

Persistent idiopathic facial pain

Persistent [idiopathic facial pain](#) (PIFP) is a [chronic disorder](#) recurring daily for more than two hours per day over more than three months, in the absence of clinical neurological deficit. PIFP is the current terminology for [Atypical Facial Pain](#) and is characterized by daily or near daily [pain](#) that is initially confined but may subsequently spread. Pain cannot be attributed to any pathological process, although traumatic neuropathic mechanisms are suspected. When present intraorally, PIFP has been termed '[Atypical Odontalgia](#)'. PIFP is often a difficult but important [differential diagnosis](#) among chronic [facial pain](#) syndromes.

Benoliel and Gaul presented a narrative review reporting current literature and personal experience. Additionally, they discussed and differentiate the common differential diagnoses associated with PIFP including traumatic trigeminal neuropathies, regional myofascial pain, atypical neurovascular pains and atypical trigeminal neuropathic pains.

The underlying pathophysiology in PIFP is still enigmatic, however neuropathic mechanisms may be relevant. PIFP needs interdisciplinary collaboration to rule out and manage secondary causes, psychiatric comorbidities and other facial pain syndromes, particularly [trigeminal neuralgia](#). Burden of disease and psychiatric comorbidity screening is recommended at an early stage of disease, and should be addressed in the management plan. Future research is needed to establish clear diagnostic criteria and treatment strategies based on clinical findings and individual pathophysiology ¹⁾.

Case series

Data on all the patients that have been treated with [percutaneous radiofrequency thermocoagulation](#) (PRTC) between 2009 and 2019 were included into a [study](#). The [outcome](#) was assessed with a six-tiered score from 1 (complete remission) to 6 (no benefit). [Univariate](#) and [multivariate](#) analyses were performed in order to obtain factors associated with the outcome.

A total of 52 patients were included. The total number of [procedures](#) performed was 114. 61.5% of patients who experienced temporary pain relief that lasted for a median of 60 days (range 3-1490 days). In patients with [recurrence](#), the fraction of successful [interventions](#) was higher, and also transient, with successful pain amelioration in over 80% of patients. Successful responses to PRTC were observed in 27.9% after 1 year, 19.4% after 2 years, and 8.3% after 3 years. The only independent variable predicting pain relief was a repeat intervention with a history of ≥ 2 interventions (OR: 4.36, 95%-CI: 1.34-14.34, $p = 0.015$). No severe [complications](#) occurred.

This data showed good and immediate pain relief after PRTC in the majority of patients. PRTC is a low-risk procedure that can be discussed as an option in case of failure of medical treatment even in critically ill patients and can be repeated with good results when necessary. Long-term pain amelioration, even with repeated procedures, was not possible and no patient was permanently cured ²⁾.

Data collection was prospective and standardized in consecutive PIFP patients. All patients underwent 3.0 MRI. Results In a cohort of 53 PIFP patients, the average age of onset was 44.1 years. PIFP was found in more women 40 (75%) than men 13 (25%), $p < 0.001$. There was a high prevalence of

bilateral pain 7 (13%), hypoesthesia 23 (48%), depression 16 (30%) and other chronic pain conditions 17 (32%) and a low prevalence of stabbing pain 21 (40%), touch-evoked pain 14 (26%) and remission periods 10 (19%). The odds ratio between neurovascular contact and the painful side was 1.4 (95% CI 0.4-4.4, $p = 0.565$) and the odds ratio between neurovascular contact with displacement of the trigeminal nerve and the painful side was 0.2 (95% CI 0.0-2.1, $p = 0.195$).

PIFP is separated from trigeminal neuralgia both with respect to the clinical characteristics and neuroimaging findings, as NVC was not associated to PIFP. ³⁾

1)

Benoliel R, Gaul C. Persistent idiopathic facial pain. Cephalalgia. 2017;37(7):680-691. doi:10.1177/0333102417706349

2)

Al Barim B, Lemcke L, Schwake M, Schipmann S, Stummer W. Repetitive percutaneous radiofrequency thermocoagulation for persistent idiopathic facial pain and central neuropathic pain attributed to multiple sclerosis-a retrospective monocentric analysis [published online ahead of print, 2020 Jul 14]. Acta Neurochir (Wien). 2020;10.1007/s00701-020-04486-4. doi:10.1007/s00701-020-04486-4

3)

Maarbjerg S, Wolfram F, Heinskou TB, Rochat P, Gozalov A, Brennum J, Olesen J, Bendtsen L. [Persistent idiopathic facial pain](#) - a prospective systematic study of clinical characteristics and neuroanatomical findings at 3.0 Tesla MRI. Cephalalgia. 2017 Nov;37(13):1231-1240. doi: 10.1177/0333102416675618. Epub 2016 Oct 27. PubMed PMID: 27789649.

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Last update: **2024/06/07 02:55**

