Pain relief with sphenopalatine ganglion block of chronic headache and orofacial postsurgical pain: Case Report

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Background

- Chronic headache and orofacial pain is a common and disabling problem in patients with head injury or trauma and may be accompanied by autonomic, motor or sensory signs.
- Conventional treatments may fail or cause intolerable side effects.
- The Sphenopalatine Ganglion (SPG) block is a reasonable target for the treatment of these disorders.
- We report a case of chronic headache and orofacial post surgical pain and the role of SPG block on pain management.

Case Report

- A 37-year-old-female
- Background history:
Dentofacial dysmorphia, maxillary hyperplasia, mandibular hypoplasia and a *LeFort* I osteotomy in 2012.

2013

- Chronic headache and orofacial pain since 2012 → Chronic Pain Unit
- Pain characterization:
 - Hemicraneal - onset in the ipsilateral temporomandibular area;
 - Continuous with exacerbations → NRS: 6 – 10
 - Burning and electric shock, allodynia, paresthesia
 - DN4 = 5
 - Ipsilateral oculofacial autonomic phenomena

2013 - 2017

Several treatments were performed: gabapentinoids, weak opioids, antidepressants, acupuncture, topical treatment with Capsaicin 8% and Lidocaine 5% → **Minimally important pain relief.**

2017 – SPG block:

- Total SPG block: 9
- Neurology: **Sluder's Neuralgia** → Tx: Topiramate, 50 mg twice daily
- **Currently: Acupuncture and SPG block every 4 to 6 weeks with sustained pain relief.**

Discussion

- Nerves involved in headache and orofacial pain, pass through the SPG.
- SPG has an important autonomic component.
- SPG block interfere with parasympathetic outflow → principal mechanism for pain relief.

Learning points

- The SPG may be an important contributor to the pathogenesis of several headache and orofacial pain disorders.
- The SPG block is a safe and well tolerated technique, presenting good results in pain control.

References:

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