Atypical Odontalgia: A Review of the Literature

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Objective.—To review previous reports of cases of atypical odontalgia to examine its epidemiological and clinical characteristics and to explore the etiology and pathophysiology of the disease.

Background.—Atypical odontalgia is one of many painful conditions that affect the oral cavity and is often overlooked in the differential diagnosis.

Methods.—A search of the literature was performed for all cases of atypical odontalgia reported from 1966 to the present.

Results.—The typical clinical presentation of atypical odontalgia that has been reported involves pain in a tooth in the absence of any sign of pathology; the pain may spread to areas of the face, neck, and shoulder. The existing literature suggests that this condition occurs in 3% to 6% of the patients who undergo endodontic treatment, with high female preponderance and a concentration of cases in the fourth decade of life. Deafferentation seems to be the most likely mechanism to initiate the pain, but psychological factors, alteration of neural mechanisms, and even an idiopathic mechanism have been implicated. Not all reported cases were preceded by trauma to the teeth or gums.

The treatment of choice is a tricyclic antidepressant, alone or in combination with a phenothiazine. The outcome is usually fair, with many patients obtaining complete relief from pain. Especially in the absence of overt pathology, particular attention should be paid to avoiding any unnecessary and potentially dangerous dental intervention on the teeth.

Conclusion.—Atypical odontalgia is surprisingly common, of uncertain origin, and potentially treatable.

Key words: atypical odontalgia, phantom tooth pain, deafferentation pain, neuropathic pain, atypical facial pain

Abbreviations: AO atypical odontalgia, CNS central nervous system

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