Orofacial Pain- How Do We Classify Orofacial Pain?

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Abstract: Orofacial pain is a general term covering any pain which is felt in the face, mouth and the jaws. It is estimated that over 95% of cases of orofacial pain result from dental causes and the second most common cause of orofacial pain is temporomandibular joint dysfunction. Orofacial pain has been defined as "pain localized to the region above the neck, in front of the ears and below the orbitomeatal line, also pain within the oral cavity; including pain of dental origin and temporomandibular disorders". Pain essentially involves three different levels of classification – pain mechanism, pain symptoms, and pain syndromes. Classification systems clearly need to be reliable, valid, flexible, generalizable, and comprehensive and they need to be tested using views of experts along with the available literature. There is an urgent need for a robust classification system for orofacial pain recently emphasized by the confusion arising amongst dental practitioners understanding of chronic orofacial pain conditions and the preliminary report of a working group in this area.

Key words: classification, headache, orofacial pain.

Introduction

Pain essentially involves three different levels of classification – pain mechanism, pain symptoms, and pain syndromes. The essential features for the classification of symptoms and mechanisms of pain will be different from those used to classify syndromes. The classification of syndromes will be different from those used to classify symptoms. The measurement and classification of pain is important for the following reasons:

1. To identify the perceived intensity and characteristics of the pain so that variations between presenting conditions can be identified and further investigated.
2. To provide diagnostic hints in the history or scrutiny of the patient thereby enabling a provisional diagnosis, or differential diagnosis.
3. To identify the most effective management strategy for the presenting pain.

Classification systems clearly need to be reliable, valid, flexible, generalizable, and comprehensive and they need to be tested using consensus views of experts as well as the available literature. There is an urgent need for a robust classification system for orofacial pain recently emphasized by the confusion arising amongst dental practitioners understanding of chronic orofacial pain conditions and the preliminary report of a working group in this area.

There have been several attempts to classify Orofacial pain conditions by pain associations. Several associations with interest in pain have published classifications: International Headache Society; The International Association for the Study of Pain; The American Academy of Orofacial Pain and the Research Diagnostic Criteria for Temporomandibular Disorders.

Classifications

In 1988, the first edition of the “classification and diagnosis criteria for the headache disorders, cranial neuralgias and facial pain” was published by the international headache society which was revised in the year 2004.

The important categories of the International Headache Society’s Classification of Headache

Part One: The primary headaches

- Migraine
- Tension-type headache
- Cluster headache and other trigeminal autonomic cephalalgias
- Other primary headaches

Part Two: The secondary headaches

- Headache attributed to head or neck trauma
- Headache attributed to cranial or cervical vascular disorder
• Headache attributed to nonvascular intracranial disorder
• Headache attributed to substances or their withdrawal
• Headache attributed to infection
• Headache attributed to disorder of homoeostasis
• Headache or facial pain attributed to disorder of cranium, neck, eyes, ears, nose, sinuses, teeth, mouth, or other facial or cranial structures
• Headache attributed to psychiatric disorder

Part Three: Cranial neuralgias, central and primary facial pain and other headaches

Cranial neuralgias and central causes of facial pain
• Other headache, cranial neuralgia, central or primary facial pain

As the concepts of the pain kept changing even the classification has undergone considerable metamorphosis. This classification includes the concept of psychological factors and nociceptive mechanisms.

CLASSIFICATION OF OROFACIAL PAIN

Axis I: Physical conditions

1. Somatic pain
   • Superficial somatic pain
   • Cutaneous pain
   • Mucogingival pain
   • Deep somatic pain
   • Musculoskeletal pain
   1. Protective co-contraction
   2. Local muscle soreness
   3. Myofascial pain
   4. Myospasm
   5. Myositis
   6. Centrally mediated myalgia
   7. Central mediated movement disorders

2. Temporomandibular joint pain
   1. Ligamentous pain
   2. Retrodiscal pain
   3. Capsular pain
   4. Arthritic pain

3. Osseous and periosteal pain
4. Soft connective tissue pain
5. Periodontal dental pain

2. Visceral pain
   • Pulpal dental pain
   • Vascular pain
   1. Arteritis
   2. Carotidynia
   • Neurovascular pain
   1. Migraine
   2. Tension-type headache
   3. Cluster headache and other trigeminal autonomic cephalalgias
   4. Other primary cephalalgias
   5. Neurovascular headaches

   • Visceral mucosal pain
   • Glandular, ocular, and auricular pain

3. Neuropathic pain
   • Episodic neuropathic pains
   • Paroxysmal neuralgia pain
   1. Trigeminal neuralgia
   2. Glossopharyngeal neuralgia
   3. Geniculate neuralgia
   4. Superior laryngeal neuralgia
   5. Nervous intermedius
   6. Occipital neuralgia

