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TRIGEMINAL NEURALGIA (TN)

Trigeminal neuralgia (TN) was first described in medical literature in the late 18th century and is still often referred to as Tic Douloureux. Unlike cluster headache (CH) and the other short lasting primary headaches, it is classified as a secondary headache due to a disorder of the 5th and largest cranial nerve (the trigeminal) and it manifests itself as very short episodes of intense, electric-shock like pain in the eyes, nose, scalp, forehead, jaws, and even the lips.

The pain is most likely to be one-sided, but some sufferers experience the pain at different times on both sides. TN can begin at any age but sufferers are most likely to start suffering in their 50s. Unlike cluster headache, TN attacks can be physically triggered by touch, and hence normal routines such as teeth brushing, applying make-up or even a slight breeze can trigger an attack. A less common form of the disorder is called atypical trigeminal neuralgia which is less intense, but causes constant, dull, boring or aching pain, sometimes accompanied with the electric-shock like stabs of pain.

Pain often is first experienced along the upper or lower jaw, so many patients assume they have a dental abscess. Some patients see their dentists and actually have a root canal performed, which inevitably brings no relief. When the pain persists, patients realize the problem is not dental-related.

Trigeminal neuralgia tends to run in cycles. Patients often suffer long stretches of frequent attacks followed by weeks, months or even years of little or no pain. The usual pattern, however, is for the attacks to intensify over time with shorter pain-free periods. Some patients suffer less than one attack a day, while others experience a dozen or more every hour. The pain typically begins with a sensation of electrical shocks that culminates in an excruciating stabbing pain within less than 20 seconds. The pain often leaves patients with uncontrollable facial twitching, which is why the disorder is also known as tic douloureux.

Attacks of trigeminal neuralgia may be triggered by the following:

- Touching the skin lightly
- Washing
- Shaving
- Brushing teeth
- Blowing the nose
- Drinking hot or cold beverages
- Encountering a light breeze
- Applying makeup
- Smiling
- Talking

The symptoms of several pain disorders are similar to those of trigeminal neuralgia. Temporal tendinitis involves cheek pain and tooth sensitivity, as well as headaches and neck and shoulder pain. This condition is called a "migraine mimic" because its symptoms are similar to those of a

migraine. Ernest syndrome is an injury of the styomandubular ligament, which connects the base of the skull with the lower jaw, producing pain in areas of the face, head and neck. Occipital neuralgia involves pain in the front and back of the head that sometimes extends into the facial region.

There are several effective ways to alleviate the pain, including a variety of medications.

- Carbamazepine, an anticonvulsant drug, is the most common medication that doctors use to treat trigeminal neuralgia. In the early stages of the disease, carbamazepine controls pain for most people. When a patient shows no relief from this medication, a physician has cause to doubt whether trigeminal neuralgia is present. However, the effectiveness of carbamazepine decreases over time. Possible side effects include dizziness, double vision, drowsiness and nausea.
- Baclofen is a muscle relaxant. Its effectiveness may increase when it is used with either carbamazepine or phenytoin. Possible side effects include confusion, depression and drowsiness.
- Phenytoin, an anticonvulsant medication, was the first medication used to treat trigeminal neuralgia. Possible side effects include gum overgrowth, balance disturbances and drowsiness.
- Oxcarbazepine, a newer medication, has been used more recently as the first line of treatment. It is structurally related to carbamazepine and may be preferred because it generally has fewer side effects. Possible side effects include dizziness and double vision.

Abstracted from: the American Association of Neurological Surgeons, www.aans.org and ouchuk.org