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Clinical Record

Angina masquerading as sinusitis

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Abstract
Facial pain of cardiac origin is rare. There are several references in the world literature to angina referred to the teeth and the mandible. This report describes a patient with facial pain which was thought to be of sinus origin and which was relieved by coronary stenting.

Key words: Facial Pain; Angina Pectoris

Introduction

Facial pain is a symptom frequently seen in otolaryngology clinics and it can be a diagnostic challenge for the clinician. Great efforts have been made to categorize facial pain based on either symptoms, signs or aetiology. Most people know that their sinuses lie behind the facial bones, so many conclude that the cause of facial pain lies in their sinuses.[1] A careful history and a detailed examination are essential for a correct diagnosis and avoidance of inappropriate treatment.

Case report

A 61-year-old lady was referred by her general practitioner with severe and persistent facial pain thought to be due to sinusitis. The pain was bilateral, overlying the maxillae and radiating to her eyes. It came in attacks that lasted 30 to 60 minutes. The frequency of the attacks was one or more per day. Her symptoms had not improved with gabapentin or carbamazepine. She did not suffer from nasal obstruction, nasal discharge or smell disorders. Her past medical history revealed type two diabetes, hypertension and hypothyroidism. She was also a smoker.

On examination, there were no abnormal findings and nasendoscopy was unremarkable. A plain sinus X-ray was reported as normal.

The patient was referred to the maxillofacial department, where oral causes were excluded after examination and radiographic imaging.

A few months later, the patient developed signs of angina: bilateral pain in the jaw and chest pain relieved by glyceryl trinitrate spray. She subsequently underwent an angiogram and a stent was inserted in her left coronary artery.

After treatment, her facial pain was completely relieved.

Discussion

The classification of headache and facial pain by the International Headache Society lists over 200 conditions, divided into three broad groups which are subdivided into 14 sections. These in turn are subcategorized into individual entities.[2]

Angina pectoris is one of the clinical manifestations of coronary heart disease, which is one of the most common medical conditions affecting the Western world.[3] It is usually a diffuse sensation rather than pain localized at a discrete spot.[4] The symptoms most usually develop after effort, which may be physical, emotional or even gastrointestinal. After a period of rest, the discomfort will usually resolve.[3] The usual distribution is referral to all or part of the sternal region, the left side of the chest and neck, and the ulnar side of the left forearm and hand. Severe ischaemic pain often involves the right chest and arm as well. Other sites involved, either alone or in combination, are the jaw, epigastrium and back.[5]

There are several references in the literature to orofacial pain of cardiac origin, limited to the jaws and the teeth.[6–8] However, radiation of cardiac pain to the cheeks and maxillae is rare and has not previously been described in the literature. The possibility that angina may cause pain in the head and neck region should not be overlooked, especially in patients with a history of coronary disease and coronary risk factors, as an inaccurate diagnosis may lead to inappropriate or delayed treatment.

- **Facial pain is a symptom frequently seen in otolaryngology clinics**
- **There are several references in the literature to orofacial pain of cardiac origin, limited to the jaws and the teeth**
- **Radiation of cardiac pain to the cheeks and maxillae is rare and has not previously been described**
- **We describe a patient suffering from facial pain over the maxillary sinuses and around the eyes, which was relieved by coronary stenting**

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