



## Response to the letter regarding “Diagnosis and management of persistent idiopathic facial pain following dental procedures: a retrospective study”

Seung-Heon Bae, Gyu-Jo Shim, Tae-Geon Kwon

*Department of Oral and Maxillofacial Surgery, School of Dentistry, Kyungpook National University, Daegu, Korea*

Thank you for your interest in our report, “Diagnosis and management of persistent idiopathic facial pain following dental procedures: a retrospective study”<sup>1</sup>. We appreciate your thoughtful comments, which provide valuable insights into the diagnosis and management of persistent idiopathic facial pain (PIFP). We agree that our study is limited by its retrospective nature and small sample size, which precluded more sophisticated evaluations. As you recommended, incorporating psychometric screening to evaluate anxiety and depression would be highly beneficial for patients, as it facilitates a more holistic understanding and effective management of their pain.

Regarding the clinical presentation, the International Classification of Headache Disorders (ICHD)<sup>2</sup> diagnostic criteria for PIFP state that clinical neurological examinations must be normal. In our cohort, we confirmed that all neurological findings were normal. PIFP is distinct from neuropathic facial pain; it is characterized by the absence of hypoesthesia or paresthesia<sup>3</sup>. Furthermore, PIFP symptoms typically do not follow a specific peripheral nerve distribution, and the pain location often differs from the site of potential nerve injury.

Despite these clinical findings, patients often attribute PIFP directly to a specific dental procedure (such as prosthetic or surgical treatment) because the onset of pain coincides with

the treatment. Consequently, PIFP cases are frequently involved in medicolegal disputes. We agree that early referral and a multimodal treatment approach are essential for improving outcomes for both patients and clinicians.

Thank you again for your valuable comments, which inspire further research and discussion in this field.

### ORCID

Seung-Heon Bae, <https://orcid.org/0009-0006-5081-7088>

Gyu-Jo Shim, <https://orcid.org/0000-0003-1938-1846>

Tae-Geon Kwon, <https://orcid.org/0000-0003-2799-0510>

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### Conflict of Interest

No potential conflict of interest relevant to this article was reported.

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#### **Tae-Geon Kwon**

*Department of Oral and Maxillofacial Surgery, School of Dentistry, Kyungpook National University and Kyungpook National University Institute for Translational Research in Dentistry, 2177 Dalgubeol-daero, Jung-gu, Daegu 41940, Korea*  
TEL: +82-53-600-7574  
E-mail: kwondk@knu.ac.kr  
ORCID: <https://orcid.org/0000-0003-2799-0510>

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