



ORIGINAL RESEARCH PAPER

Oral Medicine

KNOWLEDGE, ATTITUDE AND PERCEPTION OF OROFACIAL NEURALGIAS AMONG POST-GRADUATES, UNDERGRADUATES AND INTERNS

KEY WORDS:

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Introduction:-

Orofacial pain is usually accompanied by a complex pathological condition (1.1). The diagnosis of the orofacial pain is thought to be difficult(1.1-3). The orofacial region has the biological ,physiological and emotional importance, many factors involved in the orofacial pain.(1.1) Long duration of pain sometimes leads to psychological disorder (1.4,5) which in turn affect the degree and character of pain (1.4,5,6) make the condition even more complex. Orofacial pain refers to pain associated with the soft and hard tissues of the head, face, and neck. The potential origin of Maxillofacial pain includes pulpal and periodontal, vascular, gland, muscle, bones, sinuses, and joint structures.(2).Orofacial pain is a group of disorder different entities include Trigeminal neuralgia, glossopharyngeal neuralgia, Burning mouth syndrome, Post herpetic neuralgia, post traumatic neuralgia, persistent idiopathic facial pain.Neuralgia is known as pain in that occurs in the nerve pathways.Neuralgia is not a sickness but a symptom of an injury or a disorder (6.1). Trigeminal neuralgia is a paroxysmal facial pain.Trigeminal neuralgia is a unilateral disorder highlighted by electric stun-like neuropathic pain near the distribution of the trigeminal nerves with sudden onset and termination(6). Glossopharyngeal neuralgia occur due to hyperactivity of glossopharyngeal nerve.GPN is rare when compare to TN(6).GPN consists of spasmodic, momentary, and severe sharp pain in the posterior area of the throat, tonsillar fossa, base of the tongue, ear canal, and areas inferior to the angle of the mandible (6.143). Post herpetic neuralgia is a spontaneous pain, provoked by trivial stimuli, and altered sensation accompany by herpes zoster and may continue long after its characteristic rash has healed.(7) Trauma whether it could be accidental or iatrogenic is most common cause for trigeminal neuralgia(TN). And also caused by oral surgical procedures like removal of impacted lower third and inferior alveolar and lingual nerve are most commonly affected(8.2). Perisitent idiopathic facial pain is otherwise called as atypical facial pain. There is no characteristics of maxillfacial neuralgia and there is no obvious cause

Materials and Methods:-

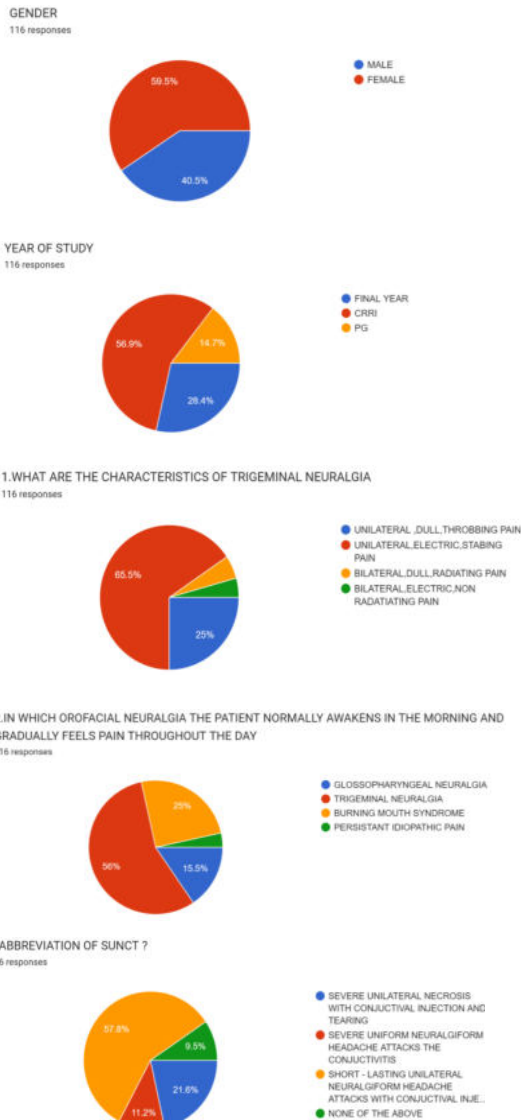
The present cross-sectional study was performed on 000 participants in the Department of Oral Medicine and Radiology of Adhiparasakthi Dental College And Hospital ,Melmaruvathur. The responders were classified to 00 undergraduate dental students,00 interns and 00 post graduate dentists. There was a total of 15 questions formulated based on the knowledge, attitude and perception in regard to the orofacial pain . The purpose of this study was to understand the knowledge, attitude and perception of interns, post-graduates and undergraduates based on orofacial pain . This study was done via an electronic online questionnaire survey with the help of google forms, then this form was shared via Whats app social media and email to all the participants. The questionnaire was formed based on the articles by Prabhat et al., 2011 and Arnout, 2014. Questions 8, 9, 11, 12, 13, 5.9, 15. 6 were a part of Radiation Protection Techniques while 1,2,3,4, 10, 14, 16, 7 were asked as a part of

