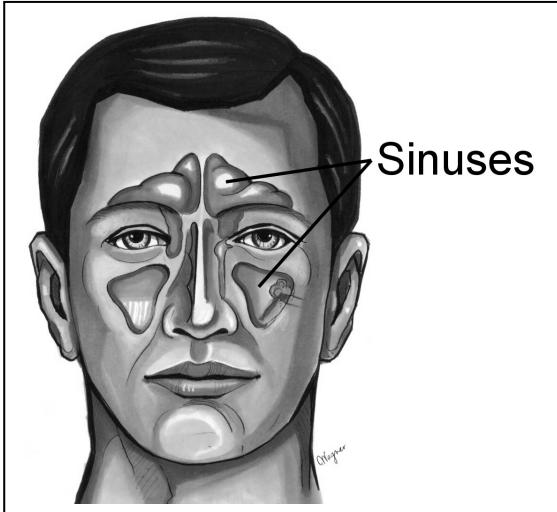


# Mid-face pain



Approximately 1 in 10 adults will experience pain or discomfort around the eyes, more commonly females and young adults. Understandably, most adults think that their sinuses must be the cause of the pain as the sinuses lie within the face. Modern technology (endoscopy and CT scanning) has shown that chronic sinus infections are in fact not a common cause of facial pain. It is very unusual for sinusitis to cause significant pain without also causing thick nasal drainage, loss of smell and/or nasal obstruction. Almost

always, some drainage or inflammation is seen on endoscopic exam. Facial pain caused by sinusitis is almost always partly relieved by a course of antibiotics. Dr Iseli will perform endoscopy to look for signs of infection in your nose and you will most likely require a CT of your sinuses to rule out a sinus cause of your facial pain. Once this is done, a non-sinus cause of facial pain is most likely.

## WHAT ARE THE CAUSES OF FACIAL PAIN?

1. **(Facial) tension headache** typically is felt as a pressure or tightness across the bridge of the nose and is often also felt over the forehead or back of the head. It occurs daily but there may be periods without pain. The face may feel "swollen" and the nose may feel "blocked" but there is no actual obstruction to breathing. There is commonly tenderness over the forehead and cheeks. Typically, pain- killers are unhelpful (except ibuprofen which provides a little relief). The pain is typically relieved by a low dose amitriptyline 10-25mg (up to 75mg) at night for 6 weeks. Side effects include drowsiness and a dry mouth- these reduce over time. If this relieves symptoms, it should be continued for 6 months.
2. **Migraine headaches** are severe, more common in women with a family history, and typically last up to 48 hours. Nausea is very frequent and nasal congestion not uncommon. If this is the cause of your facial pain, it typically responds to antimigraine medications eg sumatriptan 50mg acutely. For frequent episodes, pizotifen or amitriptyline may prevent episodes. See your GP to prescribe this.
3. **Cluster headache** causes very severe, one sided pain around the forehead, eye and/ or cheek. It is more common in men and may wake you from sleep and last over 1 hour. Typically, the eye and nose water on the side of the pain. Acutely, pain may respond to sumatriptan 50mg once. For recurrent pain, amitriptyline or pizotifen may help (see your GP to try these).
4. **Temporomandibular joint dysfunction (myofascial pain)** is caused by inflammation around the jaw joints and is characterized by tenderness around the jaw joints. If this is the cause of your discomfort, it usually responds to rest and simple analgesia (paracetamol).
5. **Neurologic pain (trigeminal neuralgia, postherpetic neuralgia, glossopharyngeal neuralgia)** are severe, burning and may have a trigger point. They may respond to gabapentin prescribed by your GP or a neurologist.



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