Review Article

ACTUAL OR VIRTUAL DENTOFACIAL PAIN; A REVIEW ARTICLE

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Abstract: Dentofacial pain is big burden over the society which can lead to increase in the morbidity and pshycological stress to the patient. Usually pain is the basic concern of the dental surgeon and the patients. The cause of acute dental pain can be odontogenic or Non Odontogenic. The other reason for dentofacial pain can be anxiety, tension and depression. According to the psychi:atrist Depression may be sole cause of many signs and symptoms from the nail to the hair of our head. It was earlier known as psychosomatic pain. Dentofacial pain has different origin and etiology which can be challenging sometimes. This article emphazises on the general awareness to dental surgeons and focuses on the management of orofacial pain.
KeyWords: Pain,Psychosomatic,Pain assessment and Oral behaviour

INTRODUCTION

Dental surgeon in their daily practice frequently face with various types of pain involving oral, facial and dental region. According to International Association of pain, Pain is defined as a distressing feeling due to various stimuli[1]. Dentofacial pain is defined as tenderness in face, mouth, jaws and neck. The treatment plan of the pain is basically based upon the diagnosis, although recent advancement in the technology had made the treatment easier to some extent [2]. Here an effort is made to give an idea of vague facial pain or virtual dentofacial pain which sometimes can arise from the psychogenic cause.

Assessment and Diagnosis of Dentofacial Pain

Generally, It is very difficult for dentist and patient to identify the origin of pain. It is even more confusing for the patient to rather consult the physician or dentist for the pain management. The most important diagnosis of dentofacial pain is the Detailed History about the pain, proper diagnosis. The objective of diagnosis to correctly identify the location of pain, history of patient and clinical examination. The assessment of pain can be done by various investigations, questionnaires.

The intensity of pain can be identified by common techniques such as:

- Numerical Rating Scale
- Visual Analogue Scale
- Mc Gill Pain Questionnaire
- Behaviour Rating Scale
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Cyst,bony defects,Temporomandibular disorders can be diagnosed by Dental panoramic tomographs Recent technology has invented Computed Tomography in the detection of defects.

DISCUSSION

Merskey(1968) defined pain to be viewed as an unpleasant experience primarily associated with tissue damage which differs from psychogenic pain when damage is not apparent.

Actual dentofacial pain may be inflammatory, non-inflammatory or neurogenic. It is very easy to identify the type of pain by the dental surgeons. Here the patient complaints the pain involving any oral, facial or dental structures. But sometimes patient's complaints of pain in that region which has no specific significance partening to these structures. Usually the patients suffer from anxiety, tension, depression. Actually the patients suffering from these ailments are not aware of the fact that they have been suffering from all these diseases.

A detail family history, personal history; past medical history and recent change of behaviour can be considered for identifying the disease. Patients usually gives bizarre types of oral signs and symptoms such as something liquid like material is coming out from the gums-not the ptyalism, some thread like material is rolling over the palate and sometimes they also complaint about the painful area over the gums of the sound socket extracted long time ago. After taking helps of various diagnostic aids like X rays; USG, CT scan & laboratory test. Now, it is the usual tendency of the visiting dental surgeon to prescribe him/her one antibiotic,NSAID's, H2 blocker, desensitizing paste and antiseptic mouthwash, any of them which give no relief to the patient. Now the patient goes to another dental surgeon with a hope to get relief, but these again go in vain due to lack of proper orientation. He goes then another dental surgeon with the same hope but this time also give no result. As a matter of fact, the patient gets a bunch of prescriptions with deep soup. And falls in a treatment turmoil. It is a bare fact.

Here the author feels that if we (dental surgeon) think about these matter deeply and change over orientation toward the oral behaviour of the patient.In common with dentofacial pain anxiety is perceived as an uncomfortable sensation and leads to behavioural changes.

