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Refractory persistent idiopathic facial pain: diagnostic and therapeutic challenge in a case report

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Introduction

Persistent idiopathic facial pain (PIFP), also known as atypical facial pain, is a chronic orofacial pain syndrome characterized by daily, continuous, poorly localized facial pain without correlation to a specific trigeminal nerve anatomical territory. It is a rare condition, frequently underdiagnosed and associated with a significant functional and emotional burden. Management is challenging and usually requires a multimodal and interdisciplinary approach.

Case presentation

A 64-year-old male patient with hypertension, type 2 diabetes mellitus, dyslipidemia, and a history of acute myocardial infarction presented with continuous bilateral facial pain for five years, described as diffuse burning and paresthesias involving the eyes, nose, malar regions, and chin, with an intensity of 9/10 on the visual analog scale. There were no paroxysmal episodes or typical triggers. He had been evaluated by several specialists and had used amitriptyline, gabapentin, pregabalin, carbamazepine, and oxcarbazepine, without significant benefit. The condition caused marked psychological distress, including previous suicidal ideation. Neurological examination and brain MRI showed no relevant abnormalities. Laboratory tests revealed vitamin B12 deficiency, vitamin D deficiency, and mild hypomagnesemia. After excluding structural and neuropathic causes, the diagnosis of persistent idiopathic facial pain was established. Multimodal management was initiated with duloxetine, gabapentin, vitamin B12 supplementation, acupuncture, psychotherapy, nutritional counseling, and physical activity. Methadone was used temporarily due to the severity of pain. On reassessment, there was an approximately 50% improvement in emotional symptoms and a mild reduction in pain intensity.

Discussion

This case illustrates the diagnostic complexity of persistent idiopathic facial pain, which is often mistaken for sinus disease, trigeminal neuralgia, or dental conditions. The absence of structural abnormalities and refractoriness to multiple therapies reinforces the importance of clinical recognition of this syndrome. Psychiatric comorbidities and nutritional deficiencies may contribute to the perpetuation of the pain condition. The partial response to treatment is consistent with the typically prolonged and challenging evolution of this disorder.

Conclusion

This case highlights the diagnostic and therapeutic complexity of PIFP and underscores the importance of early recognition to avoid unnecessary tests and interventions. A multimodal and interdisciplinary approach, with attention to emotional and metabolic comorbidities, can reduce suffering and improve the quality of life of these patients.

Keywords:
Persistent idiopathic facial pain
Orofacial pain
Chronic pain
Central sensitization
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