

## Maxillofacial

Vopr Kurortol Fizioter Lech Fiz Kult. 2000 Nov-Dec;(6):27-9.

### **[New aspects of rehabilitating patients with post-traumatic defects and deformation of the maxillofacial regions]**

[Article in Russian]

[Gerasimenko MIu](#), [Filatova EV](#), [Nikitin AA](#), [Stuchilov VA](#), [Kosiakov MN](#), [Grishina NV](#).

Efficacy was compared of local magnetotherapy and electrostimulation in rehabilitation of patients with posttraumatic maxillofacial defects and deformities. A multidirectional mechanism of the two complexes on peripheral and central structures of the maxillofacial region was discovered.

Anesth Pain Control Dent. 1992 Spring;1(2):85-9.

### **The management of craniofacial pain in a pain relief unit.**

[Hillman L](#), [Burns MT](#), [Chander A](#), [Tai YM](#).

Russells Hall Hospital, Dudley, United Kingdom.

This paper reports the results of 34 craniofacial pain sufferers who were treated at the Dudley Pain Relief Unit over a 1-year period. Most of the patients were referred by their general medical practitioners. They were adults representing all age groups, with a female-male ratio of 4:1. The average history of pain was 5.5 years. Neuralgic pain (as distinct from temporomandibular joint dysfunction syndrome, migrainous disorders, and pain of iatrogenic origin) was most frequently seen. Oral drug therapy, local injection of corticosteroids and analgesics, peripheral neurolysis, magnetotherapy, hypnotherapy, and acupuncture were the lines of management available. By the end of this study period, pain had been relieved or eliminated in 30 of the patients (88%).