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June 14-15, 2019, Zagreb, Croatia



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DAY 2: SATURDAY, June 15, 2019  
HALL Čačković, Šalata 3

08:30 - 10:30	<b>SESSION 5 REFRESHER KNOWLEDGE</b> <i>Chair: A. Delbos, France, V. Novak Jankovič, Slovenia</i>
08:30 - 09:00	<b>L18. Blocks for foot and ankle surgery</b> <i>A. Delbos, Paris, France</i>
09:00 - 09:20	<b>L19. RA in Thoracic and Abdominal surgery</b> <i>V. Novak Jankovič, Ljubljana, Slovenia</i>
09:20 - 09:40	<b>L20. Enhanced recovery in caesarean section</b> <i>V. Đuzel, London, UK</i>
09:40 - 10:00	<b>L21. Blocks for lower limb and abdominal surgery</b> <i>J. Peršec, Zagreb, Croatia</i>
10:00 - 10:20	<b>L22. US skills Beyond RA in lower limb traumatology and orthopaedics</b> <i>K. Oremuš, Zagreb, Croatia</i>
10:20 - 10:30	<b>Discussion</b>
10:30 - 11:00	<b>Coffee break</b>
11:00 - 13:00	<b>SESSION 6 REFRESHER KNOWLEDGE</b> <i>Chair: D. Tonković (Croatia), I. Radoš (Croatia)</i>
11:00 - 11:30	<b>L23. Regional anaesthesia in neurosurgery</b> <i>D. Tonković, Zagreb, Croatia</i>
11:30 - 12:00	<b>L24. Invasive procedures for chronic pain</b> <i>I. Radoš, Osijek, Croatia</i>
12:00 - 12:20	<b>L25. Orofacial pain - diagnostic and therapeutic challenges</b> <i>T. Badel, Zagreb, Croatia</i>
12:20 - 12:40	<b>L25. Dexamethasone - intrathecal minimiser of simple haemathologic stress biomarkers in hip fracture</b> <i>L. Šakić, Zagreb, Croatia</i>
12:40 - 13:00	<b>L26. Medico - legal responsibility in management of acute and chronic pain in obstetrics</b> <i>D. Habek, Zagreb, Croatia</i>
13:00 - 13:10	<b>Discussion</b>
13:00 - 14:30	<b>LUNCH BREAK</b>

## 12 OP. OROFACIAL PAIN - DIAGNOSTIC AND THERAPEUTIC CHALLENGES

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The concept of diagnostics and therapy of musculoskeletal and neuropathic diseases of the stomatognathic system, which are the subject of this paper, has been developing for decades.

It can be said that in order to avoid misunderstanding, the orofacial pain as a clinical problem, in the narrower sense, involves non-odontogenic and non-malignant causes of orofacial region. In this study, the results of clinical diagnosis of the population of 557 consecutive patients with orofacial pain based on multidisciplinary diagnostics were evaluated. 15.6% of patients have given up on the participation in the study. It has been shown that the patients who dropped out of the study were significantly older ( $p=0.0411$ ) than those who agreed to participate, but there was no difference in gender ratio ( $p=0.185$ ) since the proportion of female patients prevailed. In an analysis of 84.4% of patients participating in the study, the elevated anxiety values were established (mean value on STAI 1 was 39.2 and STAI 2 was 41.1) and statistical significance was found in correlation between elevated anxiety and intensity of pain as shown on visual analogue scale on open mouth ( $p<0.0001$ ). Compared to the age, the statistical significance was for STAI 1 ( $p=0.0097$ ) but not for STAI 2 ( $p=0.5599$ ). The most common form of therapy is Michigan stabilization splint: for disc displacement of temporomandibular joint (TMJ) in 38.9% of patients and in combination with physiotherapy in 18.7% of patients; for osteoarthritis of TMJ in 28.4% and in combination with physiotherapy in 26.4% of patients. The treatment with anticonvulsant drugs for trigeminal neuralgia predominates in 54.3% of patients, which is combined with acupuncture in 25.7% of patients and only acupuncture in 17.1% of patients.

In this study, a multidisciplinary co-operation in initial diagnostics and differential was designed to develop subspecialist knowledge on orofacial pain.