biological hazards.

Results:-

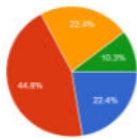
Among the participants 59.5% were female and 40.5 % were male. The overall correct response in the study is around 52.5%. In the present study there were a drastic variation in the knowledge, attitude and perception among the postgraduates,interns and undergraduates.

The results in the present study showed variation in the answers from the right to wrong responses irrespective of the year of studies.For instance,in.the following pie chart



4. PERSISTANT IDIOPATHIC FACIAL PAIN DEFINES

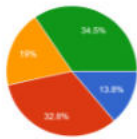
116 responses



- FACIAL PAIN IS UNILATERAL, PRESENT DAILY AND THROUGHOUT ALL OR MOST OF THE DAY
- FACIAL PAIN IS LOCALIZED, PRESENT CONTINUOUSLY ONCE WHEN THE TRIGGER ZONE
- FACIAL PAIN IS LOCALIZED, PRESENT DAILY AND THROUGHOUT ALL OR MOST OF THE
- NONE OF THE ABOVE

5. WHAT ARE THE FEATURES OF POST HERPETIC NEURALGIA

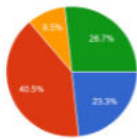
116 responses



- DULL, ACHING PAIN, PERSISTING UPTO 12 MONTHS
- DULL, ACHING PAIN, PERSISTING UPTO 6 MONTHS
- BURNING, THROBBING PAIN, PERSISTING UPTO 12 MONTHS
- BURNING, THROBBING PAIN, PERSISTING UPTO 6 MONTHS

