Chronic pain conditions arising in the head, face or neck have been traditionally a field of pain research with a lack of a universally accepted classification. Despite the little progress in the understanding of the pathophysiologic process in the origin of craniofacial pain, drugs and surgical procedures have improved treatment during the last decades.

When the pain is limited to a specific cranial nerve or branch, the term "typical neuralgia" is used, being the "classic or major trigeminal neuralgia, the most common". The term "atypical neuralgia" labels a group of facial pain conditions where the pain is not limited to a cranial nerve distribution and the borders of the various clinical conditions are not precise.

Sphenopalatine neuralgia (Sluder's syndrome) must be considered in the presence or paroxysmal pain that starts on the medial side of the nose or medial canthus of the eye and radiate to the roof of the mouth, retroorbitally, or rarely to the ipsilateral neck, shoulder, and upper extremity. It is often accompanied by unilateral lacrimation and conjunctival injection and nasal congestion. When a proper diagnosis is established, and after failure of farmacological treatment, Percutaneous pulsed radiofrequency (p-RF) of the sphenopalatine ganglion can be performed. Vidian neuralgia or Vail's syndrome is a variant of sphenopalatine neuralgia with unilateral facial pain mediated by the vidian nerve, an afferent branch of the sphenopalatine ganglion. Pain may radiate backward into the ear, neck and shoulder, and sometimes accompanied by dizziness and tinnitus. Occipital neuralgia is much more common than other cranial neuralgias, and it is characterized by pain in the distribution of the second (greater occipital nerve) or third (lesser occipital nerve) cervical dorsal root. Pain may occur together with paresthesias in the occipital nerve distributions. Glossopharyngeal neuralgia is a rare syndrome that consists of episodic bursts of pain in the sensory distribution of the ninth and tenth cranial nerves. Microvascular decompression of the glossopharyngeal root (Janetta procedure) is a therapeutical option for intractable glossopharyngeal neuralgia. Recently, successful treatment with pulsed radio frequency (p-RF) of the glossopharyngeal nerve has been described.