Sheet#19 collected from last year sheets to meet the topics in our lecture

Cont. for the last lecture  
**# post herpatic neuralgia**   
\* it's a kind of neuropathic pain caused by herpes zoster , it appears after 3-6 months of the infection described as persistent burning pain accompanied by intermittent shooting sensation localized to the sight of the previous herpes zoster infection.  
\* occur in 40% of pts with herpes zoster and mostly in pts above 70 years old specially if they were immunocompromised and immunosuppressant   
\* in pts beyond the age of 70 it may be considered as a sign of HIV infection   
\* any branch can be affected , some says that the optic nerve is most commonly affected , mandibular or maxillary.  
\* any pt complains of herpes zoster infection should take antiviral therapy to prevent PHN occurrence   
\* if HN occurs pt is treated as we mentioned in TN ( carbamazepine )  
  
**# glossopharyngeal neuralgia**   
\* same as TN but here it's affecting the glossopharyngeal nerve so the pain her is usually in the throat or the neck or when the pt swallow , and it's considered the most severe types of pain   
  
**# giant cell arteritis**\* temporal arteritis , Horton disease   
\* defined as unilateral or bilateral headache mainly continuous with aching or throbbing pain , usually associated with pathoglumonic  histological appearance of giant cells in the blood vessels   
\* it's an immune-mediated disease that causes deposition of giant cells on the walls of the small and medium sized blood vessels >> as a result the artery will occlude from these giant cells that will act like a thrombosis>> as a result headache occur   
\* it's a life threatening disease , it may cause blindness , so the early diagnosis is very important   
\* mainly affect the old females above 60 years old   
\* long term prognosis is good if the pt is treated but relapse may happen   
**\* special features :**-recent onset headache  
-swollen and tender temporal artery   
- repeated loss of vision   
- systemic symptoms such as muscle ache jaw cloaudication (pain upon chewing , effort) , weight loss , ataxia ,numbness , ischemia disease ,congestive heart failure   
  
**\* investigations :**-ESR & C-reactive protein are very important here because they will be significantly elevated ( >50)   
-CBC ( the pt might have anemia or thrombocytopenia)  
-elevated serum enzymes such as ( aspartate transaminase and alkaline phosphatase)  
-temporal artery ultrasound may appear thickened   
-in rare cases temporal artery biopsy is helpful but uncommon because usually the lesion is skipping lesion , the deposition is not uniform on the vessel wall  
  
**\*management :**-high doses of steroids (sometimes hospital admission is required for the IV steroids)  
-monitoring of the ESR >> every week we check its level  
-when the S&S disappear and the ESR level returned to normal the pt undergoes methotrexate  
-we give them folic acid to prevent the occurrence of anemia due to folic acid deficiency   
- methotrexate is a chemotherapy and can also be used as an immunosuppressor and it's considered a safe therapy in oral doses .   
  
**# other causes of pain :**\_ migraine   
\_ tension type headache  
\_ Atypical facial pain  
\_ myofacial pain   
\_tempromandibular joint dysfunction   
  
  
  
#### new topic

Facial pain

Migraine (pain on one side of the head) : chronic headache disorder

Features :

1.Unilateral

2.pulsite in quality

3.moderate to severe intensity

4.Aggrevated by routine physical avtivity

5.associated with autonomic featuers [ nausea,vomiting,photophobia& phonophobia (sensitivity to sound) ]

Pathophysiology:

Same As pathophysiology of epilepsy

Stages of migraine :-

1- premonitory symptoms >>> hours to days before headache

2- aura >>> immediatly before the onset of headache

3- headache

4- recovery

-Unknown aetiology

In patient with migraine there's migraine generator activated by neural inflammatory process ----> secondary vasodilation ----> inhibition (( complicated mechanisim))

-started in children

-More common in female

-unilateral

-peak incedance 4th decade

Diagnostic criteria :-

\*At least 5 Episodes

\*4-72 h

\*headache with at least 2 of the following features : [ unilateral, pulsatile, moderate to severe, aggrevated by routine physical activity, ]