6. SYNDROME ASSOCIATED WITH GLOSSOPHARYNGEAL NEURALGIA

116 responses



- PLUMMER VINSON SYNDROME
- EAGLES SYNDROME
- STRUGE - WEBER SYNDROME
- RAMSAY HUNT SYNDROME

7. WHICH VESSEL COMMONLY COMPRESS THE TRIGEMINAL NERVE LEADS TO TRIGEMINAL NEURALGIA

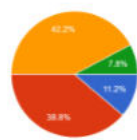
116 responses



- INTERNAL CAROTID ARTERY
- INFERIOR CEREBELLAR ARTERY
- SUPERIOR CEREBELLAR ARTERY
- ALL THE ABOVE

8. IF POST HERPETIC NEURALGIA INDUCES THE TRIGEMINAL NERVE, THEN WHICH NERVE IS MOST COMMONLY AFFECTED

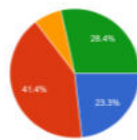
116 responses



- OPHTHALMIC BRANCH
- MAXILLARY BRANCH
- MANDIBULAR BRANCH
- CERVICAL BRANCH

9. DO YOU THINK IS THE MOST COMMON

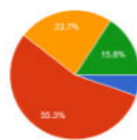
116 responses



- TYPE 1 BMS
- TYPE 2 BMS
- TYPE 3 BMS
- BOTH A and C

10. MEAN AGE AFFECTING TRIGEMINAL NEURALGIA

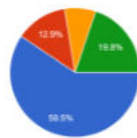
114 responses



- LESS THAN 20 YEARS
- 20 - 40 YEARS
- 40 - 50 YEARS
- 50 YEARS

11. IN WHICH CONDITION BOTULIUM TOXIN A USED AS A TREATMENT OF CHOICE

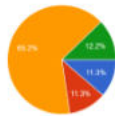
116 responses



- TRIGEMINAL NEURALGIA
- BURNING MOUTH SYNDROME
- GLOSSOPHARYNGEAL NEURALGIA
- POST HERPATIC NEURALGIA

12. WHAT IS THE FIRST LINE OF TREATMENT OF TRIGEMINAL NEURALGIA

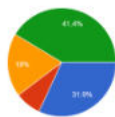
115 response



- LONG ACTING AMEBSTHETIC INJECTION
- ALCOHOL INJECTION
- CARBAMAZEPINE
- PHENYTON

13. WHAT IS THE REASON CAPSAICIN IS LEAST INDICATED TO TREAT POST HERPETIC NEURALGIA

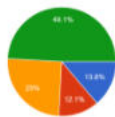
116 responses



- BURNING SENSATION
- HOW DILUTED PERIOD
- CHANGE OF REACTION OF VIRUS
- ALL THE ABOVE

14. IN THE TREATMENT OF BMS WHICH WOULD BE MOST EFFECTIVE LINE OF TREATMENT

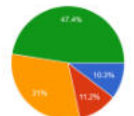
116 response



- SYMPTOMATIC ANTIHISTAMINES, CAPSAICIN
- CORRECTION THERAPY: IRON, VITAMINS, ANTI-FUNGAL
- PSYCHOPHARMACOLOGIC: BENZODIAZEPINE, TRICYCLIC ANTIDEPRESSANTS
- ALL THE ABOVE

15. WHAT IS THE BEST PALLIATIVE APPROACH FOR RELIEVING CHRONIC PAIN IN POST HERPETIC NEURALGIA.

119 responses



- ADMINISTRATION OF ZOSTER VACCINE
- ACYCLOVIR
- NEUROMODULATION THERAPY
- ALL THE ABOVE

Discussion:-

Orofacial neuralgias are a group of painful conditions that affect the nerves in the head and face. These conditions can have a significant impact on a patient's quality of life, causing debilitating pain and discomfort. Given the complexity of these conditions, it is essential that healthcare professionals have a solid understanding of orofacial neuralgias, including their causes, symptoms, and treatment options.

One area of interest is exploring the knowledge, attitude, and perception of orofacial neuralgias among different levels of healthcare professionals, such as post-graduates, undergraduates, and interns. This discussion aims to shed light on the current understanding of orofacial neuralgias among these groups and identify areas where further education and training may be necessary.

Post-graduates are individuals who have completed their medical degree and are in the process of completing specialized training in a particular area of medicine. As such, they are likely to have a more in-depth understanding of orofacial neuralgias compared to undergraduates and interns. However, the extent of their knowledge may vary depending on their specific area of specialization. For example, a neurologist may have a more thorough understanding of the underlying neurological mechanisms of orofacial neuralgia than a general practitioner.

Undergraduates are medical students who are still in the process of completing their degree. They may have received some education on orofacial neuralgias as part of their curriculum, but their knowledge is likely to be less comprehensive than that of post-graduates. However, undergraduates can still play an essential role in identifying and referring patients with orofacial neuralgias to specialists for further evaluation and treatment.

Interns are newly graduated doctors who are completing a period of supervised training before starting their practice independently. Their knowledge of orofacial neuralgias may be limited, as they are still in the early stages of their medical careers. However, as interns are likely to encounter patients

with orofacial neuralgias during their training, it is essential that they have a basic understanding of these conditions and their management.

Overall, it is crucial that healthcare professionals at all levels have a solid understanding of orofacial neuralgias to provide optimal care for their patients. Continued education and training can help to improve the knowledge, attitude, and perception of orofacial neuralgias among post-graduates, undergraduates, and interns and ensure that patients receive the best possible care.

CONCLUSION;

In conclusion, the survey on orofacial pain has highlighted the prevalence and impact of this condition on individuals. It is evident that orofacial pain can significantly affect an individual's quality of life, leading to physical, emotional, and social consequences. The survey has also shown that there is a need for better awareness and understanding of orofacial pain among healthcare professionals and the general public. Additionally, effective management strategies, including a multidisciplinary approach, are necessary to provide relief to those suffering from orofacial pain

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