



Trigeminal Neuralgia

- Symptoms
 - Facial pain isolated to the trigeminal nerve distribution, usually on one side of the face
 - May occur as brief attacks (a few seconds to several minutes) of intense, severe pain described as sharp, stabbing, burning, or an electric-shock, sometimes accompanied by a brief facial spasm, or tic
 - May occur as a more continuous dull, aching pain in the face and/or jaw
 - May be triggered or aggravated by chewing, talking, smiling, drinking cold or hot fluids, touching, shaving, brushing teeth, blowing nose, encountering cold air
- Causes:
 - The location of pain is related to the areas supplied by the trigeminal nerve, which provides sensation to the face (including skin of the forehead, cheek, and jaw, as well as the sinuses, teeth, gums, eyeballs, blood vessels, and lining of the brain)
 - Injury to the nerve (resulting from facial trauma, sinus surgery, or oral surgery)
 - Nerve compression by a blood vessel, tumor, or tangle of arteries and veins (arteriovenous malformation) causing wearing away or damage to the protective coating around the nerve (the myelin sheath)
 - Acute herpes zoster (shingles virus) or postherpetic pain
 - In most cases, no cause is identified
- Diagnosis:
 - Medical history and physical exam
 - Diagnostic testing, such as MRI, may be ordered to evaluate the cause of the pain
- Treatment:
 - Anticonvulsant drugs (carbamazepine, gabapentin, lamotrigine, depakote, or topamax)
 - Prescription muscle relaxants (such as baclofen)
 - Antidepressant medications (such as nortriptyline)
 - Surgical referral may be considered in cases of nerve compression or if pain is not relieved with multiple medication trials

