Trigeminal Neuralgia as a Source of Facial Pain and Removal of Teeth to Alleviate the Symptoms.
A Case Study

Rafique Ahmed Mirza*

Facial pain is multifactorial in nature. In some instances, the pain can mimic with the sinus pain. However, in many instances it is a common practice that usually the pain is considered as a primary pathology of dental in origin. Therefore, tooth xtraction is considered to be the treatment of choice. However, it is not only the treatment to alleviate symptoms. It has been observed in many instances during our clinical practice that even after extraction of teeth patients reporting no improvement in their symptoms. Therefore, criticism arise about the legitimacy and justification of unnecessary removal of teeth.

Trigeminal nerve on the other hand, radiate pain to the area of face and jaw². Therefore, trigeminal nerve and it's ganglion would be considered as an important area for diagnostic importance for facial pain. The primary pathology lies either in trigeminal ganglion or in its root. This statement is supported by some electromyographical study which was conducted on 22 patients¹ with main symptom was unilateral or bilateral numbness along with associated pain in the facia area. The study suggested the neuropathy in trigeminal ganglion or in the proximal part of main trigeminal division.

CAs report of trigeminal neuralgia presenting as lower left dental pain. A middle age lady was having dental pain in the left lower side and she was reporting to different dentist for last 3 years, she has had RCT done to couple of teeth and ultimate extraction of 3 lower molar teeth, she did not have pain tapping the teeth, the pain was radiating in the lower jaw and all these dental procedures did not relieve the pain. When I saw the lady she was comfortable but she had pain in the left side of the lower jaw diagnosed.

In trigeminal neuralgia tagretol is standardized treatment. In addition, injection of alcohol in trigeminal ganglion is considered to be a permanent cure. However, this invasive procedure may damage the nerve. Therefore, some gentle methods are of importance. In our case we have started standard treatment of taretol 100 mg twice daily. The decision about the continuity of treatment was left on follow up visits and reassessment of her symptoms on second visit. The lady has reported remarkable improvement in her symptoms on second visit. Therefore, she was advised to continue the treatment. The patient is still in contact with us and complaining no pain or any other symptoms around her face and jaw.

In conclusion it has been suggested that any facial pain (intractable) trigeminal should be considered and unnecessary extraction of teeth can be avoided. In addition X-Ray of the jaw should be taken to rule out any other pathology.

Reference:

3. Trigeminal Neuralgia Association home page.