ABSTRACT

Aim

To determine the Prevalence of craniofacial pain in patients with Myocardial Ischaemia and Myocardial Infarction.

Materials and Methods

A total of 1000 consecutive patients with confirmed myocardial ischemia (882 males, 118 females, mean age 53.9 years) were studied. Demographic details, health history, risk factors, prodromal symptoms, electrocardiogram (ECG) findings, and pain characteristics were assessed. Chi square and ‘p’ values were calculated. Student’s ‘t’ test was used to test the significance of difference between quantitative variables and Yate’s and Fisher’s chi square tests for qualitative variables. A ‘p’ value less than 0.05 denotes significant relationship.

Results

Craniofacial pain was more prevalent in Myocardial Infarction in the age group of 51-60 yrs, in females and those who had hypertension. Craniofacial pain was associated with profuse sweating and those who had the habit of smoking.

Conclusion

Craniofacial pain is multifactorial, but cardiac origin should be considered when pain is burning, stabbing in nature radiating bilaterally to the jaws associated with symptoms such as dyspnoea, diaphoresis, palpitations and giddiness. This needs to be considered as cardiac emergency.

Key words: Craniofacial Pain, Myocardial Infarction, Myocardial Ischaemia, Electrocardiogram