

Dental Abscess

S&S

Severe/throbbing toothache - radiates to maxilla/mandibular area

Swollen lymphnodes

Fever

Sensitivity to temperatures/pressures

Swelling in the face

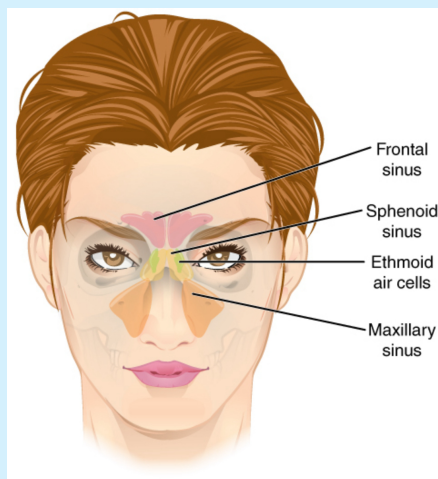
Bad taste/odour in the mouth

Management

Referral to dentist/GP

Antibiotics + Root canal procedure

Sinuses



- Sinuses of the skull

Acute/Chronic Sinusitis

Acute S&S

Maxillary sinus most infected

Localised tenderness - Sphenoidal/ethmoidal causes constant pain behind the eye/nose + nasal blockage

Facial Pain

Toothache

HA

Purulent postnasal Drip

Chronic

Vague
Facial Pain

Offensive
postnasal
drip

Nasal
Obstruction

Toothache

Malaise

Halitosis

Acute/Chronic Sinusitis (cont)

Nasal Discharge + obstruction

Symptoms >90 days

Rhinorrhoea

Cough which is worse at night

Prolonged Fever

Epistaxis

Symptoms <90 days

Examination

Palpation for Tenderness

Frontal - upward beneath medial side of the supraorbital ridge

Maxillary - against anterior wall, below infraorbital margin

Ethmoid - medially against the medial wall of the orbit

Management

Acute

Refer to GP

Antibiotics Nasal corticosteroids

Chronic

Refer to GP

Advice on avoidance of Triggers

Long term Antibiotics

Nasal Irrigation

Intranasal corticosteroids

Underwater diving avoidance

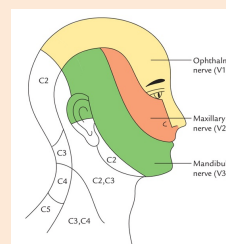
Stop smoking

Good dental hygiene is key

Refer IMMEDIATELY TO HOSPITAL IF:

- Orbital involvement
- S&S of meningitis
- Severe systemic infection
- Intraorbital/periorbital complications - oedema, cellulitis, displaced eyeball, diplopia, ophthalmoplegia/affected visual acuity
- Neurological signs
- Severe Frontal HA

Facial Nerves Distribution



Trigeminal Neuralgia

S&S

Unilateral, severe, searing jabs of pain

Usually in V2, V3 divisions

Variable Frequency - Spontaneous onset + offset

Talking, chewing, touching area, cold weather/wind

No relieving factors

Sensitive areas: upper + lower lip, nasolabial fold/upper eyelid

Normal Neurological Exam

Management

Drugs: Carbamazepine

Surgery (If blood vessel is pressing on nerve)

Capsaicin cream

CBT/Pain management

Glossopharyngeal Neuralgia (Rare)

S&S

Severe lacerating pain in back of throat

Radiates to ear canal + neck

Triggered by swallowing, coughing, talking

Management

Specialist Referral - GP, Dentist, Neurologist, Neurosurgeon

MRI to rule out blood vessel disorders/causes, Tumours of throat/neck

Drugs: Carbamazepine, gabapentin, liquid xlyocaine - regular blood tests needed

Herpes Zoster

S&S

Radicular Pain + hyperaesthesia in Trigeminal division (Usually V1) - stinging, tingling, burning

Unilateral patchy rash in one or more dermatomes

Intense erythema + papules in infected area (can be present on cornea)

Regional lymphadenopathy

Crusting of scabs - 10-14 days afterwards

Fever + Malaise

HA

Management

IMPORTANT TO TREAT WITHIN 2-3 DAYS - INCREASED RISK OF POST-HERPETIC NEURALGIA

Referral to GP

Analgesics - Calamine, Opioids for severe pain, Lidocaine, Gabapentin

Antivirals - Aciclovir, valaciclovir, famciclovir

Atypical Facial Pain (AFP)

S&S

Moderate - Severe pain which is poorly localised - Maxilla/mandibular area

Chronic - gradual increase of pain

Middle aged women most affected

Radiates in anatomically impossible ways

Association with depression/anxiety

No aggravating/relieving factors

Does **NOT** wake patient up from sleep

A DIAGNOSIS OF EXCLUSION - RULE OUT OTHER CAUSES OF FACIAL PAIN

Management

Analgesics

Antidepressants

Muscle Relaxants

Anticonvulsants

Surgery **ONLY TEMPORARY RELIEF**

Refer to GP for specialist

CBT = fear avoidance

