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# Facial Problems

## INTRODUCTION

Many of the important facial problems that present in Primary Care have certain mutual characteristics:

- some of them are not common – a Primary Care clinician might only see these conditions once every year or two
- diagnosis is generally based on history and examination, rather than investigation
- the consequences of delayed treatment can be serious, so clinicians need to try and ensure an accurate diagnosis and effective management plan at the first consultation.

A review of these conditions may ensure that Primary Care clinicians are best placed to 'get it right first time'.

In contrast acute rhinosinusitis presents commonly. Recent guidance suggests clinicians should try harder to distinguish between viral and bacterial rhinosinusitis, and to offer additional treatments (as alternatives to antibiotics) if appropriate.

This module aims to review the clinical presentation, differential diagnosis, and management of:

- Bell's palsy
- Temporal arteritis/giant cell arteritis
- Classic trigeminal neuralgia
- Parotid swelling
- Acute rhinosinusitis.

The cases below are designed to illustrate the problems described in the aims of the module. They are real cases, but are **not** meant to be the focus of the group's discussion. Instead, PBSGL groups are encouraged to think of similar cases in their own place of work.

Studying all the cases is not compulsory. If the group runs short of time, and completing the group feedback is still to be done, it is better to leave out a case completely. The feedback, where group members say what changes they will make in practice as a result of the meeting, is an essential part of the learning process – more important than "completing the cases".