

Causes of Facial Pain Cheat Sheet

by Siffi (Siffi) via cheatography.com/122609/cs/22849/

Dental Abscess

S&S

Severe/throbbing toothache - radiates to maxilla/mandibular area

Swollen lymphnodes

Fever

Sensitivity to temperatures/pressures

Swelling in the face

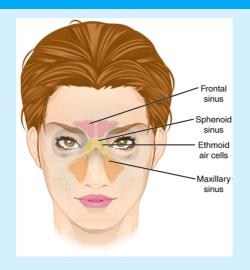
Bad taste/odour in the mouth

Management

Referral to dentist/GP

Antibiotics + Root canal procedure

Sinuses



- Sinuses of the skull

Acute/Chronic Sinusitis	
Acute S&S	Chronic
Maxillary sinus most infected	Vague Facial Pain
Localised tenderness - Sphenoidal/ethmoidal causes constant pain behind the eye/nose + nasal blockage	Offensive postnasal drip
Facial Pain	Nasal Obstruction
Toothache	Toothache
НА	Malaise
Purulent postnasal Drip	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	Chronic
Refer to GP	Refer to GP
Antibiotics Nasal corticosteroids	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, opthalmoplegia/affected visual acuity
- Neurological signs
- Severe Frontal HA

Facial Nerves Distribution





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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

Managemen[®]

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 + hyperaestheisa 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 lymphademopathy

Crusting of scabs - 10-14 days afterwards

Fever + Malaise

НА

Management

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

Referral to GP

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

Antivirals - Aciclovir, valaciclovir, famciclovir

Atypical Facial Pain (AFP)

S&S

Moderate - Severe pain which is poorly localised - Maxilla/mand-ibular 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

Managemen

Analgesics

Antidepressants

Muscle Relaxants

Anticonvulsants

Surgery ONLY TEMPORARY RELIEF

Refer to GP for specialist

CBT = fear avoidance



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