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Let's say no to orofacial pain

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Overview: Pain has always been defined as the most unpleasant experience of an individual than any other life experience. Pain is always a subjective phenomenon experienced by an individual. Although pain is now recognized as being more of an experience than a sensation that recognizes the nature of initiating stimulus including its quality, intensity, location and duration. The degree of pain & suffering, that a patient experiences is not related to the amount of tissue injury. With the changing concepts of pain represented in body, mind & person, diagnosis and management of such problems require the broad understanding of people on the part of attending clinician. Oro-facial pain, though multi-factorial, is one of the most common causes for repeated visits of the patients to doctor.

Introduction: Chronic orofacial pain is collective term used for a number of complex orofacial pain and dysfunction disorders including TMJ disorders, neuropathic pain, non odontogenic pain, musculoskeletal pain, neurovascular pain, Neuralgias, referred pain, headache, oromotor dysfunction, cancer related pain and mandibular behavioral disorders, resulting in symptoms of chronic head neck and orofacial pain. Diagnosis is by far the most difficult aspect of managing a patient's orofacial pain.

Methodology: Enumeration of the various types of orofacial pain presentations and literary and pictorial review of the different treatment methodologies are available. A multi-disciplinary approach towards the treatment of chronic oro-facial pain can be deemed as the call of the hour. Pain medicine in itself is proving to be a paradigm shift towards the pragmatic approach in treatment of chronic oro-facial pain. Pain relief may be achieved by a variety of means and the treatment must be customized to the individual with drug treatment, image guided interventions (like nerve or ganglion blocks and other neurolytic or ablative procedures), physiological and behavioural approaches geared to the patient's needs. Prevention, assessment, diagnosis, treatment, and rehabilitation of orofacial pain disorders should be offered to the patient as a complete package. Aggressive treatments like Gasserian ganglion block, Glossopharyngeal block, Sphenoplatine block etc are the keys for sustain relief of chronic orofacial pain.

Conclusion: Many pain problems require interdisciplinary management and a good working relationship among various specialists. Good treatment begins with an attitude of caring and concern for the person more than for his or her body. Human beings are more than patients that have to be treated. Eliciting the proper etiology and diagnosing oro-facial pain is the more difficult aspect of managing the patient's pain problem. A combined approach from the oral physician and pain practitioners might open new doors for those suffering from chronic oro-facial pain.

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