

Other cranial neuralgia

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Background: The quality of neuralgic pain is stabbing or like an electric shock. Its duration is short and from about 30 seconds to two minutes. It starts and ends quickly and usually occurs in the path of a nerve. The most popular form is trigeminal neuralgia but there are some unusual forms included Glossopharyngeal neuralgia, Occipital neuralgia, nerveus intermedius neuralgia and post herpetic neuralgia.

Results: Vago-Glossopharyngeal Neuralgia (VGN) is a rare form among the neuralgic pains .It accounts 0.2-1.3 % of all cranial neuralgia. It is more common in left side that is opposite the trigeminal neuralgia. The signs and symptoms are divided in two categories. The first is neuralgic pain distributed to parts that innervated by glossopharyngeal and vague nerves. It is confined to 1/3 of posterior of tongue, mastoid and middle canal of ear. The second group is cardiac manifestations; bradycardia, hypotension, syncope and asystole.

Post herpetic neuralgia (PHN) is another form of neuropathic pain that persists after varicella reactivation for more than 3 months. This neuropathic pain has multiple types of pain; it usually has persistent pain which neuralgic attacks superimposed on it.

Occipital neuralgia (ON) is a kind of neuralgia that distributed along greater occipital nerve (GON) or lesser occipital nerve (LON). The main causes categorized in vascular, neurogenic and osteogenic. Contracted muscles and spondylosis in upper cervical bones may produce irritation in these nerves which makes neuralgia.

Conclusion: the quality of pain in the different neuralgias is similar, so the medications that use to suppress them are the same too. Although, the treatment are the same but the precise definition is so important, because physicians should apply interventional approaches in the recurrent cases.

Key word: glossopharyngeal neuralgia, occipital neuralgia, post herpetic neuralgia