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TIC TALK: A TRIGEMINAL NEURALGIA | FACIAL PAIN NEWSLETTER | WINTER 2022 (VOL. 1, NO. 4)

TRIGEMINAL NEURALGIA AND THE DENTIST

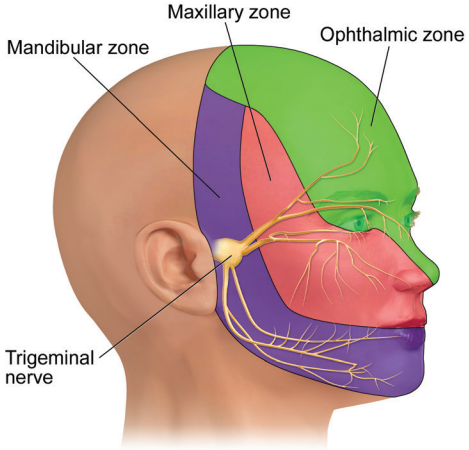
People routinely visit their dentist, whether for routine check-ups and cleanings, or for evaluation of suspected dental disease. Trigeminal neuralgia frequently causes pain in the mouth and teeth. As such, there are commonly overlapping concerns between the trigeminal neuralgia patient and the dentist.

QUESTION: How is trigeminal neuralgia similar to other dental problems?

Answer: Trigeminal neuralgia can cause pain anywhere in the face in the "trigeminal distribution," which includes anywhere from the top of the head to the bottom of the jaw. Trigeminal neuralgia most often causes pain in the cheek and jaw areas, including the gums and teeth. Trigeminal neuralgia can also cause a component of constant, achy pain that can be similar to dental disease. Also, like dental disease, trigeminal neuralgia pain can be exacerbated by eating and chewing.

QUESTION: How is trigeminal neuralgia different from other dental problems?

Answer: The critical difference in symptoms is that trigeminal neuralgia patients will experience attacks of pains that are sudden, brief, sharp and excruciating, usually described as either "electric shocks" or "stabbing" in nature. These pains usually radiate to include a much larger area than just one tooth.



QUESTION: Is Trigeminal neuralgia frequently confused with dental disease?

Answer: Yes. Trigeminal neuralgia patients often experience severe pain in their teeth and gums, which frequently leads them to visit their dentist. Dentists may suspect a dental cause for the pain and offer various procedures to try to help the patients. These patients are often so desperate for relief that they ask for multiple teeth to be removed to try to help with the problem. Unfortunately, trigeminal neuralgia cannot be fixed with dental work.

QUESTION: Can Trigeminal neuralgia be caused by problems with the teeth or gums?

Answer: No. Trigeminal neuralgia is caused by disease by the root of the trigeminal nerve within the brain. Usually the cause is a small blood vessel compressing the trigeminal nerve at the root entry zone (where the nerve enters the brain). Trigeminal neuralgia can also be caused by multiple sclerosis, which can cause demyelination (weakening of the nerve covering) by the trigeminal nerve root entry zone. Trigminal neuralgia can also be caused by masses, such as tumors, that contact the trigeminal nerve root.

QUESTION: Can Dental work cause Trigeminal neuralgia?

Answer: No. Patients frequently see their dentist for various issues. It is not uncommon for a patient who first experiences trigeminal neuralgia pain soon after a dental visit to believe that the dental work caused their trigeminal neuralgia. Patients with trigeminal neuralgia should be reassured that their dental work was not the cause of their trigeminal neuralgia, and should be managed like other patients with trigeminal neuralgia.

QUESTION: Can dental work cause nerve pain syndromes?

Answer: Yes, but very rarely. Any surgical procedure, including nerve blocks prior to the procedure, can irritate nerves, both big and small, that course throughout the body. These usually cause no problems or just temporary irritations. However, in rare cases, nerve irritation and injury can be long lasting and can cause chronic pain conditions. Signs that suggest that a procedure may have caused a nerve pain syndrome include: (1) the

pain syndrome occurs soon after the procedure; (2) the nerve affected was in the region of the procedure; (3) the pain is predominantly dull or achy in nature; (4) the pain is relatively constant; (5) there is numbness that accompanies the pain. Such nerve injury pain usually improves with time as the nerve regenerates.

QUESTION: What can be done for nerve injury pain?
Answer: Many treatments can be considered for nerve injury pain including Tylenol, non-steroidals, gabapentin, lyrica, other anticonvulsants, elavil, other antidepressants, heating pads, ice packs, massage therapy, physical therapy, muscle relaxants, support groups, and reassurance. Neurostimulation can also be considered for chronic pain unresponsive to other therapies.

QUESTION: Should patients with trigeminal neuralgia avoid routine dental care?
Answer: Trigeminal neuralgia takes a very varied course over time, which often includes periods of spontaneous remission. Patients will often avoid the dentist during "flare-ups" of their trigeminal neuralgia, but if their pain is reasonably controlled, routine dental care is acceptable and appropriate. If the patient is concerned, they may take an extra dose of one of their trigeminal medicines before their dental visit.

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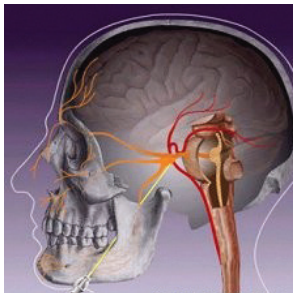

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MICHAEL H. BRISMAN, M.D., F.A.C.S.
Neurosurgeon

After receiving his undergraduate degree with high honors in Biology from Harvard University, Dr. Brisman obtained his medical degree from Columbia College of Physicians and Surgeons. He then completed a General Surgery internship and Neurological Surgery Residency at The Mount Sinai Medical Center in New York City. Dr. Brisman was appointed Chief Resident in his final year of residency.

Board certified by the American Board of Neurological Surgeons and a Fellow of the American College of Surgeons, Dr. Brisman specializes in the treatment of Trigeminal Neuralgia and Brain Tumors. He serves as the Co-Medical Director of the Long Island Gamma Knife® Center at Mount Sinai South Nassau and he has served as the Chief of Neurosurgery and Co-Director of the Neuroscience Institute at NYU Winthrop Hospital. In addition, Dr. Brisman has formerly served as President of both the Nassau County Medical Society and the New York State Neurosurgical Society.

DR. BRISMAN TREATS:
- Trigeminal Neuralgia
- Brain Tumors
- Pituitary Tumors
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- Hemifacial Spasm
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Dr. Brisman is proficient in the use of minimally invasive neurosurgical procedures including:
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