
Midfacial Pain Information:

In many cases, patients who present with pain complaints have sinus CT scans that show little, if any, sinus disease. There are a number of studies that convincingly show that these patients' pain, rather than coming from their sinuses, may come from one of the common types of headaches or some other neurological disorder. For those whose pain consists primarily of headaches, a study was presented last year that showed that more than 90% of these patients may be suffering from some type of migraine. For patients with primarily facial pain, a study from England demonstrated that many of these patients have what is called "midfacial pain syndrome". This is a neurological disorder of unknown cause that often responds to medications such as Amitriptyline or Neurontin.

For patients that have pain and do have sinus disease on their CT scan, the problem becomes more complicated. First, many studies have shown that if you took 100 people off the street that had no symptoms of sinus disease and performed a sinus CT on them, about 35% would have some amount of sinus inflammation. Thus, having a positive sinus scan does not necessarily indicate that a patient has true sinus disease.

So, although every patient is different, here are a few pointers: First, if chronic headache or facial pain is your main complaint, and it is not accompanied by other symptoms of sinus disease such as chronic nasal obstruction, postnasal drainage, etc., it is unlikely to be caused by sinus disease. You may want to get another opinion from a headache specialist such as a neurologist. Second, be very, very careful if sinus or nasal surgery is recommended to treat your pain. Finally, if after all of the above, you still are considering sinus surgery, get a second opinion, preferably from an ENT doctor not in the same town as the one recommending surgery. Only proceed to surgery on a last resort.

During the past decade, studies on facial pain have shown that there is a distinct group of patients who have a form of facial neuralgia that has all the characteristics of tension-type headache, except that it affects the midface; it is called midfacial segment pain. The pain is described as a feeling of pressure, although some patients might feel that their nose is blocked when they have no nasal airway obstruction. Midfacial segment pain is symmetric, and it might involve areas of the nasion (the root of the nose), under the bridge of the nose, on either side of the nose, the peri- or retro-orbital regions, or across the cheeks. There might be hyperesthesia (increased sensitivity) of the skin and soft tissues over the affected area. Nasal endoscopy and CT scans are typically normal. Most patients with this condition respond to low-dose amitriptyline, but noticeable improvement might require up to 6 weeks. This treatment can be sorted by ENT but should be followed up regarding by your GP.

Consideration should also be given to seeing a physiotherapist trained in facial pain to ensure the TMJ/jaw pain and nerve outlets are not compressed.

