

### Dental Abscess

#### S&S

Severe/throbbing toothache - radiates to maxilla/mandibular area

Swollen lymphnodes

Fever

Sensitivity to temperatures/pressures

Swelling in the face

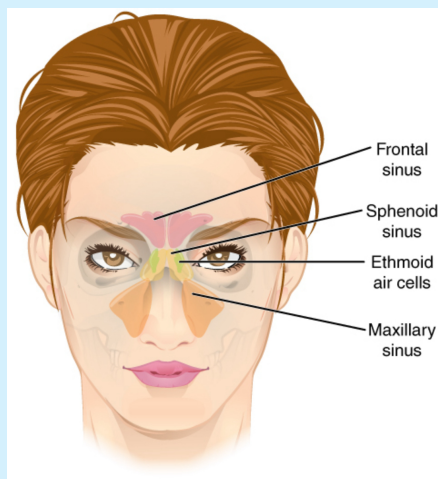
Bad taste/odour in the mouth

#### 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

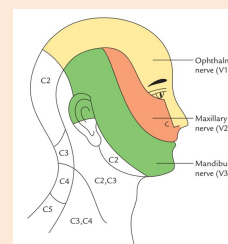
Stop smoking

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 lacinating 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

