

Neuropathic Orofacial Pain

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KEYWORDS

• Neuralgia • Facial pain • Neuritis • Herpes zoster

KEY POINTS

- Neuropathic orofacial pain is described as a pain caused by a lesion or disease of the somatosensory nervous system.
- Nociceptive stimuli in the orofacial region is modulated as it ascends to the thalamus and then to the somatosensory areas of the cortex.
- Complexities in individual pain perceptions are due to the influence of cognitive, affective, and motivational factors.
- Research continues to be undertaken to introduce more effective management options for neuropathic orofacial pain patients.

INTRODUCTION

Neuropathic orofacial pain is described as a pain caused by a lesion or disease of the somatosensory nervous system. Nociceptive stimuli in the orofacial region move along the trigeminal pathway, being modulated as it ascends to the thalamus. It is at this point where pain is perceived and then projected to the somatosensory areas of the cerebral cortex, allowing interpretation of this stimulus. Further complexities in individual pain perceptions are due to the influence of a myriad of cognitive, behavioral, affective, and motivational factors.

Neuropathic pain is broadly separated into episodic and continuous pain (**Fig. 1**).

TRIGEMINAL NEURALGIA

Trigeminal neuralgia (TN) is a paroxysmal, unilateral, short-lasting facial pain. Onset of TN may be abrupt or through a rarer preceding syndrome termed *pre-TN*.

Pretrigeminal Neuralgia

Pretrigeminal neuralgia (PTN) may precede TN in 18% of patients.¹ PTN is characterized by

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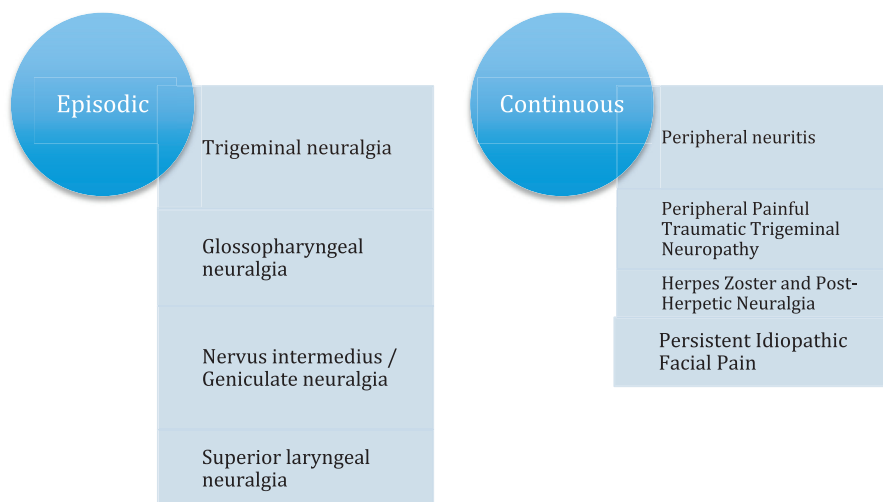


Fig. 1. Types of neuropathic pain in the orofacial region.

- A dull, continuous pain in one of the jaws that lasts from days to years before becoming typical.

The lack of clear and consistent diagnostic criteria makes this a problematic entity to recognize; it is usually diagnosed when all other possibilities are exhausted or in retrospect when classical TN develops.

Two subsets of TN are recognized (**Fig. 2**).

Atypical Trigeminal Neuralgia

Atypical trigeminal neuralgias are cases that present with most but not all diagnostic criteria and are not recognized by any current classification. Features of atypical cases may include the following:

- A low-grade background pain
- Longer-lasting attacks
- Increased resistance to therapy
- A higher rate of recurrence⁴

Clinical Presentation

- Sharp, short-lasting pain
- Usually unilateral
- The presence of trigger zones
 - Innoxious stimuli in these areas, which lead to pain
- Triggering stimuli include talking, chewing, touch, temperature, wind, and shaving
 - However, triggers are not always present or identifiable⁵

Diagnosis

The diagnosis of TN is based on a thorough clinical examination and patient history. Imaging such as MRI and MR angiography is necessary to investigate possible vascular impingement and exclude intracranial pathosis.

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