



Support Group Leader Training – Lesson 6

Subject: Causes of Facial Pain

Pain triggers

Stimulus-provoked pain is typical of TN. Triggered pain is one of the signs to your doctor to indicate a diagnosis of TN. In most people, TN pain is triggered by ‘innocuous mechanical stimuli’ that would not hurt someone without TN. Subtle stimuli can be a breeze or light touch of the face. Touch plus facial movements can also trigger pain. Movement alone can also be enough to provoke TN pain. The location of your pain may be different from the location that was stimulated. You may also experience a refractory period of several seconds or minutes after a pain attack when a new attack cannot be provoked.

Anesthesia Dolorosa

Anesthesia dolorosa (AD) is a feeling of pain in an area that is completely numb to the touch. “Anesthesia dolorosa” literally means “painful numbness”. Numbness describes a loss of sensation or feeling in a part of your body, but it is often accompanied by or combined with other changes in sensation. AD causes pain in one or more areas of the face which are completely numb to touch. The pain is described as constant, burning, aching, squeezing, heaviness, tightness, pressure, or likened to pins and needles. The primary pain is usually continuous or near-continuous. You may also experience brief bursts of pain, but these are not typically the predominant pain type. Diagnosis is generally based on the description of symptoms

Geniculate neuralgia

Geniculate neuralgia is a rare type of nerve pain that occurs when a branch of the facial nerve, the nervus intermedius, becomes damaged or compressed. Ear pain, ranging from mild to debilitating, is one of the most common symptoms. Geniculate neuralgia results in severe, deep ear pain which is usually sharp—often described as an "ice pick in the ear"—but may also be dull and burning. Ear pain can be triggered by stimulation of the ear canal, or can follow swallowing or talking, and can be accompanied by other facial pain. Treatment for geniculate neuralgia usually involves managing symptoms with medication and non-invasive therapies. In severe cases, surgery may be recommended to decompress the facial nerves

Glossopharyngeal neuralgia Glossopharyngeal neuralgia (GPN) is a condition causing throat, ear, and neck pain. The characteristics of GPN are similar to trigeminal neuralgia with some differences, which must be identified for the correct diagnosis and treatment. Clusters of unilateral attacks of sharp, stabbing, and shooting pain localized in the throat, radiating to the ear or vice versa, are characteristic of GPN

Occipital neuralgia

Occipital neuralgia (ON) is a condition in which the occipital nerves that run through the scalp are injured or inflamed. This causes headaches that feel like severe piercing, throbbing, or shock-like pain in the upper neck, back of the head, or behind the ears. It is not uncommon in a facial pain practice or in a headache clinic to hear from patients about pain in their face and head that originates, focuses, or culminates in the back of the head, the region that is called occiput. The patient's description of the pain location may – and usually does – help in making a correct diagnosis as most nerves in the head and neck region cover very specific anatomical distributions.

Postherpetic neuralgia

After a patient has had chickenpox, the virus lies inactive in nerve tissue near your spinal cord and brain. Years later, the virus may reactivate as shingles. Postherpetic neuralgia (PHN) is the most common complication of shingles. PHN is pain resulting from a herpes zoster outbreak (shingles) along the trigeminal nerve. Postherpetic neuralgia occurs if nerve fibers are damaged during an outbreak of shingles. Damaged fibers can't send

messages from the skin to the brain as they normally do. Instead, the messages become confused and exaggerated, causing chronic pain. The most common area to have PHN is along the torso, but pain in the face can also occur. The sensation may be of intense burning or stabbing, and it may feel as if it is shooting along the course of the affected nerve.

PHN typically starts during the shingles outbreak, but lasts after the rash and blisters have healed. Chickenpox causes shingles later in life. People over the age of 60 have an increased risk of shingles. Treatment for PHN does not cure it, but aims to minimize its symptoms

TMJ Disorders

The temporomandibular joint (TMJ) acts like a sliding hinge, connecting the jawbone to the skull. There is one joint on each side of the jaw. Pain in the temporomandibular joint may occur in 10 percent of the population and Temporomandibular Disorders (TMD) have been reported in 46.1 percent of the US population. Inflammation within the joint accounts for TMD pain.

Common factors for TMD include bruxism (teeth grinding), trauma, bite abnormalities, and emotional stressors. Chronic joint disorders are more frequently associated with painful derangement of the TMJ. Management of TMD is usually achieved with reducing stress on the joint through exercises and splint therapy, coupled with medications such as anti-inflammatories and muscle relaxants

Please complete the Knowledge Test – Causes of Facial Pain Quiz 6 - before moving to the next training file

Credit to the Facial Pain Organisation Publication 2021 Patient Guide