

## MOST EXCRUCIATING PAIN

## Trigeminal Neuralgia: The Suicide Disease

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**T**rigeminal Neuralgia (TN) is a condition of intermittent facial pain and is one of the most severe forms of pain in human experience. The pain in this condition is classically unilateral and often gives a tic-like facial grimacing to the patient. This is the reason the disease is also called as Tic Douloureux. This condition which although is rare (affects 1 in million patients in India) can be very debilitating to the patients resulting into severe depression and suicidal tendencies. That is the reason this condition is also called as Suicide Disease.

**Incidence:** TN is a condition affecting 15000 patients annually globally or 4 per 10000 globally. The condition is more predominant in Females, age over 50. There is no geographic or ethnic preference and so far, no hereditary correlation has been established.

**Classification/Types:**

There are various types of suggested classifications. Broadly classified into Primary or Secondary depending on the causative factors. Primary TN or TN type 1 there is no causative factor identified but can be associated with a vascular loop of artery and or vein in the area of trigeminal nerve where the brain meets the spinal cord. This loop causes pressure on the nerve which causes trigger to the nerve and the nerve misfires. In Type 2 the pain is secondary to some tumor in the region, neuronal disease (Multiple Sclerosis), cyst, facial injury etc, which causes damage to the sheath of nerve and gives rise to pain.

**Symptoms:** TN is characterised by recurrent attacks of

lancinating facial pain occurring in the region supplied by the 5th Cranial Nerve or the Trigeminal Nerve. In majority of the cases, it affects only one side of the face. The pain is severe, paroxysmal, short lasting (usually 1sec to 2mins between the paroxysms) electric shock- like in the distribution of one or more branches of Trigeminal Nerve. The pain typically involves lower face, cheek and jaw area. Pain might classically/ start from front of ear and coming till the chin. Pain at times might go on to eye and forehead area and lead to tearing in eyes and photophobia too. This pain might be triggered by bathing, combing hair, brushing, chewing or by wind. Pain might trigger post a dental work or treatment. Although there isn't any correlation with dental treatment but an already irritant nerve just triggers post dental treatment. Vis-a-vis sometimes this pain might even make one feel it is a dental issue and eventually they will get a dental treatment done with no relief.

**Diagnosis and evaluation:** Usually the clinical examination is normal and no relevant abnormality does appear in blood or other investigations. MRI is recommended to rule out vascular loop of any other abnormality in the Nerve area.

**Treatment:** There are various treatment modalities available with varying degrees of success rate.

Since the condition is still an enigma it is important to understand that treatment although available is little complicated. So it is important to have realistic expectations from the treatment and understand the

**Trigeminal neuralgia (TN), also known as tic douloureux, is sometimes described as the most excruciating pain known to humanity. The pain typically involves the lower face and jaw, although sometimes it affects the area around the nose and above the eye. The pain can be triggered by an action as routine and minor as brushing your teeth, eating or the wind. Attacks may begin mild and short, but if left untreated, trigeminal neuralgia can progressively worsen. Consult a specialist immediately!**

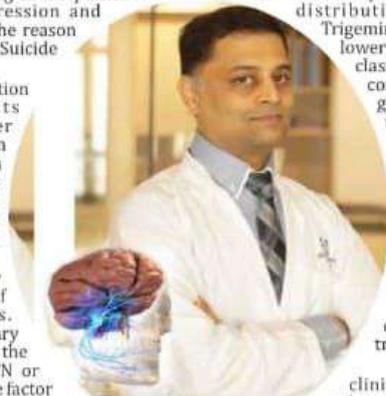
disease progress for best of outcome. Treatment classically starts with medications. Various medications like anticonvulsants, Antidepressants, NSAIDs, Opioids and Muscle relaxants have been used with varying success. If the medical therapy fails interventional and surgical options should be considered.

**Interventional procedures:**

1. **Trigeminal Block:** This is ideally done with use of various imagine techniques to identify the nerve and a local anaesthetic solution is injected to numb the nerve. Usually, a safe but short-lasting relief procedure. But helps in clinching the correct diagnosis.
2. **Neurolysis:** A chemical neurolysis can be done using phenol or absolute alcohol. Usually, safe procedure but carries risk of a list of complications
3. **Radio Frequency Ablation.** A lesion is created around the nerve by creating heat or cold around the nerve. Has good success rate for 3-5 years and a very low rate of complication.
4. **Gamma knife or Cyber knife excision.**
5. **Microvascular or balloon decompression**

**Surgical procedures:** Various surgical procedures like Decompression, Neuromodulation procedures and Rhizotomy have been suggested for intractable pains. Although a tough disease to treat one should understand that the condition is very much controllable and the episodes of pain and discomfort can be minimized by the current day treatments and so the patients should definitely seek medical advice and not lose heart.

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