Introduction

‘Somatization’ refers to ‘a tendency to experience and communicate pathological distress in form of physical symptoms in the absence of any pathological finding, to attribute them to physical illness, and to seek medical help for them’. The phenomenon has been reported from all over the world, more commonly from the developing countries\textsuperscript{1,2}. Somatizing patients form a high proportion of patients with multiple unexplained physical symptoms, attending various medical care settings. Chronic pain is also one of the common symptom in various clinics. Among patients presenting to dental outpatient department, facial pain is a common presentation\textsuperscript{3-6}. Somatizing odontalgia, also known as atypical facial pain or phantom tooth pain, is characterized by chronic pain in a tooth or teeth, or in a site where teeth have been extracted, without an identifiable cause. Over time, the pain may spread to involve wider areas of the face or jaws. The pain is called “atypical” because it is a different type of pain than that of a typical toothache. Atypical facial pain, or atypical facial neuralgia as it used to be called, is characterized by an aching, burning, nagging pain which patients feel in the deepstructures of the face or scalp and find difficult to describe. The pain is poorly localized and does not conform to the anatomical boundaries of sensory nerve supply. The areas affected may be one or more of those supplied by the fifth or ninth cranial nerves, or the second and third cervical nerves. In certain cases the pain is bilateral. Usually it is constant, but though exacerbations lasting for hours or days may occur the patient is never free from pain. Atypical facial pain need to be differentiated from trigeminal neuralgia, post-herpetic neuralgia, migrainous neuralgia, local trauma, Costen’s syndrome, cervical spondylitis, giant cell arteritis or dental neuralgia.\textsuperscript{3,7} It may be an overt or covert presentation of depression\textsuperscript{4-6,9}. Atypical facial pain (AFP) is not as common as other diseases associated with facial pain, such as temporomandibular disorders (TMD)\textsuperscript{3}. Its importance though is emphasized by its chronic nature, resistance to treatment, and the devastating effects it has on patients suffering from this condition. Patients with AFP often consult numerous dentists and physicians seeking an explanation and effective treatment. Their use of medical and dental services is excessive, costly, and usually unsatisfactory. A history of multiple ineffective treatments is common. Surgical treatments are often performed, including tooth extractions and other endodontic procedures that have no effect on the pain and often complicate the problem. Behavioral and psychological abnormalities are often present in AFP but are likely to be a consequence of chronic pain. Behavioral and psychological abnormalities are part of chronic pain disorders regardless of the original source or site of pain.\textsuperscript{3,5} We recently came across a patient presenting with chronic facial pain who had features of depression and responded to Fluoxetine.

Case Report

A 30 year old, married female was referred from dental clinic with right-sided facial pain for last three months. The pain was continuous dull aching with occasional exacerbation. There were no triggering points and the pain used to subside during sleep. Oral and ENT examination was normal. She had been investigated by Digital radiography of face

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**Case Report**

Atypical Facial Pain and Depression

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including Para nasal sinuses and cervical spine which was normal. EEG and MRI brain were also normal. She had been treated with various combinations of analgesics and carbamazepine but without any improvement. On detailed interrogation, she reported to had loss of appetite, lack of energy, anxiety, weakness, lack of concentration, memory loss, heaviness in head, belchings and mood and difficulty in falling asleep. There was no past or family history of any psychiatric illness, drug dependence or chronic physical illness. Family history of psychiatric disorder or chronic physical illness was also absent. The symptoms started three months back when her husband was transferred and was staying away. She had to look after her six-year old girl, who had mental retardation and seizure disorder. On mental status examination, she was sad and there was preoccupation with the symptom. She was started on Fluoxetine 20 mg daily with clonazepam 0.25 mg and diclofenac potassium 50mg whenever required. There was gradual improvement in her pain. The pain disappeared 4 weeks after treatment.

Discussion

The patients with chronic pain including facial pain need to be screened for depression5–10. Depression may be a cause or outcome but shows a dramatic response to antidepressants as highlighted in the present case. The present patient had attended the outpatient’s clinics of neurology, orthopedics and dentistry but without any improvement. The investigations were normal. There were clear cut association with psychological stressors and she showed complete remission with antidepressant. Though tricyclic drugs e.g. amitriptyline have been used to treat chronic pain disorders, including migraine5,10 but the present case responded to a SSRI, fluoxetine.

The physicians need to be made aware about atypical chronic pain so that unnecessary investigations and harmful medications can be avoided.

References