

Trigeminal Neuralgia

General Overview:

Trigeminal neuralgia (also known as “tic douloureux”) is one of the most painful conditions known to adults. The affliction is characterized by sudden, electric shock-like bolts of intense pain to the lips, eyes, nose, scalp, forehead, upper jaw and lower jaw. Generally it affects just one side of the face (but it’s possible to occur on both sides).

The pain can occur without any warning. Often it is triggered by normal daily activities like talking, chewing, washing the face, brushing the teeth, shaving, blowing the nose, drinking or even smiling. It can come from something as simple as a touch or a light breeze on the face.

Episodes range from a few seconds to several minutes in length, from occasional to frequent, and from mild twinges of pain to severe shocks so excruciating that it snaps the head back or immobilizes the person. Some patients have less than one attack a day, while others experience a dozen or more every hour. There may be a pain-free remission lasting several months or longer.

Trigeminal neuralgia is defined as either “classic” or “atypical.” With classic pain, the pain is intensely sharp, throbbing and shock-like. Atypical pain is also sharp, but patients often describe it as burning, crushing or pulsating. This pain lasts much longer and may include constant background pain. The patient may have an area of numbness on the face and may not have the relief of remission.

Those who initially experience short, mild attacks may experience a quick worsening in the condition; as the condition progresses, the episodes become more frequent, remissions become shorter and less common, and a dull ache may remain between the episodes of stabbing pain.

Although this condition is relatively rare, it affects an estimated 40,000 people in the United States annually. Persons of all ages could have the condition, but it rarely affects anyone under age 50. It is slightly more prevalent in women than in men.

The Cause: The pain comes from a blood vessel (a large artery, a vein or both) compressing the trigeminal nerve at the point where it enters the brain. Constant contact and rubbing against the nerve with each heartbeat wears away the nerve’s insulating membrane and causes irritation. Over time, this produces an increase in electrical activity that is transmitted and interpreted by the brain as pain.

In about five percent of the cases, however, a tumor or an aneurysm is the cause. In another five percent of the cases, when it occurs in younger people, multiple sclerosis (MS) is the cause. Because of this, it is recommended that all patients with trigeminal neuralgia have a magnetic resonance imaging (MRI) or computerized tomography (CT) scan before proceeding with surgery for the condition.

Making the Diagnosis: No test can definitively detect the presence of trigeminal neuralgia, making it difficult to diagnose. Since the condition is usually diagnosed based on the patient's description of the symptoms, it is of utmost importance that the patient provides as detailed and accurate description of their pain as possible, including the severity, what parts of the face are involved, and what appears to trigger the pain. In a physical exam, the physician will touch parts of the face to determine exactly where the pain is occurring.

Left untreated, trigeminal neuralgia tends to worsen over time. Making the diagnosis will help determine the most appropriate treatment.

The Outlook: It's possible that trigeminal neuralgia will go away on its own — but highly unlikely. A trial of medication is almost always warranted before considering surgery. However, since many patients will eventually stop responding to drug therapy, surgery may be the only alternative. On a positive note, about 85 percent of patients who undergo surgery experience significant pain relief.