

Fact Sheets



OROFACIAL PAIN

Updated September 2016

Orofacial Pain

The general dentist and dental specialist treat patients with pain on a daily basis. Orofacial pain is pain perceived in the face and/or oral cavity. It is caused by diseases or disorders of regional structures, by dysfunction of the nervous system, or through referral from distant sources. Orofacial pain often mimics non dental pain disorders of the orofacial region. Treatment of orofacial pain is a specialty in dentistry in many parts of the world and an emerging area of specialization in others.

In addition to the diagnosis and treatment of acute dental pain and pathology, such as that which may arise from trauma, infection, or other odontogenic origin, the orofacial pain dentist has the responsibility to diagnose and treat non-odontogenic orofacial pain—pain that is often chronic and persistent, multifactorial and complex, distressing, and debilitating. Inadequate knowledge of the etiopathology of pain and the neurobiological mechanisms underlying persistent pain can lead to inaccurate diagnoses and subsequent ineffective or harmful treatment. It is also the responsibility of the orofacial pain dentist to assess the need for multidisciplinary pain management and to make appropriate referrals in a timely manner. The complexity of the spectrum of orofacial pain disorders is compounded by the close proximity of numerous anatomical structures, including the eyes, nose, teeth, tongue, sinuses, ears, regional muscles, and the temporomandibular joints. These structures may be the source



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of facial pain that can refer to nearby but uninvolved areas. For example, it is not uncommon for cross-referral to occur between headaches and other orofacial pain conditions.ⁱ

Numerous paradigms exist for the successful evaluation and treatment of orofacial pain. Historically, orofacial pain has been categorized into four groups based on the underlying pain mechanisms—namely, musculoskeletal, neuropathic, neurovascular, and with psychological overlay. Another paradigm that is more mechanistic suggests that orofacial pain may be nociceptive, inflammatory, neuropathic, or pain without concordant tissue damage.ⁱⁱⁱⁱⁱ The Orofacial Pain Fact Sheets, originally produced during the Global Year Against Orofacial Pain follows these paradigms.

These Fact Sheets will be continually update as a service of the Orofacial Pain Special Interest Group (OFPsig) for the membersh8p of IASP.

ⁱ Heir GM, Khan J, Mannheimer JS, Friction J, Crandall JA, Wright EF; Relationship of dysfunction of the temporomandibular joint, headache and primary cervicalgia (Relação entre disfunções temporomandibulares, cefaleias primarias e cervicalgias); Chpt 46 in Orofacial Pain Diagnosis and Treatment (Dores Orofaciais Diagnóstico e Tratamento); Eds. De Siqueira JDT, Teixeira MJ, Artes Médicas, São Paulo, Brazil, 2012

ⁱⁱ Smith B, Ceusters, Goldberg, Ohrbach, Towards an Ontology of Pain, Keio Univeristy Press Inc. 2011

ⁱⁱⁱ Woolf CJ, Pain: Moving from Symptom Control toward Mechanism-Specific Pharmacologic Management, *Ann Intern Med.* 2004;140:441-451

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