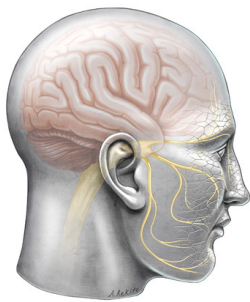


Trigeminal Neuralgia - Diagnostic Answers



QUESTIONS & ANSWERS:

Number	Answer	Question
1	Yes	Do you have facial pain?
2	Yes	Do you remember exactly where you were the moment your facial pain started?
3	Yes	When you have pain, is it predominantly in your face (i.e., forehead, eye, cheek, nose, upper/lower jaw, teeth, lips, etc)?
4	Yes	Do you have pain just on one side of your face?
5	No	When you have pain, is it predominantly deep in your ear?
6	No	When you have pain, is it predominantly in the back of your throat or tongue, near the area of your tonsil?
7	Yes	Is your pain either entirely or mostly brief (seconds to minutes) and unpredictable sensations (electrical, shocking, stabbing, shooting)?
8	No	Do you have any constant background facial pain (e.g., aching, burning, throbbing, stinging)?

9	No	Do you have constant background facial pain (aching, burning, throbbing, stinging) for more than half of your waking hours?
10	No	Do you have any constant facial numbness?
11	No	Can your pain start by something touching your face (for example, by eating, washing your face, shaving, brushing teeth, wind)?
12	Yes	Since your pain began have you ever experienced periods of weeks, months, or years, when you were pain-free? (This would not include periods after any pain-relieving surgery or while you were on medications for your pain.)
13	Yes	Have you ever taken Tegretol ® (carbamazepine), Neurontin ® (gabapentin), Lioresal ® (baclofen), Treleptal ® (oxcarbazepine), Topamax ® (topiramate), Zonigran ® (zonisamide), or any other anticonvulsant medication for your pain?
14	No	Did you ever experience any major reduction in facial pain (partial or complete) from taking any of the medications listed in Question 13, or any anticonvulsant medication?
15	No	Have you ever had trigeminal nerve surgery for your pain? (e.g., neurectomy, RF rhizotomy/gangliolysis, glycerol injection, balloon compression, rhizotomy, MVD, gamma knife)
16	No	Have you ever experienced any major reduction in facial pain (partial or complete) from trigeminal nerve surgery for your pain? (e.g., neurectomy, RF rhizotomy/gangliolysis, glycerol injection, balloon compression, rhizotomy, MVD, gamma knife)
17	No	Did your current pain start only after trigeminal nerve surgery (neurectomy, RF rhizotomy/gangliolysis, glycerol injection, balloon compression, rhizotomy, MVD, gamma knife)? (If this is a recurrence of your original pain after a successful trigeminal nerve surgery, answer "no")
18	No	Did your pain start after facial zoster or "shingles" rash (Herpes zoster - not to be confused with "fever blisters" around the mouth)?
19	No	Do you have multiple sclerosis?
20	No	Did your pain start after a facial injury?
21	No	Did your pain start only after facial surgery (oral surgery, ENT surgery, plastic surgery)?
22	No	When you place your index finger right in front of your ears on both sides at once and feel your jaw open and close; is this where you predominantly feel pain?

DIAGNOSIS:

Based on your yes/no answers to the Facial Pain Questionnaire developed by Kim J. Burchiel, M.D., your predicted facial pain diagnosis has been assessed as **trigeminal neuralgia Type 1 (TN1)** .

EXPLANATION OF DIAGNOSIS:

trigeminal neuralgia Type 1 (TN1): Trigeminal neuralgia, type 1, (TN1): facial pain of spontaneous onset with greater than 50% limited to the duration of an episode of pain (temporary pain).

trigeminal neuralgia Type 2 (TN2): Trigeminal neuralgia, type 2, (TN2): facial pain of spontaneous onset with greater than 50% as a constant pain.

trigeminal neuropathic pain (TNP): Trigeminal neuropathic pain, (TNP): facial pain resulting from unintentional injury to the trigeminal system from facial trauma, oral surgery, ear, nose and throat (ENT) surgery, root injury from posterior fossa or skull base surgery, stroke, etc.

trigeminal deafferentation pain (TDP): Trigeminal deafferentation pain, (TDP): facial pain in a region of trigeminal numbness resulting from intentional injury to the trigeminal system from neurectomy, gangliolysis, rhizotomy, nucleotomy, tractotomy, or other denervating procedures.

symptomatic trigeminal neuralgia (STN): Symptomatic trigeminal neuralgia, (STN): pain resulting from multiple sclerosis.

post herpetic neuralgia (PHN): Postherpetic neuralgia, (PHN): pain resulting from trigeminal Herpes zoster outbreak.

atypical facial pain (AFP): Atypical facial pain, (AFP): pain predominantly having a psychological rather than a physiological origin.

nervus intermedius neuralgia (NIN): Nervus intermedius neuralgia (NIN) sometimes known as Geniculate Neuralgia involves recurring attacks of severe pain deep in the ear, that may spread to the ear canal, outer ear, mastoid or eye regions and involves the nervus intermedius, which is the somatic sensory branch of the seventh cranial nerve.

glossopharyngeal neuralgia (GPN): Glossopharyngeal neuralgia involves recurring attacks of severe pain in the back of the throat, the area near the tonsils, the back of the tongue, and part of the ear and is believed to be caused by irritation of the ninth cranial nerve.

temporomandibular joint disorder (TMJ): Pain due primarily to temporomandibular joint dysfunction.

SUGGESTED RESOURCES:

- Progress in Trigeminal Neuralgia (<https://www.ohsu.edu/facialpain/progress.shtml>), Neurological Surgery, Oregon Health & Science University.
- Trigeminal Neuralgia Association. (<https://www.tna-support.org/>)
- National Institute of Neurological Disorders and Stroke Trigeminal Neuralgia Information Page. (http://www.ninds.nih.gov/disorders/trigeminal_neuralgia/trigeminal_neuralgia.htm)

TREATMENT OPTIONS:

- Medical treatment (<https://www.ohsu.edu/facialpain/progress.shtml>) (e.g. anti-convulsive drugs that slow the function of nerves which cause your pain).
- Medical pain management (<https://www.ohsu.edu/facialpain/progress.shtml>) (drugs which moderate pain or treat related problems such as depression).
- Surgical treatment (<https://www.ohsu.edu/facialpain/progress.shtml>) (of several types).

- See suggested resources above for more detailed information.

DISCLAIMER:

Any medical or surgical advice provided in this Web Site, even if intended to be accurate to the best of our knowledge, should be discussed with your medical or surgical practitioner. This website will serve to help direct you (the patient) to appropriate informational resources, and should not be considered a diagnosis. A diagnosis can only be given by an appropriate and experienced physician, after interviewing and examining you (the patient). Only your physician or surgeon knows what is best for you. Always seek direct advice from your physician before embarking on any treatment, medication or therapy.

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