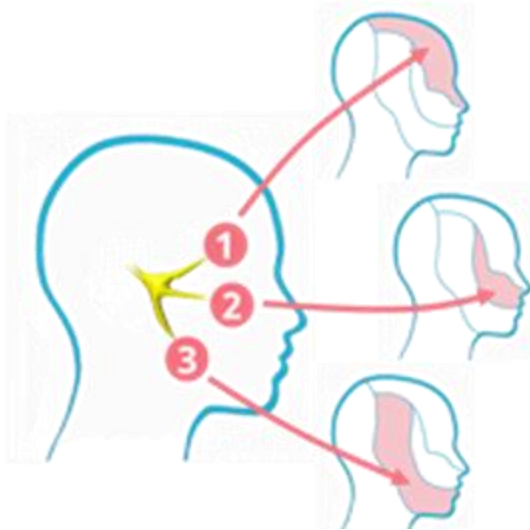




تجمع الرياض الصحي الثاني
Riyadh Second Health Cluster



Trigeminal Neuralgia

What is Trigeminal Neuralgia?

Trigeminal neuralgia, also called tic douloureux, is a chronic pain condition that affects the trigeminal or 5th cranial nerve, one of the most widely distributed nerves in the head.



Who is Affected?

- **12 per 100,000** people per year
- It is more common in **women** than in men
- It occurs most often in **people over 50**, but it can occur at any age - including infancy.

The Types of Trigeminal Neuralgia:

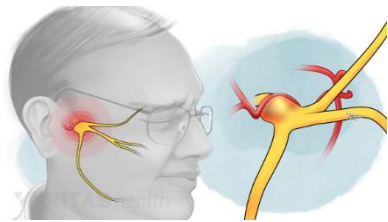
The typical or “classical” form of the disorder (called type 1) causes extreme, sporadic, sudden burning or shock-like facial pain that lasts anywhere from a few seconds to as long as two minutes per episode. These attacks can occur in quick succession, in volleys lasting as long as two hours.

The atypical form of the disorder (called type 2) is characterized by constant aching, burning, stabbing pain of somewhat lower intensity than type 1. Both forms of pain may occur in the same person, sometimes at the same time. The intensity of pain can be physically and mentally incapacitating.

What Causes Trigeminal Neuralgia?

Trigeminal neuralgia is associated with a variety of conditions. Trigeminal neuralgia can be caused by a blood vessel pressing on the trigeminal nerve as it exits the

brain stem. This compression causes the wearing away or damage to the protective coating around the nerve (the myelin sheath).



Trigeminal neuralgia symptoms can also occur in people with multiple sclerosis, a disease that causes deterioration of the trigeminal nerve's myelin sheath.

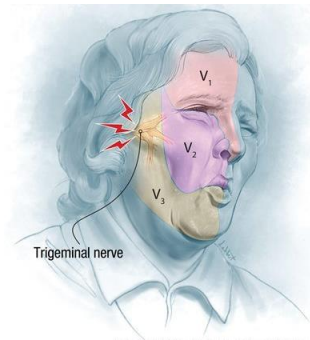


What are the Symptoms of Trigeminal Neuralgia?

Pain varies, depending on the type of trigeminal neuralgia, and may range from sudden, severe, and stabbing to a more constant, aching, burning sensation.

The intense flashes of pain can be triggered by vibration or contact with the cheek (such as when shaving, washing the face, or applying makeup), brushing teeth, eating, drinking, talking, or being exposed to the wind.

The pain may affect a small area of the face or may spread.



Bouts of pain rarely occur at night, when the affected individual is sleeping.

How is it diagnosed?

With a magnetic resonance imaging (MRI) scan to rule out a tumor or multiple sclerosis as the cause of pain.



How is it treated?

Treatment options include:

medicines

surgery

complementary approaches

Medication

Anticonvulsant medicines - used to block nerve firing - are generally effective in treating trigeminal neuralgia type 1 but often less effective in type 2.

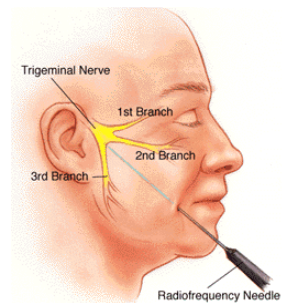
These drugs include carbamazepine, oxcarbazepine, topiramate, gabapentin, pregabalin, clonazepam, phenytoin, lamotrigine, and valproic acid.



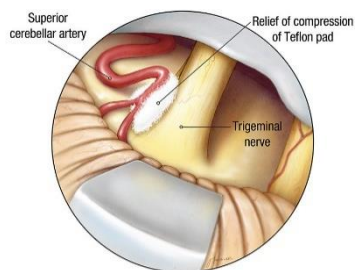
Interventional Treatment

Radiofrequency thermal lesioning (also known as “RF Ablation” or “RF Lesion”) is most often performed on an outpatient basis.

The individual is anesthetized and a hollow needle is passed through the cheek through the same opening at the base of the skull. Using special radiofrequency machine to block the pain signals is used.



Surgical microdecompression of the blood vessel compressing the trigeminal nerve can be done.



لأن الوعي وقاية ..

إدارة التثقيف الصحي

Anesthesiology department



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