

Trigeminal neuralgia (PGS)

Primary neuralgia n. V

It is paroxysmal pain in the area of the 2nd or 3rd branch of the trigeminal nerve, mostly in patients over 40 years of age. At least initially, the pains are localized unilaterally, attacks arise suddenly, they are very intense "whisks" of pain, last a maximum of a few seconds and are often repeated. Very often, triggers such as chewing, brushing teeth, talking, cold or touch stimulus of the face can be detected.

The neurological finding is within the norm.

Treatment

- **Conservatively** we use mainly carbamazepine (initial dose 100 mg, gradually increase up to 800-1200 mg), amitriptyline from a dose of 25 mg in the evening and rise slowly according to tolerance to the effective dose (200-300 mg), sometimes also phenytoin (initial dose 100 mg and rise to 300 mg) and baclofen (initial dose 10 mg and gradually increase according to tolerance up to 100 mg), gabapentin (initial dose of 100 mg, gradually increasing up to 2400 mg) can also be effective. The effect of this treatment can be exhausted over time.
- In case of failure of conservative treatment, **neurosurgical procedures** are indicated (in particular: instillation of glycerol into cavum Meckeli, microcompression of the Gasser ganglion) or **gamma knife irradiation**.
- In case of proven **neurovascular conflict** (contact of the vascular loop with the root n. V at the exit from the trunk), **microvascular decompression** is performed.

Diagnostic criteria for primary neuralgia n. V (n.trigeminus)

A. Paroxysmal attacks of facial pain lasting a few seconds and less than 2 minutes.
B. Pain has at least 4 of the following characteristics: <ul style="list-style-type: none">▪ Localization on some branch n. V▪ Sudden, intense, sharp, superficial, stabbing, burning pains▪ High intensity of pain▪ Pain can be triggered by <i>trigger zones</i> or by some activities such as brushing teeth, chewing...▪ Between individual paroxysms, the patient is asymptomatic
C. Normal neurological findings.
D. Attacks on individual patients are stereotypically repeated.
E. By all available methods, other causes of facial pain were excluded.

Secondary neuralgia n. V

It arises as a result of **affections in the ENT area** (chronic sinusitis), with **tooth attacks, temporomandibular joint**, after infection with herpes zoster in the face (often affects the 1st branch, not receding within 4 weeks after acute zoster). The pains tend to be **more permanent** and of lower intensity than with primary neuralgia. In neurological findings, we often find a **sensitivity disorder** in some branch n. V or alteration of the corneal and masseter reflex.

- **Diagnosis** - ENT examination (including X-ray of the paranasal sinuses), dental examination (including a panoramic image of the jaw).
- **Treatment** - Elimination of the cause if possible, symptomatic is not very effective, drugs and their dosage are similar to those of primary neuralgia.