

Differential diagnosis of facial pain

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Chair person: M. Barnes

Facial pain is a common complaint among patients presenting to rhinologists. Elucidating the etiology of facial pain can be challenging due to the many different causes. Having a framework to utilize to help pinpoint the diagnosis is helpful. One tool developed by the International Headache Society is the International Classification of Headache Disorders, 3rd edition (beta). This divides headaches into primary (Migraine, tension-type, trigeminal autonomic cephalalgias, & other), secondary (due to trauma/injury, vascular/non-vascular causes, substance, infection, other disorder of the eye/ear/dental/mouth, homeostasis, psychiatric) and painful cranial neuropathies/other facial pain.

This latest edition now has a sub-category for headache from chronic or recurring sinusitis. The salient features are clinical, endoscopic, or imaging evidence of past or current sinonasal infection or inflammation along with at least 2 of the following: headache in temporal relation to the onset of sinusitis, waxing and waning in conjunction with other symptoms of the disease, exacerbation with pressure, & appropriate localization. These factors will help rule in a sinus cause.

Careful history-taking (onset, character, duration, associated symptoms, medication use) and examination along with selective imaging for sudden onset headache, history of cancer, suggestion of neurological issue or positive exam finding, HIV status, or presentation with constitutional symptoms, will help to narrow the differential diagnosis.

Knowledge of the common causes as well as the cranial neuropathies and signs and symptoms suggesting occult malignancy will help rule out ENT related pain. Ultimately a multi-disciplinary approach is critical to the diagnosis and management of many headache and facial pain sufferers.