

Botox Injections for the Treatment of Atypical Facial Pain

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INTRODUCTION

Atypical facial pain (AFP) is a chronic facial pain syndrome that can significantly impair a patient's quality of life and is difficult to manage. Botulinum toxin type A (Botox) injections have been proposed as a treatment option for AFP due to their ability to modulate pain signaling pathways. Here we present the case of a 67-year-old male with a history of chronic AFP who experienced significant pain relief following Botox injections. The aim of this case report is to describe the patient's clinical presentation, his treatment course with Botox injections, and the outcome following treatment.

CASE REPORT

The patient is a 67-year-old male who presented with a seven-year history of atypical facial pain. The pain began following maxillomandibular advancement for obstructive sleep apnea in 2012 and was exacerbated by two motor vehicle accidents in 2013. His symptoms worsened further following an assault in 2016. He reported pain to the bilateral face surrounding his mouth that radiated to the bilateral cheeks. He described the pain as aching, burning, shooting, and stabbing.

The patient had failed medical management including multiple anticonvulsants, antidepressants, and NSAIDs. His interventional history included trigeminal and sphenopalatine ganglion blocks as well as radiofrequency ablation of the trigeminal nerve, all with limited relief. At the time of presentation, his therapy included hydrocodone-acetaminophen 7.5-325 mg twice daily.

After receiving limited relief from prior therapies, he was offered Botox injections. He received 100 units of Botox injected into the bilateral masseter, zygomaticus, depressor anguli oris, and platysma muscles. He returned to the clinic six weeks after the injections and reported improvement in his facial pain that was making his daily activities more tolerable. He has continued to receive Botox injections every three to four months for the past two years with similar results.

DISCUSSION

AFP can be an incredibly frustrating condition to manage for both patients and their treating physicians. AFP is currently estimated to affect around 1% of the population, though it is likely more prevalent due to being unrecognized or misdiagnosed. Medical management is often adequate in many cases; however, refractory cases do occur, and interventional options for treatment, including Botox injections, must be considered. Hopefully, future studies will further expound on the indications and benefits of Botox injections in the treatment of AFP as demonstrated in this case.