

Persistent Idiopathic Facial pain (PIFP)

Persistent Idiopathic Facial Pain (PIFP) previously called Atypical Facial Pain is a diagnosis given to patients who have:

- persistent facial pain,
- that does not have classical characteristics,
- and for which there is no obvious cause.

PIFP is a poorly understood condition; meaning the diagnosis and management are difficult.

Symptoms

Persistent facial pain
Localized pain
Usually initially unilateral and spreading as time goes on
Often constant throughout the day
Worse during stressful periods

Examination Findings and Investigations

Your dentist will examine you thoroughly, sometimes using tests like x-rays. If your dentist thinks you have PIFP it will be because the results of the examination and tests are negative. This does not mean your pain is not real, it just means we haven't been able to find a cause. At this stage your dentist will refer you to see a specialist for further investigation, and will write to your doctor or advise you to visit your doctor. A diagnosis of PIFP is only given after other causes of facial pain have been excluded.

Other causes of facial pain:

Dental pain (toothache) –
Generally acute/short-term pain
Sinusitis
Temperomandibular (jaw) joint pain
Myofacial pain syndrome
Neurological pain
Trigeminal neuralgia
Post-herpetic neuralgia
Ear disorders
Eye disorders
Bony disorders
Migraine/other types of Headache

Causes of PIFP

The cause of PIFP is unknown. Research has linked dental or sinus infections, as possible contributory risk factors but are not the solitary cause.

PIFP seems to be more common in people with depression.

Management

Most often patients with PIFP are offered treatment with an antidepressant medication, called amitriptyline. This is not because your doctor/dentist think you are depressed but because these medicines have been shown to help in most cases of PIFP. Sometimes other medicines are offered.

These medicines can cause side effects such as drowsiness, constipation and dry mouth.

If drug treatment is ineffective you may be offered a new intervention called pulsed radiofrequency (PRF) treatment of the ganglion pterygopalatinum.

Counselling can be helpful in learning how to cope with chronic pain.

Invasive surgery does not seem to be effective.

Home care

Applying hot or cold damp compresses to the area can sometimes relieve facial pain.
Hot water bottle
Relaxation

Internet and further reading/ References

Cornelissen P, van Kleef M, Mekhail N, Day M, van Zundert J. [Evidence-based interventional pain medicine according to clinical diagnoses. 3. Persistent idiopathic facial pain.](#) Pain Practice. 2009. 9(6):443-8.

E-medicine: PIFP

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