



4/19/22 Neuro Morning Report with @CPSolvers



Case Presenter: Gabriela Pucci (@Gabifpucci) Case Discussants: Yazmin Heredia Allegretti (@) and Lea Bischof (@leabishof)

<p>CC: Facial pain</p> <ul style="list-style-type: none"> - 30 year old female with severe rt side pain. Episodes of burning and stabbing pain. Started a few months ago. Initially 10 episodes/day progressing to now 100 episodes/day. Triggered by eating, hot/cold water, speech, rhinorrhea in rt side of face - No headaches - Has seen multiple dentists, but no clear diagnosis. 		<p>Vitals: T: HR: BP: RR: SpO₂:</p> <p>Exam:</p> <p>Systemic</p> <p>Neuro: Normal Neurologic examination</p> <ul style="list-style-type: none"> - Mental Status: - Cranial Nerves: - Motor: - Reflexes: - Sensory: - Cerebellar: - Other: <p>- Normal Fundoscopic examination</p>	<p>Problem Representation: Young woman found to have progressive episodes of burning and stabbing facial pain now up to 100 episodes/day with rhinorrhea triggered by eating and speaking with a normal neurologic exam found to have a vascular compression of the trigeminal nerve root.</p>
<p>PMH: HTN, obesity, B12 deficiency (successfully treated, no cause found), no H/o cervical herpes zoster</p> <p>Meds: HCTZ</p>	<p>Fam Hx:</p> <p>Soc Hx:</p> <p>Health-Related Behaviors:</p> <p>Allergies:</p>	<p>Notable Labs & Imaging:</p> <p>Hematology:</p> <p>Chemistry:</p> <p>Imaging:</p> <p>MRI: Vascular compression at the right sided trigeminal nerve root Possibly attributed to AV malformation</p> <p>Final Dx: Trigeminal Neuralgia due to AV-malformation</p>	<p>Teaching Points (Samy): #EndNeurophobia</p> <p>- Facial pain:</p> <ul style="list-style-type: none"> • type 1 thinking -> trigeminal neuralgia (most commonly V2-maxillary, V3 branches-mandibular) with neuropathic (stabbing) pain with reflective spasms of facial muscles (tic douloureux), triggered by speaking, chewing, touch; extremely disabling, lasts for seconds, up to 100x/day, Dx made by history, corneal reflex usually normal, exclude local process with MRI, associated with MS • type 2 thinking: nerve impingement by a mass or a vascular lesion, herpes virus (VZV, HSV), dental pathologies, osteomyelitis, etc. <p>- CN V: sensory innervation of face, cornea and tongue, motoric innervation the masseter muscle</p> <p>- Young pt with trigeminal neuralgia? Check for MS (demyelinating plaque at the entrance of CN V in the pons). Idiopathic trigeminal neuralgia usually in older pts (>50a)</p> <p>- Trigeminal autonomic cephalgias (SUNCT, SUNA, paroxysmal hemicrania, hemicrania continua, cluster headache) typically present with facial pain + local autonomic symptoms (nasal congestion, eye redness and tearing, sweating, myosis) with various durations.</p> <p>- Trigeminal neuralgia can also have autonomic symptoms if the ophthalmic nerve (V1) is affected.</p> <p>- Tx of Trigeminal neuralgia: Carbamazepine (LFT, CBC, Na), if refractory microvascular decompression, NSAIDs have no effect</p>