

Chronic Facial Pain — Before Pulling that Tooth, Call Your Doctor's Office

January 26 Conference at UC San Diego Offers Treatment Options for Trigeminal Neuralgia

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"The pain is like a direct lightening bolt to the face," said Cherie Sato, 54, of Carlsbad. "It strikes again and again, leaving you stunned and crying."

What Cherie Sato is describing is trigeminal neuralgia, a chronic condition in which patients experience unbearable pain in the face.

"I visited more than 15 different doctors, surgeons and specialists before I finally found the correct diagnosis," said Sato who leads a San Diego support group for trigeminal neuralgia. "I learned that one of the nerves in my face was entangled with an artery. Dr. John Alksne was able to treat the pain immediately."

On Saturday, January 26, 2008, the UCSD School of Medicine and the Trigeminal Neuralgia Association will host a regional conference on trigeminal neuralgia and chronic facial pain. Two separate learning tracks are offered for patients and doctors.

Trigeminal neuralgia or "tic douloureux" is characterized by stabbing, electric shock-like pain in the face. The most common cause is an enlarged artery or vein pressing on the trigeminal nerve at the base of the brain.

"Trigeminal neuralgia can occur at any age, but usually has its onset in individuals over fifty. It's common for the pain to come and go spontaneously. However, over time, the attacks become bigger and the remissions smaller," said John Alksne, M.D., neurosurgeon and researcher at UCSD Medical Center. "Fortunately, trigeminal neuralgia is treatable."

As conference attendees will learn, the best way to identify trigeminal neuralgia is with a conversation between the patient and healthcare provider, describing the comprehensive history of symptoms. Once diagnosed, the initial treatment is anti-convulsants such as carbamazepine and gabapentin. The medicines start at a low dose and gradually increase until the pain is controlled.

"Initially, anti-convulsants can be helpful but as the body learns to metabolize the medication, it loses its effectiveness. Surgery then becomes the next option," said Alksne.

One of the most effective surgeries to offer indefinite pain relief is microvascular decompression (MVD). This involves moving a compressing blood vessel away from the trigeminal nerve and holding it in its new location with Teflon felt. The best way to find out if a compressing vessel is present is by having a "thin cut" MRI scan.

If a blood vessel is not causing the pain, other surgical options are based on interrupting the pain by partial damage to trigeminal nerve fibers. The most common of which are glycerol injections, gamma knife radiation, electrocoagulation, and balloon compression.

"Trigeminal neuralgia is incredibly frustrating for patients. Everyday environments and activities produce debilitating pain. Patients report that they can not sit in an air conditioned room or drink cold water. The lightest touch can trigger an attack whether it is a kiss from a spouse or a light breeze," said Alksne. "I invite any one with this disease, including family members, doctors and dentists, to come to UCSD on January 26 to learn more."

Located at the Skaggs School of Pharmacy, the conference is attracting attendees from across the US and from such countries as Mexico and the Philippines. Dental and medical continuing education credits are offered. Register at www.endthepain.org.

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