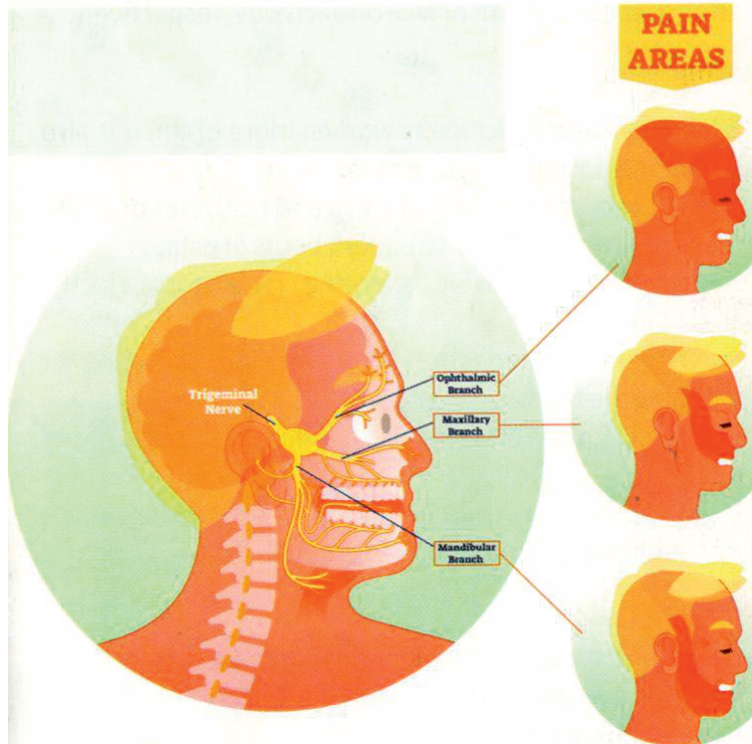


TRIGEMINAL NEURALGIA



Trigeminal Neuralgia

Trigeminal neuralgia is a severe, painful condition of one half of the face due to disease process affecting the trigeminal nerve.

Trigeminal (5th Cranial) nerve is a nerve, carrying sensation from face to your brain. There are mainly three branches; namely ophthalmic, maxillary and mandibular nerves, which supplies sensory function of upper, middle and lower parts of half of face on each side, respectively.

Symptoms

Trigeminal neuralgia affects women more often. It is also commoner in people of more than 50 yrs of age.

- Pain: very short lasting initially, and may later progress to more severe and more frequent bouts of pain.
- Pain: Episodic, severe, shooting, jabbing or “electric shock” like.
- Triggers: washing the face, chewing, speaking or brushing the teeth
- Rarely, it may progress to continuous, aching type of pain.
- Many patients consult dentist for this neuralgia, as the distribution of pain is around the teeth.

Causes

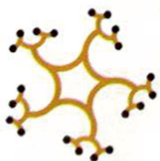
A common cause is “vascular loop”, that is a normal blood vessel inside the brain in contact with the trigeminal nerve, causing pressure and so pain.

Uncommonly, demyelinating disorder, affecting nerve sheath (myelin) or a compression by a tumor may also cause neuralgia. Rarely, it may be due to trauma or stroke.

Diagnosis

The clinical history and examination is usually enough to confirm trigeminal neuralgia. You should consult your neurologist for diagnosis.

Magnetic resonance imaging (MRI) of the brain may be required to determine the underlying cause of the disorder. A contrast (dye) injection or angiography may also be done, during MRI.



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Treatment

Medications: The first priority is to relieve pain with medications, and sometimes, patient doesn't need any additional treatment. The "pain relieving" medicines used for neuralgia are not over-the-counter painkillers/analgesics, but they are targeted to lessen or block pain signals to the brain.

Anticonvulsants: Carbamazepine is the most commonly prescribed drug and is effective in reducing pain in up to 2/3 of the patients. Other anticonvulsants helpful in this condition are: Oxcarbazepine, Phenytoin, Gabapentin and Pregabalin. These drugs need slow titration and should be monitored.

Muscle relaxing agents or antispasmodic agents, like baclofen are also helpful.

Amitryptiline and Duloxetine are also preferred as add-on or second line medications.

If the drug is not effective or causes side effects, your doctor may gradually switch over to other medication or combination of two or three agents. You may also be given surgical options.

Radio frequency thermocoagulation (RFTC): This is a small procedure, destroying selectively nerve fibers of trigeminal nerve associated with pain. It is a day-care procedure, done under sedation, with a hollow needle across the face and under CT guidance. It usually results in temporary facial numbness. This intervention may give pain relief up to 2-3 years.

Micro-vascular decompression (MVD): In cases of "vascular loop" around the trigeminal nerve, this surgery removes the pressure by placing a soft cushion between the nerve and artery. The surgery has some risks, including infection, bleeding, facial weakness/numbness and recurrence; but they are uncommon with experienced surgeon.

For tumor compressing the trigeminal nerve, removal by surgery or rhizotomy may be planned. Brain stereotactic radiosurgery (Gamma knife) is also an option, causing focused radiation induced damage to the nerve.

If trigeminal neuralgia is due to other disease of the brain, primary treatment may help eliminate or reduce

DR. PARINDRA DESAI

MD, DM (NEURO)

DR. SHALIN D. SHAH

MD, DM (NEURO)

DR. MAYANK PATEL

MD, DM (NEURO)

DR. PRANAV JOSHI

MD, DM (NEURO)

DR. SAGAR BETAI

MD, DM (NEURO)

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For Appointment:

079 40191930-31, 26854650-51 | 97262 33228

**Block M, Mondeal Business Park, Near Gurudwara,
S.G. Highway, Thaltej, Ahmedabad - 380054**

info@ansaclinic.com

ansaclinic.com

ansaclinic

[@ansaclinic](https://www.instagram.com/ansaclinic)