

The Challenge of Complex Facial Pain Syndromes

Silvia Regina Dowgan Tesseroli de Siqueira*

*Department of Neurology, University of Sao Paulo, Brazil***Article Information**

Received date: Mar 06, 2018

Accepted date: Mar 09, 2018

Published date: Mar 13, 2018

Corresponding author

Silvia Regina Dowgan Tesseroli de Siqueira, Orofacial Pain Specialist, Specialist in Philosophy and Existence, Associate Professor, School of Arts, Science and Humanities, Interdisciplinary Pain and Orofacial Pain Groups, Neurology Department, School of Medicine, University of Sao Paulo (USP0, 04060-000 São Paulo-SP, Av Piassanguaba75ap93, Brazil, Tel: +55 11 991842878; Email: silviadowgan@hotmail.com

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Article DOI 10.36876/smggr.1012

Short Communication

Orofacial pain is a term that includes several painful conditions that affect the area of the face and the mouth. Pain can refer to adjacent parts of the body, as the head and the neck, as well as the symptom can be a referred pain from these structures. For the differential diagnosis, it is necessary to consider dental causes, temporomandibular disorders, neuropathic diseases such as trigeminal neuralgia, burning mouth syndrome, persistent idiopathic facial pain, atypical odontalgia, primary headaches, sinusitis, cervicgia etc [4]. There are inflammatory and neuropathic neurobiological mechanisms that underlie those conditions or can be secondary to the chronification of pain.

According to the diagnosis, the treatment may include topic or systemic medication (antidepressants, neuroleptics, anticonvulsants, analgesics and anti-inflammatory drugs), physical therapy, oral splints, acupuncture and psychotherapy. It is common to find in the patient more than one concomitant diagnosis (eg. Primary headache and temporomandibular disorder, trigeminal neuralgia and masticatory myofascial pain) [3], which implicates in the need to reference of the patient to other members of the multidisciplinary group due to the presence of signs and symptoms that indicate other associated conditions to the oral complaint.

Although all the advances in the assessment of chronic facial pain, many patients remain with symptoms and no pain alleviation. It seems that something is missing, and all the clues refer to the subjective and individual aspect that pain has for each patient.

Pain is an unpleasant sensation and an emotional experience, and, especially when it gets chronic, it presents behavioral and psychological factors that cannot be separated from the biological phenomena [2]. It implicates in suffering, something that has singular meaning for each person [5]. Some patients have personality aspects that are protective and help in coping with their symptoms [1]. Others don't moreover, pain are situated in the life of an individual, in a personal narrative. Even if two patients have the same diagnosis and similar characteristics, their prognosis may differ; their narratives will always present particularities.

From the narrative and history of the disease, it is possible to diagnose and determine the treatments. However, it is also from the narrative that the singularity of pain experience appears, and this cannot be left aside the assessment. There are existential aspects associated with chronic pain, unique in each individual [5]. Emotional distress is also frequent and needs an approach, but the basic part of the individual that underlies his unit is the personality [1].

Much has been explored on anxiety and depression symptoms that can be associated with psychiatric morbidities in chronic complex facial pain patients [3], but few are the studies about their personality. Our recent investigation on a series of cases showed that the facial pain patients might have similar personality traits of patients with other pain syndromes. They show excessive self-centrism [1], which increases the attention to the pain, turning worse the answer to the treatments (including the response to psychological approaches).

Morbidities are frequent in these patients. Besides psychiatric diseases, other systemic conditions might be more common in individuals that have complex chronic facial pain, when compared to healthy subjects or neuropathic facial painful diseases. This indicates that they might have a syndromic pattern and that chronic pain can be a functional condition [3].

Morbidities should be identified to be assessed, and aspects of personality may clarify the patients profile, that can be more favorable or not to respond to the therapeutic, it is clear that there is much more to investigate in the field of orofacial pain to achieve better results when treating these patients.

OPEN ACCESS**ISSN: 2576-5434**

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