

## Comparison of Intensity of Chronic Craniofacial Pains of Nasal/Paranasal Origin before and after the Surgical Management

Sir,

Headache and facial pains are common symptoms that otorhinolaryngologists evaluate in their clinical practice.<sup>1</sup> Nasal obstruction and sinus abnormalities often are the causes behind these symptoms and lead to considerable physical and psychosocial impact on the lives of patients.<sup>2</sup> Medical treatment is usually of limited value and gives timely relief in these chronic ailments. Stammberger and Wolfe proposed that chronic inflammation of the lining of the sinuses is one of the major causes of headaches among the sino-nasal causes.<sup>3</sup> Other causes include allergies, non-allergic rhinitis, neuralgia, migraine or vascular problems and pressure due to mucosal contact points.<sup>3</sup> Various studies in the past have demonstrated a positive impact of surgery in long standing pains.<sup>4,5</sup> Therefore, this study was planned in our setup to look for the impact of surgery on these long standing pains of nasal/paranasal origin which were refractory to medical treatment.

A total of 130 cases were included with craniofacial pains of nasal/paranasal origin lasting for more than one year and refractory to medical treatment. Migraine Disability Assessment Score (MIDAS) questionnaire was provided to these patients one day prior to the surgery and then four weeks after the surgery, to assess the difference between the severity scores of the craniofacial pain before and after the appropriate surgical intervention and determine the frequency of patients with complete recovery from pain after the procedure. Among these, 67 (51.5%) patients had complete recovery after the surgical management. Mean MIDAS score before surgical intervention was 16.79  $\pm$ 4.75 and after the surgery was 8.69  $\pm$ 5.98; and in

patients with complete recovery, it was 2.72  $\pm$ 1.18 (p-value <0.05). Type of the surgical procedure and longer duration of pain were significantly associated with pain persistence after the surgery.

Surgical management has a significant role in reduction of the craniofacial pains of nasal/paranasal origin. Previous studies have also concluded that surgical management is a preferred mode of treatment among individuals with craniofacial pains.<sup>4,5</sup> Detailed ENT examination and relevant radiological examination should be performed on all patients of craniofacial pains, specially those refractory to the medical treatment; and the option of surgical treatment should be offered to all qualifying patients. This will not only improve their quality of life but also reduce the burden on healthcare system.

### REFERENCES

1. Pandey RK, Kumar D, Shrivastava N, Kumar N. Clinico-epidemiological evaluation of patients with sinonasal masses attending a tertiary care hospital in Jharkhand: a three-year retrospective study. *Int J Otorhinolaryngol Head Neck Surg* 2017; **3**:132-4.
2. Aboud SK, Husain S, Gendeh BS. Evaluation on quality of life in patients with nasal polyposis managed with optimal medical therapy. *Allergy Rhinol* 2014; **5**:2-8.
3. Bento RF, Pinna FR. Sinonasal headache: otolaryngologic view. *Revista Brasileira de Oftalmologia* 2013; **72**:157-8.
4. Hammad MS, Gomaa MA. Role of some anatomical nasal abnormalities in rhinogenic headache. *EJENTAS* 2012; **13**:31-5.
5. Djukic V, Dudvarski Z, Arsovic N, Dimitrijevic M, Janosevic L. Clinical outcomes and quality of life in patients with nasal polyposis after functional endoscopic sinus surgery. *Eur Arch Otorhinolaryngol* 2015; **272**:83-9.

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