



Comment on “Diagnosis and management of persistent idiopathic facial pain following dental procedures: a retrospective study”

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To the Editor,

I read with great interest the article by Bae et al.¹ titled “Diagnosis and management of persistent idiopathic facial pain following dental procedures: a retrospective study”. The authors needs special mention for highlighting a challenging topic in maxillofacial surgery of persistent idiopathic facial pain (PIFP), mostly following dental implant surgery.

Current study highlights the association between implant surgery and PIFP, along with importance of pharmacotherapy than resurgery to look for eliminate the cause of pain. Pharmacotherapy includes tricyclic antidepressant (TCA) and combined regimens giving most favourable outcomes. Previous studies of PIFP also came up with similar results and symptoms control with nortriptyline and clonazepam², other study with TCAs and topical anticonvulsant therapy alongside psychological support³.

The study also aligns with the recent review on PIFP mentioning the importance of multidisciplinary approach, combining pharmacotherapy, cognitive-behavioral therapy, and psychosocial counseling⁴. These findings gives more validity to findings by Bae et al.¹ conclusion to focus on psychological intervention than resurgery.

However, the retrospective design and small sample size remains as limitations along with if the study could have used psychometric screening tools like hospital anxiety and depression scale for better benefits which the previous authors found useful to assess the comorbid anxiety and depression and it's effect on pain perception. Use of sensory testing or

neuroimaging also could help in differentiating neuropathic versus idiopathic pain pathways.

Most studies in the topic underscores that persistent idiopathic facial pain following dental procedures is less a local problem and more towards a central sensitisation. A diagnostic algorithm and early referral can prevent unnecessary resurgery and improve patient outcomes.

Author's Contributions

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Conflict of Interest

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

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