

Preface



Ramesh Balasubramaniam, BDS, MS



Gary D. Klasser, DMD

Guest Editors

Pain is now considered the “fifth vital sign” and has an inconceivable ability to motivate the individual to seek treatment. In acute pain, the cause is usually obvious and, upon removal of the stimulus, the pain resolves uneventfully over time. This pain has a physiologic reason to exist, because it imparts an early warning system on the organism, which protects it from further damage. However, in chronic pain, the cause and effect model for pain often does not apply. In fact, it represents a complex interaction and interplay between the physical (axis I) and psychosocial (axis II) aspects of pain. The diagnosis and management of chronic orofacial pain is perhaps the most challenging field in dentistry, because the conventional mechanical dental model may not be applicable. For one to be involved with management of chronic pain, he or she must embrace a more biopsychosocial medical approach. Unlike a toothache, whereby the source of the acute pain often is obvious and the diagnosis and treatment are relatively straightforward, chronic pain often is difficult to decipher. In fact, using conventional diagnostic and treatment modalities often will result in a low yield of information and provide inadequate interventions. The chronic pain patient will present to the practitioner with an extensive and complicated history, and upon questioning, may report symptoms of psychosocial distress, which will challenge the astute clinician and frustrate the novice

clinician. As with many medical conditions in the past, a psychogenic diagnosis often is rendered when the clinician is unable to diagnose or understand the patient’s pain. As the field of orofacial pain continues to grow, this is becoming more unacceptable but unfortunately remains common.

This issue of the *Oral and Maxillofacial Clinics of North America*, regarding orofacial pain and dysfunction, is the contribution of many world renowned academicians and clinicians in the field of orofacial pain. The goal of this issue is to provide readers with the knowledge to recognize many orofacial pain conditions to prevent inappropriate diagnosis(es) and unnecessary treatments. The first article discusses the classification of orofacial pain and sets the tone for the rest of this issue. It is important to note that the Bell’s classification of orofacial pain by Drs. Jeffrey Okeson and Welden Bell is useful clinically, but it certainly is neither all-inclusive nor universally accepted. It is only one of the many commonly used classifications of orofacial pain, thereby exposing the current debate on correct and accurate terminology and highlighting the complex and intricate world of orofacial pain. The second article discusses masticatory muscle pain, including its clinical manifestations and the available evidence for its management. The etiology, clinical presentation, and management of internal derangement of the temporomandibular

joint (TMJ) is discussed in the third article. This is followed by an extensive discussion on the available surgical treatments for osteoarthritis, osteoarthritis, and idiopathic condylar resorption of the TMJ. As with all chronic pains, the psychosocial aspect of chronic orofacial pain is pertinent and must be understood by the practitioner interested in treating pain. The fifth article presents information on the psychosocial aspects of orofacial pain and nonpharmacologic and nonsurgical therapeutic options for managing orofacial pain. Pharmacology is one of the options for the treatment of temporomandibular disorders (TMD), and the sixth article provides the evidence and expert opinion on medications used. This constantly changing world provides us with much to learn, and this is also true for TMD, whereby there has been a recent burst of technological devices on the market with claims to be able to better diagnose TMD. The seventh article addresses the evidence for such claims and presents the available data. The eighth article presents a new paradigm in the way we may begin looking at neurovascular pain of the head and face. The next two articles (the ninth and tenth) focus on neuropathic pain including its clinical presentation, pathophysiology, and management options. The eleventh article discusses orofacial movement disorders and provides information that will avoid misdiagnosis and treatment of these disorders. The last article focuses on cancer pain involving the orofacial area. Orofacial pain practitioners may be called upon to manage these patients.

An ongoing theme throughout this issue (as seen in many articles) is the lack of consistency among the authors regarding terminology and certain concepts. This was not done to purposefully confuse the reader and "muddy the waters," but rather to share and expose some of the controversies that exist in the field of orofacial pain. This may give the appearance of a chaotic world where there is a total lack of agreement regarding many issues. This could not be further from the truth, because there has been a considerable amount of consensus and advancement in knowledge that has been achieved by many years of worldwide research. Many of the fundamental issues in the field have been clarified, while several new pathways for future research are under

development. In fact, the field of orofacial pain is currently experiencing an explosion in the basic sciences as researchers are investigating the genetic aspects of pain. Furthermore, clinical trials involving novel approaches for pain management based upon cellular and molecular biology are being reported in the scientific literature. We have attempted to expose our readers to these new ideas and concepts but have also tried to be transparent by exploring and exposing the inconsistencies and gaps in knowledge. Admittedly, this issue does not provide all the answers because there is still much to be learned.

It has been a pleasure working with the various contributors to this issue and we sincerely thank them for sharing and expressing their knowledge and expertise and for making our task as editors so much easier. We believe that each one has made an important contribution toward the advancement of the field. Furthermore, it has been a pleasure working with Mr. John Vassallo and the staff at Elsevier and we thank them for their unyielding support and their continued efforts to make significant educational material available to all practitioners. We trust this issue of the *Oral and Maxillofacial Clinics of North America* represents the most current and accurate information on orofacial pain and dysfunction.

Ramesh Balasubramaniam, BDS, MS
*Department of Oral Medicine
 University of Pennsylvania
 School of Dental Medicine
 240 South 40th Street
 Philadelphia, PA 19104-6030, USA*

E-mail address: rbalasub@dental.upenn.edu

Gary D. Klasser, DMD
*Oral Medicine and Diagnostic Sciences
 University of Illinois at Chicago
 College of Dentistry
 801 South Paulina Street
 Chicago, IL 60612-7213, USA*

E-mail address: gklasser@uic.edu