 mg/day) or nortriptyline (20–50 mg) are effective if used for several months. Selective serotonin and norepinephrine reuptake inhibitors (duloxetine, venlafaxine, and mirtazapine) are used as well but are often ineffective. Patients benefit from simultaneous cognitive-behavioral therapy to improve their quality of life.

References

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