

Common Neurological Problems Affecting Face

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Facial Pain could be due to

A) Headache

1. Migraine
2. Cluster headache
3. Tension headache
4. Temporal arteritis

B) TM Joint Problem (Temporomandibular joint)

C) Trigeminal neuralgia

d) Glossopharyngeal neuralgia

e) Facial Pain Because of ENT causes

f) Facial Pain Because of ocular causes

g) Atypical facial ache and pain

A) Headache: Sometimes patient having headache will have predominantly facial pain. Pain will be distributed in front of the head, above the eyes. Pain is one side in Migraine & cluster type of headache. Bilateral constricting type of pain in tension headache. Pain in Migraine and cluster headache will be episodic. It has specific aggravating and relieving factors. Pain in tension type of headache will be continuous and dull aching in nature. Late onset headache in elderly people with visual problems one has to think of temporal arteritis. They will have unilateral headache.

Treatment of Migraine includes drugs to abort attack of migraine and drugs which can be used as Prophylaxis i.e. drugs to bring down the frequency and severity of headache. (Beta Blocker + Flunarizine + Valproate) cluster headache treatment includes immediate treatment, Transitional and long term prophylactic treatment.

Immediate treatment includes 100% O₂

Transitional treatment includes steroids

Long term treatment includes drugs like lithium, verapamil and Valproate

Tension headache treatment includes relaxation exercises, antidepressants, Biofeedback exercises and pain relieving medication. Giant cell arteritis is a dreaded condition. If suspected, should be treated with steroids, if not treated, patient can lose eyesight.

B) T.M Joint problems: Elderly people with TM Joint problem will have pain near the TM Joint area which is dull aching in character and chewing. Pain increases on jaw movement. It has to be treated by oral maxillofacial surgeon. Intra-articular steroids/analgesia may help.

C) Trigeminal neuralgia: This type of pain is seen in all age group. Commonly seen around 20-40 years. Patient will have severe lancinating pain distributed in one of division of trigeminal nerve (Nerve supplying facial sensation, ophthalmic, Maxillary or mandibular division)

Patient experiences current like sensation involving one of this division of trigeminal nerve. Pain increases on exposure to cold /air, face washing brushing teeth, cheering/eating etc. Reason for trigeminal neuralgia could be because of structural lesion in Brain or Idiopathic. All patient with trigeminal neuralgia should undergo MRI Brain.

Treatment includes Medical Management or surgical.

Medical Management includes drugs like tegretal / Pregabalin / Clonazepam etc.

Surgical Management include, Alcohol injection into the one of division of trigeminal nerve / ganglion.

Decompression of nerve will also relieve the pain.

D) Glossopharyngeal neuralgia: This condition is quite rare, but seen sometimes, but symptoms are very classical. Patient complaints of severe burning pain in throat usually U/L. Unilateral, rarely can be seen in Bilateral distribution. This condition could be without any reason or associated with structural lesion in the brain. Sometimes elongated styloid process in the throat can also produce pain similar to glossopharyngeal neuralgia, Treatment include, Medical Management and Nerve block.

E) Facial Pain Because of ENT causes: Sometimes patient with Acute rhino sinusitis can have facial pain it is problems in the sinuses can have pain in the face. Especially frontal ethmoidal and maxillary sinusitis can produce, frontal, around the eye and mid facial pain. Elderly problem can have cancer involving nose, sinus and throat which can present with facial pain.

F) Facial Pain Because of Ocular Causes: Some patient with refractive errors, glaucoma iritis, uveitis, iridocyclitis can produce pain around the eye, which can spread upper and mid part of the face

G) Atypical facial pain: There are some conditions where in patients which vague pain distributed over the face where exact cause cannot be established. Some cause could be because functional / Psychiatric causes. Some due to cancer infiltrating facial nerve / Nerve supplying face & neck, cervical spondylosis can also produce neck and facial pain.

So In general patient having facial pain/head pain Needs proper evaluation by a neurologist. If needed and after seen by neurologist would need brain imaging (CT scan/MRI Brain, CT angi, MRI angi) To rule out structural lesions/tumor in the brain. Timely diagnosis and proper treatment of facial pain will reduce the suffering cause to patient.