   • Neurovascular pain
   • Continuous neuropathic pains
   • Peripheral mediated pain
   1. Entrapment neuropathy
   2. Deafferentation pain
   3. Neuritic pain

   • Central mediated pain
   1. Burning mouth syndrome
   2. Atypical odontalgia (phantom pain)
   3. Postherpetic neuralgia
   4. Chronic regional pain syndrome
   5. Sympathetically maintained pain

   • Metabolic polyneuropathies
   1. Diabetic neuropathy
   2. Hypothyroid neuropathy
   3. Alcoholic neuropathy
   4. Nutritional neuropathies

Axis II: Psychologic conditions

1. Mood disorders
   1. Depressive disorders
   2. Bipolar disorders
   3. Mood disorders because of a medical condition

2. Anxiety disorders
   1. Generalized anxiety disorders
   2. Posttraumatic stress disorders
   3. Anxiety disorders because of a medical condition

3. Somatoform disorders
   1. Undifferentiated somatoform disorders
   2. Conversion disorders
   3. Pain disorders
   4. Hypochondriasis

4. Other conditions
   1. Malingering
   2. Psychological factors affecting a medical condition
   • Personality traits or coping style
   • Maladaptive health behaviour
   • Stress-related physiologic response
Any other mental disorders not mentioned in this classification

CLASSIFICATION OF OROFACIAL PAIN, AACN, 2005

MUSCULOSKELETAL
- Tempromandibular disorders
- Masticatory muscle disorders
  - Myofascial pain
  - Myositis
  - Myospasm
  - Local myalgia
- Articular disc derangements
  - Disc displacement with reduction
  - Disc displacement without reduction
- Tempromandibular joint disorders
  - Synovitis/capsulitis
  - Osteoarthritis
- Tension-type headache

NEUROPATHIC
- Episodic
- Trigeminal neuralgia
- Glossopharyngeal neuralgia
- Continuous
- Herpetic neuralgia
- Postherpetic neuralgia
- Traumatic neuralgia
- Eagle’s syndrome

VASCULAR
- Giant cell arteritis
- Carotid artery dissection

NEUROVASCULAR
- Migraine
- Cluster headache
- Chronic paroxysmal hemicrania

IDIOPATHIC
- Atypical facial pain
- Atypical odontalgia
- Burning mouth syndrome

OTHERS DISEASES THAT CAN CAUSE FACIAL PAIN
- Local pathology
- Distant pathology
- Systemic diseases

PSYCHOGENIC
- Somatoform disorders
- Factitious disorders
- Malingering

A SIMPLE WORKING CLASSIFICATION PROPOSED FOR OROFACIAL PAIN (OFP) COMMONLY ENCOUNTERED IN DENTAL PRACTICE, 2013

1. NEUROLOGIC
- Neuralgias
  - Trigeminal neuralgia
  - Glossopharyngeal neuralgia
  - Sphenopalatine neuralgia
  - Postherpetic neuralgia
  - Lacrimal neuralgia
- Multiple sclerosis
- Auriculotemporal syndrome
- Malignant neoplasm
- SUNCT syndrome (short-lasting, unilateral, neuralgiform headache attacks with conjunctival injection and tearing)
- Anesthetic dolorosa (post-traumatic trigeminal neuropathy)

2. VASCULAR
- Temporal arteritis
- Migraine headache
- Cluster headache
- Paroxysmal hemicranias
- Neuralgia induced cavitational osteonecrosis

3. MUSCULOSKELETAL
- Muscular disorders
  - Myositis
  - Muscle neoplasms
- Tempromandibular joint disorders
  - Congenital and developmental disorders
  - TMJ dislocation
  - Inflammatory disorders
  - Ankylosis and fractures
- Eagle syndrome

4. ORAL OR PERIAPICAL
- Pulpal disease
- Periodontal disease
- Salivary gland disorder
- Oral ulcer
- Lesion of jaws
- Lesions of pharynx
- Ocular lesions
- Lesions of nose and sinus
- Lesion of ear

5. PSYCHOSOMATIC
- Myofascial pain dysfunction syndrome
- Phantom pain
- Atypical facial pain
- Atypical odontogenic pain
- Burning mouth syndrome
- Glossopyrosis
6. CONNECTIVE TISSUE DISORDERS
- Rheumatoid arthritis
- Systemic lupus erythematosus
- Polyarthritis nodosa

7.REFERRED PAIN
- Neck
  ✓ Cervical vertebral disease
- Heart
  ✓ Angina pectoris
- Lungs
  ✓ Lung cancer
- Oesophagus
  ✓ Oesophageal lesions
- Eyes
  ✓ Glaucoma
- Ears
  ✓ Middle ear disease

Conclusion

The management of orofacial pain is definitely a challenge to the clinician as the pain can arise from various sources and the complexity of the many structures that make up the orofacial region. The classifications are meant to guide the clinicians to establish the exact diagnosis and appropriate management can be done.

Reference