The literal meaning of 'behavior'is, manner or how somebody reacts with somebody or something in a particular situation. Hence oral behaviour can be expressed in what we do in chewing, eating, giving facial expressions talking and so many functions of oral structures. Change of oral behaviour means chewing tobacco and parking the vestibule, chewing causing attrition, faulty brushing causes abrasions, non-maintenance of proper oral hygiene and not taking balanced diet. For the last three decades the clinical demonstrations and experimental studies demonstrate that pain is a complex psychogenic phenomenon related to anxiety ,tension and depression which is the outcome of our fast life. The literal meaning of 'virtual' pain is almost nearly as described but not completely accordingly to the strict definition. Therefore disorders which stimulate virtual pain may be described as:

1)Somatization disorder

2)Somatoform disorder

In somatization disorder, patient experience multiple unexperienced somatic symptoms including pain in the orofacial structure along with diarrhea, vomiting, blindness, deafness, weakness or coordination problem with anxiety, depression and personality disorder.

Somatoform disorder includes no identifiable lesion or pathologic condition except oral symptoms like burning tongue, painful tongue, numbness of the soft tissue and tingling sensation of the oral tissue and pain in the facial region with emotional cause.

The primary lesion of the dental surgeon in their disorder is not to treat the patient on the basis of patient's symptoms unless a dental cause can be found. In these context its urgent to mention that many of the patients have had unnecessary extraction, root canal treatment and other procedures performed in an attempt to correct somatoform symptoms. Even the dental surgeon dismisses the case marking the patient as psychosomatic .The diagnosis of these disorders should be achieved through a search over a period of time. It is also a matter of fact that a patient gets relief after wearing a denture in complaints of pain in that edentulous area.

MANAGEMENT:

It is the primary and most important part of the dental surgeon to exclude any oral and dentofacial significance of the complaints by doing critical clinical examination and taking help of diagnostic aids. If any of these are negative the dental surgeon should give a peep into the oral behaviour of the patient.

Patient should be assured first but should not be given any gurranty with the treatment that would be provide next. The dental surgeon should also request the patient not to discard him at the outside. He should be given further visit for exclusion, consideration and any other diagnostic approaches to be continued. The dental surgeon should now think about the virtual dentofacial pain.

The patient may be treated with the use of tricyclic anti depressant (TCA) serotonin norepinephrine reuptake inhibitor(SNRI),Monoamine oxidase inhibitor(MAOI), Benzodiazepines, sedative and hypnotics. In our opinion dothipin or dosulepin 25mg daily at bed time along with clonazepam 0.25mgtablet daily after lunch for 6 weeks is enough. Sometimes it may be necessary to add carbamazepine 200mgBD/TID with Methylcobalamin OD.

This medical treatment usually give after 6 weeks,accordingly ,the patients should be follwed up.If these give no results after 6weeks little antipsychotic like olanzepine 5mg and fluoxetine 20mg and may be replaced for good result.

In differential diagnosis the pain should be differentiated from:-

1)Traumatic Sinusitis

2)Myofacial pain dysfunctional syndrome(MPDS)

3)Fratured Jaw

4) Rheumatoid Artheritis

5)Infective Artheritis

6)Rarely Eagle's Syndrome.

All the above lesions usually give sign & symptoms in relation to actual pain and have definite diagnostic and treatment approaches.

CONCLUSION

Patients sufferings from virtual or psychogenic pain should never be sent to the psychiatrist at the very beginning.In corporate sector these type of patient are referred to the psychiatrist at the very beginning without any follow up next.But in urban & sub urban practices if we refer to the case to the psychiatrist the patient with the prescription will abuse the dental surgeon with the idea that the dental surgeon himself is a mad doctor for which he has referred him to the for mad while leaving the clinic.It is really calling spade a spade but it's nothing except lack of education.

Here lies our clinical acumen and knowledge due to current trends 'refer to the psychiatrist' should be written on the prescription along with the treatment given above tobe on safe side.

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