

# Specialists show facial pain can be unconnected to teeth

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What's the proper treatment for constant, inexplicable pain in the face, jaw or head that defies conventional dental treatment? According to researchers from the Rutgers School of Dental Medicine, the answer

varies widely from patient to patient.

For one patient in a recent case study, it was the removal of a [benign tumor](#) in her brainstem.

Those reports are part of a growing body of research from the Rutgers School of Dental Medicine that seeks to document effective strategies for diagnosing and treating a surprisingly common complaint; persistent [orofacial pain](#) arising from unknown causes.

"Our research indicates that roughly 10 percent of the population has recurring pain in the teeth, mouth or face that stems from something other than [tooth decay](#) or gum problems, and most dentists have little training in diagnosing the problems that cause it," said Gary Heir, study's lead author, who is also the Robert and Susan Carmel Chair in Algesiology and the director of Center for Temporomandibular Disorders and Orofacial Pain at Rutgers School of Dental Medicine.

The patient in the [case study](#) suffered years of nearly constant pain in her lower right teeth, jaw and face. She went to a series of dentists, all of whom were baffled because her teeth and gums looked healthy.

A detailed evaluation at the Center for Temporomandibular Disorders and Orofacial Pain diagnosed a benign tumor on the brainstem affecting the primary innervation of the face and jaw. Surgical removal of the tumor resulted in the complete remission of her long-standing pain disorder.

"The diagnostic challenge of these patients requires a significant amount of attention to detail," Heir said. "At the center, we see many patients with these types of presentations that require the advanced investigations offered by the orofacial pain specialists we are training in our program."

The takeaway lies far less in the eventual treatment than the lengthy evaluation by specialists, Heir said. Serious orofacial pain that seems to originate from the teeth or gums often arises from very different causes that range from slight misalignments in the jaw to systemic illnesses such as in this case presented. Successful treatments are equally varied.

Specialists at Rutgers are working to categorize the most common causes of and treatments for unexplained tooth pain that have yet to become part of general dental education. Even when the information spreads, the time needed for the proper diagnosis will prove a challenge for general dentists seeing dozens of patients per day.

"It's definitely a more natural fit for specialists, particularly in academic medicine, because it's time-consuming detective work," Heir said. "Our students often spend two hours or more taking a patient's history, but the history is where the answers lie. Patients will eventually tell you what the problem is. You just need to know what questions to ask and what to listen for."

Compared to the number of patients with orofacial pain, the number of specialists trained to treat them is small. Heir said there are six active Orofacial Pain Diplomates in New Jersey, and four of them teach at Rutgers. Many large swaths of the United States have none at all.

As a result, most ailing patients have difficulty seeking specialists in orofacial [pain](#).

"Right now, patients don't tend to find us until they are desperate," Heir said. "We'd like to get the word out and get them here earlier. No one should suffer for years such as this patient."

**More information:** Gary M Heir et al, Secondary trigeminal neuralgia diagnosed in orofacial pain setting as epidermoid tumor, *Quintessence*

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