

DEFINITION

1. A disorder characterised by paroxysmal brief attacks of severe pain within the distribution of the trigeminal nerve, usually without evidence of organic disease of the nerve.

CLINICAL MANIFESTATIONS

2. Typically there are brief, sudden, lightning-like paroxysms of pain, which rarely last longer than a few seconds. The pain is very severe and the patient may be in agony. It also invokes reflex spasm of the facial muscles on the affected side. Flushing of the skin, lacrimation and salivation may also occur. Usually the paroxysms are confined for a long time to the distribution of one division of the trigeminal nerve, later spreading to other divisions of the nerve. In a few cases it is bilateral, though rarely from the outset.
3. There is freedom from pain between paroxysms, although a slight background ache may be present. The pain does not cross the midline. The paroxysms tend to be precipitated by 'trigger' factors which include chill, touching the face (as in washing or shaving), talking, mastication and swallowing. There may be 'trigger zones', touching of which invariably excites an attack
4. There is usually no reduction in sensation, although rarely there is blunting of touch or a diminished corneal reflex. The attacks may interfere with eating and the recurrence of severe pain over a long period may cause loss of weight and depression. The attacks usually cease at night. Long remissions of pain are usual in the early stages.

AETIOLOGY

5. Most cases are caused by a congenital intracranial vascular anomaly adjacent to the trigeminal nerve. In some patients there is no identifiable structural disease. Occasionally it may be caused by a tumour, multiple sclerosis, hydrocephalus or a brain stem infarct. It is not caused by injury or trauma.

CONCLUSION

6. **Trigeminal neuralgia** is a condition causing severe paroxysms of pain in the head and face usually due to a congenital vascular anomaly but sometimes secondary to other disease.

REFERENCES

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