During headache patient feel nausea ,voimiting, photophobia& phonophobia in addition not attributed to any other disorder

Associated with aura & premonitory symptoms

\_ diagnosis of migraine based on clinical symptoms & signs without need investigation

-In case the migraine associated with seazures or worsening in severety or pattern we do investigation ( brain MRI )

Management :-

Pharmacologica ---->

\*\*Acute: only during pain attacks

Paracetamol, NAID,caffeine

Triptan or ergotamine ( seratonin Analog drugs)

Antiemetic drugs (due to nausea & vomiting)

\*\*prophylactic :in patients with episoid frequent pain (3 or 4 times/week)

Severe frequent pain not responsive to acute therapy .

Beta blocker,

calcium channel blocker Antiepileptic agents

Also tricyclic antidepressant & naposi!!

Overall managments:-

•Educacation (avoid triggering factors) some patients when eating certain kind of food ,increase migraine

Potocs therapy

Electric nerve stimulation Acupuncture

الابر الصينيه)

Tension headache:-

Common

Bilateral

Pressing quality

Mild to moderate

Not aggrevating by routine physical activity (may be reduced by it)

13 min.-7 days

No nausea,vomiting or photophobia

2 types of tension headache :

1- episodic ----> 10 attacks/ lifetime

2- contanuose ----> at least 15 attacks / month for at least 6 months

Treatment : depends on the type

30-80% episodic type

Managments :- like acute migraine

Chronic type of tension headache respones to tricyclic antidepressant , physical therapy ,

Acupuncture

Atypical facial pain (persistent Idiopathic facial pain ) :-

Common

Not recognized

Diagnostic criteria :-

1- Pain in the face, daily, persist for most of the time of the day

2- pain is Confined at onset to limited area on one side

Described as deep & poorly localized

3- Pain is not associated with sensory loss or physical signs

4- Invetegations ---->>>

Vitality test

X-ray

Percussion test

Other names ( idiopathic, odontalgia,phantom tooth pain)

\* AFP can be difficult to diagnose,and are often misdiagnosed with resultant inappropriate attempts of treatment, e.g. root canal therapy which may at best have only a temporary benefit, or at worst lead to an increase in the pain

\* pathophysiology : unknown

\*strong psychological background

\* risk factors ; history of wide spread pain , genetic susceptibility

More in female, patients with certain type of personality

\* poor quality of life will increase persistance of symptoms and decrease social activity due to chronic pain ,, the quality of life is decreased so decreased social activity

Features :-

Non-specific so difficult diagnosis

Poor localized , from the muscle of the face & jaw ,

Radiated all over the head , neck , legs and arms

Variable intensity

\* factors associated ; after dental treatment so this complicate the diagnosis

Cold weather , psychological stress

In some patients irretable bowel syndrome

Proritis , cold intolerance ,

dysmenorrhea all these are factors associated helped in diagnosis

\* sleep disturbance associated with AFP in 2/3 of pt. isnot from pain itself

\*All pt. come with overloaded investigations .consulted different doctors. had seen dentists, physicians, neurologists, ear, nose and throat surgeons, orthopedic and maxillofacial surgeons,psychiatrists,neurosurgeons and ophalmologists and dermatologists.

\*\*treatment is difficult due to later diagnosis

Managment :-

1- doctor releationship is the most important aspect in some pt. the listening to pt. is more difficult than operating on them

2- reassurance

3- to avoid excessive dentistry

... Behavioural or psychological therapies are effective in these pt.

(المرضى الي عندهم مرض معين يجمعوا بعض ويتعرفوا على بعض ليخففوا عن حالهم )

4- drugs ----> antidepressent is more effective in early stage

Seratonin analog - anexiolytic or anticonvulsant

Fibromanalgis disease ----> similar to chronic facial pain

Common in jordan

Pain in all muscles in the body

Associated with facial pain

Good luck

Anoud