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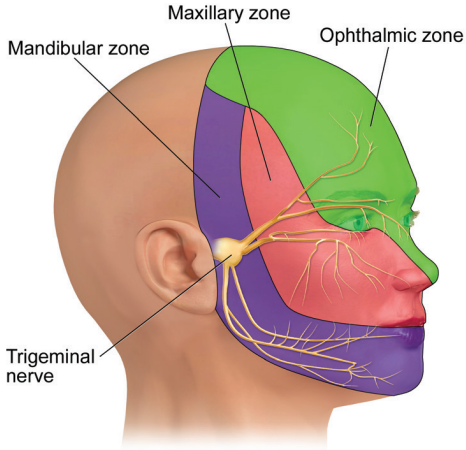
TIC TALK: A TRIGEMINAL NEURALGIA | FACIAL PAIN NEWSLETTER | WINTER 2023 (VOL. 1, NO. 5)

TRIGEMINAL NEURALGIA IN YOUNG PEOPLE

Trigeminal neuralgia is a specific type of face pain that usually presents in middle age or in older adults. However, sometimes trigeminal neuralgia can present in young adults (ages 18 - 45), and even in children. There are some different considerations for such cases.

Patients with trigeminal neuralgia experience intermittent pains on one side of their face, in the trigeminal distribution. The pains are sudden, brief, severe, sharp pains, that are usually described as "electric shock" or "stabbing" in nature. The pains are often triggered by light touch in the face, such as with talking or chewing. Sometimes, there can be associated constant, dull, or achy pains as well. The pains usually respond at least partly to the anticonvulsant carbamazepine (tegretol). Gabapentin (neurontin) is the second line agent.

The most common cause of trigeminal neuralgia is a blood vessel, usually the superior cerebellar artery, compressing the trigeminal nerve root. Trigeminal neuralgia can also be caused by multiple sclerosis or by a tumor that contacts the trigeminal nerve root. That said, the diagnosis of trigeminal neuralgia is based on the clinical symptoms, not the imaging studies.



If medicines fail to control the pain, or produce unacceptable side effects, surgery can be considered. There are two types of procedure. The microvascular decompression (MVD) involves an incision behind the ear, a small opening in the skull, and separation of the blood vessel from the trigeminal nerve, under the microscope, usually with an interposed piece of teflon felt. Alternatively, trigeminal nerve blocks can be performed that can also eliminate the pain. These can be done through a needle placed in the cheek and passed up to the trigeminal nerve at the skull base under fluoroscopic guidance, or through a super-focused radiation treatment aimed at the trigeminal nerve root (such as with Gamma Knife). The "nerve block" procedures are less invasive but more likely to need to be repeated (because the nerve can regrow) and more likely to produce numbness in the face, though this often resolves over time.

There are several differences in managing trigeminal neuralgia in younger patients.

1) There should be a higher suspicion in younger patients that there may be an underlying diagnosis of multiple sclerosis. Older patients are not likely to present for the first time with multiple sclerosis, whereas younger patients may. The diagnosis of multiple sclerosis should be particularly considered if the younger patient has bilateral trigeminal neuralgia (though bilateral trigeminal neuralgia can occur without multiple sclerosis).

2) Younger patients are better able to tolerate anti-convulsants, particularly at higher doses. This can help to avoid surgery in a younger patient with trigeminal neuralgia. Older patients often cannot tolerate the same daily doses of carbamazepine and gabapentin that a younger person can tolerate.

3) Younger patients who need surgery should usually be directed towards a Microvascular Decompression (MVD). This is because the MVD can cure the problem and minimize the risk of facial numbness.

4) Young female patients who are managing their trigeminal neuralgia with anticonvulsants, should be directed to the anticonvulsant medicines that are least concerning during pregnancy, such as lamotrigene.

While trigeminal neuralgia more commonly affects middle aged and older patients, it can affect younger patients and even children. Young patients with trigeminal neuralgia can still be effectively managed with medicines and procedures.

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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.

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