



## Trigeminal Neuralgia - A Depressed Disease!!

Sarvesh Vijay<sup>1\*</sup> and Shalu Srivastava<sup>2</sup>

<sup>1</sup>Co-Investigator, Oral Research Wing, M.S Clinical Research (P) Ltd, Halsuru, Bengaluru, Karnataka, India

<sup>2</sup>Resident Dental Surgeon, Just Dental- A Corporate Dental Chain, Basaveshwara Nagar, Bengaluru, Karnataka, India

**\*Corresponding Author:** Sarvesh Vijay, Co-Investigator, Oral Research Wing, M.S Clinical Research (P) Ltd, Halsuru, Bengaluru, Karnataka, India.

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The word 'neuralgia' is derived from an ancient Greek word-Neuron which means nerve and Algos meaning pain. Neuralgia is nothing but a pain of severe throbbing or stabbing character in the course of distribution of a nerve. There are different types of neuralgias like post-herpetic neuralgias, occipital, geniculate, glossopharyngeal, sphenopalatine, para-trigeminal and trigeminal neuralgias. Among all the neuralgias trigeminal neuralgia is the most severe form, which is routinely encountered by the dental professionals. According to advanced study reports trigeminal neuralgia which is also known as Fothergill's disease or Tic- dolooureux (i.e. painful jerking) is observed in about 4 in 100,000 cases. Trigeminal Neuralgia primarily affects patients over the age of fourth to fifth decade with a mean age of onset of around 52 - 58 years and is more prevalent in females. The pain is paroxysmal, usually unilateral and may be triggered by minor tactile stimuli. Pain is most frequently distributed in the maxillary (60%) or mandibular (40%) division of the trigeminal nerve, involving the ophthalmic branch in only 1 to 2 percent of cases. Trigeminal Neuralgia is either idiopathic symptomatic or pre-trigeminal types where dull aching pain is usually observed before the actual appearance. The etiology includes both intracranial and extracranial causes. Petrous ridge compressions, multiple sclerosis, intracranial tumors and intracranial vascular abnormalities are the important intracranial causes. Among extracranial causes post traumatic neuralgias, viral etiology, vascular factors, dental etiology and infections are the root causes. Other disorder that may affect the trigeminal nerve includes Pontine diseases, Basilar meningitis, Tuberculosis, Skull fractures, Cavernous sinus thrombosis etc. The most accepted pathophysiology states that atherosclerotic blood vessel presses the root of the trigeminal nerve causing focal demyelination leading to hyper excitability of

nerve fibres which results in episodes of intense pain. It manifests as sudden, unilateral, intermittent, sharp, shooting, lancinating pain elicited by even slight touch. Patients usually complains of lightening like pain or electric shock like pain which usually lasts for few seconds to minutes resulting in motionless or mask like face. It rarely crosses the midline and paroxysms usually occur in cycles. Trigger zones are usually located on vermillion border of lips, ala of the nose, cheek, chin and around the eye making the situation worse by triggering the pain in even simple acts of speaking, chewing, brushing, talking, yawning or shaving. This leads patient frequently go in depression, unshaven or unwashed and weight loss. There is generally no evidence of sensory or motor impairment. Apart from pain the other features include itching and sensitivity of the face. Trigeminal neuralgia is rarely associated with Tic Convulsif - a hemi facial spasm involving both V and VII cranial nerves. The diagnosis of Trigeminal Neuralgia is based on history, microneurography, diagnostic nerve blocking, MRI and EEG. There's little research but there could be anything between 2,000 and nearly 7,000 cases per year. The disease has a high suicide rate. The trigeminal Neuralgia support group has recorded many suicide cases because of the intense pain, depression, anxiety inability to perform routine works, and sleep disorders. The patients of Trigeminal Neuralgia become so helpless and depressed that they take their life for granted. Hence Trigeminal Neuralgia is often referred to as the suicidal disease.

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