

The role of cervical facet syndrome in headaches and neck pain

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Neck pain is frequently brought on by the facet joints. Depending on the patient group and screening process, a prevalence of between 25 and 65% has been found. More than 50% of patients who visit a pain clinic do so because of neck pain. Compared to lumbar facet pain, this is noticeably higher. Pain experienced when applying pressure to the facet joints on the dorsal side of the spinal column. Rarely does this soreness extend past the shoulders. Despite not experiencing any neurological symptoms, patients have limitations in extension and rotation. Due to the technical challenges of inserting a needle into the facet joint and the potential risk of rupturing the joint capsule, cervical medial branch blocks are the gold standard for diagnosing pain coming from the facet joints. They are preferred over intra-articular injections. Percutaneous cervical facet radiofrequency ablation (RFA), which can be carried out via either a posterior or a lateral technique, exhibits promising outcomes on pain reduction in cervical facet syndrome. In order to determine the current level of evidence supporting the use of RFA for treating cervical facet syndrome and cervicogenic headaches, we reviewed the most recent researches on these conditions along with different techniques and possible complications.

Key words: Neck pain, radiofrequency ablation, RFA, cervicogenic headache, cervical facet