Atypical facial pain treatment in Pediatric patient

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Introduction
Atypical facial pain (ATFP), recently defined as persistent idiopathic facial pain by the revision of the Classification of the International Headache Society (IHS), is a poorly understood condition, which still lacks clear diagnostic criteria and proper treatment.

The affliction is seen primarily in older adults and rarely in children.

"Persistent idiopathic facial pain that does not have the characteristics of cranial neuralgias and is not attributable to another disorder". 1

According to the IHS criteria, a diagnosis of ATFP is possible when the pain in the face is present daily and persists for most or all of the day. 1

The pain is confined at onset to a limited area on one side of the face, often in the nasolabial fold or side of the chin and may spread to the upper or lower jaw or a wider area of the face of neck and is deep and poorly localized.

It is not associated with sensory loss or other physical signs.

Description of the pain is sharp, dull, crushing, aching, burning, pulling, squeezing

Laboratory investigations or imaging of face and jaws do not demonstrate relevant abnormality.

May be initiated by operation or injury to face, teeth or gums but persists without any demonstrable local cause.

Diagnosis of ATFP is usually, a process of elimination. 1

A targeted history and an accurate examination are crucial to correctly classify this facial pain.

The first step in diagnosing atypical facial pain is a neurological examination.

The practitioner will try to rule out similar conditions such as trigeminal neuralgia, temporomandibular joint syndrome, migraines and cluster headaches 1

Methods
- One patient case report

Results
Twelve years old female who was started on clindamycin for a breast abscess, developed acute severe right ear pain.

Pain was described as throbbing, stabbing and tingling constant pain. Pain radiated to the lower part of the jaw at the junction with the neck. Otoralyngologist, Infectious diseases, dentist and neurologist evaluations, including laboratories, brain CT, MRI, MRA of neck and chest, EEG, nerve conduction study were all normal.

She tried acetaminophen with codeine, gabapentin, clonopin, tegretol, amitriptyline, cymbalta and pregabalin all with multiple side effects. She started physical therapy for desensitization. Cognitive behavioral therapy was recommended to developed coping strategies for pain management. Finally, we performed a cervical plexus block under ultrasound with excellent results.

Conclusions
Atypical facial pain is rare and difficult to diagnose and treat, but in the pediatric population can be even more challenging.

Clindamycin can cause neuropathic pain as described by our patient, but is extremely rare but is not zero. Local anesthetics interventions sometimes can decrease abnormal nerve endings firing and abort atypical facial pain.

Cognitive behavioral therapy with hypnosis, relaxation technique and imagination can help treat and cope with chronic pain disorders in pediatric population.

Increase activities and desensitization can help treat chronic and acute pain disorders.

Chronic facial pain patients are best managed by a multidisciplinary team. 2

References