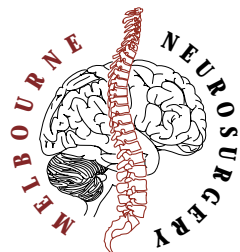


INFORMATION LEAFLET

TRIGEMINAL NEURALGIA (tic douloureux)



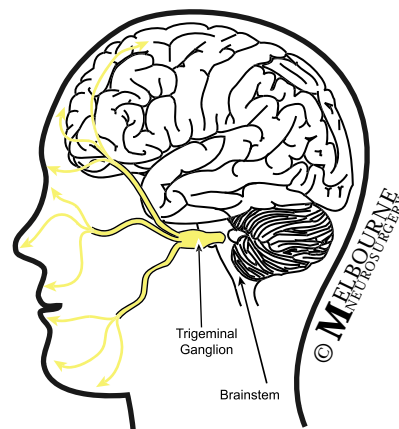
WHAT IS TRIGEMINAL NEURALGIA ?

This is a syndrome that involves episodes of pain that occur on the side of the face.

The face sensation comes from the TRIGEMINAL NERVE. The tri part of the word is because the nerve has three divisions: (i) to the area above and including the eye (ii) to the area of the cheek (iii) to the area of the jaw.

The pain may involve one or more divisions.

It is usually a sharp stabbing pain that can come on spontaneously or by small stimuli such as wind or brushing your teeth.



WHAT CAUSES THE PAIN ?

It is unclear what the exact cause is.

One belief is that there is an artery (superior cerebellar artery) that indents the nerve just after it leaves the brainstem. It is suggested that the pulsation of this artery causes the pain syndrome. How exactly is not known.

The other belief is that there is an abnormality in the brainstem where the nerve has a connection before it goes to the sensory cortex of the brain.

Pressure on the nerve from a tumour or other mass is also a recognised cause.

There is a connection between trigeminal neuralgia and multiple sclerosis in young patients.

HOW DOES IT AFFECT YOU ?

Most people who get symptoms are over 30 but patients with multiple sclerosis tend to be younger.

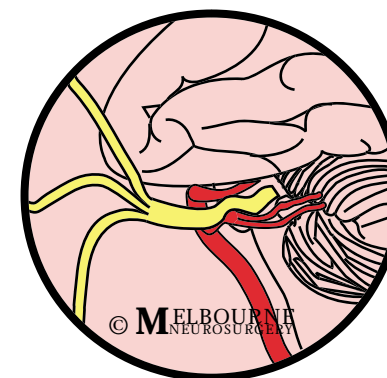
It usually only affects one side of the face but rarely it can affect both (not at the same time).

Episodes of pain come and go. While they are present you have sharp shooting pain in the area of the face affected. It may only be fleeting or last a few minutes. Most people have periods where they are pain free. These episodes may only be for a few days or up to a year in some cases.

It may involve any of the three branches of the trigeminal nerve (see illus). Most commonly it is the second division (to the cheek) or the third division (to the jaw)

First division pain	eye / eyebrow / forehead side of nose
Second division	lower eyelid / cheek upper teeth / roof of mouth
Third division	jaw / lower teeth side of tongue

Only minimal stimuli may cause the pain such as wind / brushing your teeth / shaving / eating etc.



Other causes of similar pain ?

Post herpetic neuralgia
Atypical facial pain
Sinusitis
Toothache
Temporo-Mandibular Joint pain

HOW IS THIS DIAGNOSED ?

Your doctor will usually make the diagnosis from the symptoms that you have.

Some patients have had teeth removed because this is thought to be the cause of their pain. Others may have seen a surgeon because of the concern you may have sinusitis.

When the possibility is raised that you have Trigeminal Neuralgia then you will need to have some tests.

A CAT scan is usually performed by your local doctor looking for a mass next to the nerve. When you see a specialist he will send you for a M.R.I. scan regardless of whether you have had a CAT scan as this is better at looking at the nerve.

The specialists you will see are either a Neurologist or a Neurosurgeon or both.

HOW IS THIS TREATED ?

Initially medication is tried and the commonest is TEGRETOL which is normally used to treat epilepsy. The dose is slowly increased until your symptoms come under control. This may have significant side effects (especially in the elderly) and is not suitable for everybody. If this does not work other drugs tried will be Dilantin or Clonazepam.

If medication does not work then the only option is SURGERY.

IF YOU NEED SURGERY WHAT WILL IT BE ?

There are many different surgical options and all have different success rates. The procedures start at the periphery of the nerve and work to where the nerve enters the brainstem.

Removal of a branch of the nerve

This involves the cutting of the nerve where it is in the face. It has only a low and short success rate.

Damaging the Nerve in the region of the trigeminal ganglion.

There are three typical ways of doing this and all are via a percutaneous approach.

1. Balloon compression of the nerve, which as it suggests, a balloon is blown up compressing the nerve.
2. Glycerol injection around the nerve, this is where a small amount of glycerol is injected into the C.S.F. around the nerve and let sit for a while until the nerve is damaged.
3. Radiofrequency Ablation, this is where an electrode is placed into the nerve and it heats up the nerve causing damage.

All the above involve a trade off between getting rid of the pain but this is at the expense of causing numbness in the nerve.

Microvascular Decompression of the nerve

This is an operation on the back of the brain and it assumes that the pain is caused by the artery pressing on the nerve. We dissect over the top of the cerebellum and find where the nerve enters the brainstem. Commonly there is a vessel at this point. It is lifted away from the nerve and something is placed between the nerve and vessel.

If nothing is found the nerve may be partly cut or compressed to help control the pain.

TREATMENT ORDER

Medication is always tried first.

If this does not work then surgery may be suggested. If you are otherwise well then the MicroVascular decompression is usually tried first in our practice.

If you are not able to have this surgery because of ill health then we try a radiofrequency lesion.

All types of surgery are less effective with the diagnosis of multiple sclerosis

FOR ABOVE PROCEDURES SEE THE RELEVANT PROCEDURE LEAFLET

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