

A Review Paper of Medical Treatment on Trigeminal Neuralgia

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Abstract: *The highly incapacitating condition known as trigeminal neuralgia (TN) is characterized by recurrent bouts of facial pain that are extremely painful, brief, and electric shock-like. It is recommended to use new diagnostic criteria that subclassify trigeminal neurovascular conflict or an underlying neurological disorder as the cause of trigeminal neuralgia because they enable for a more accurate patient assessment and aid in decisions regarding medical and surgical treatments. As part of the diagnostic process, MR imaging, including high-resolution trigeminal scans, should be carried out. The medicines of preference are carbamazepine and oxcarbazepine. Baclofen, lamotrigine, gabapentin, pregabalin, type A botulinum toxin, and gabapentin can all be used alone or in conjunction with other treatments. If the pain cannot be adequately managed or the medical treatments are not well tolerated, surgery should be explored. In patients with trigeminal neurovascular conflict, trigeminal microvascular decompression is the first-line surgical procedure; however, neuroablative surgical treatments may be recommended if MR imaging does not reveal any neurovascular contact, if the patient is deemed too frail for microvascular decompression, or if the patient does not want to take the risk*

Keywords: Trigeminal neuralgia, Pain, Neuropathic, Vasculoneural conflict, Dorsal root entry zone, Superior cerebellar artery, Basilar artery, Vertebral artery, Petrosal vein, Multiple sclerosis

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