The criteria for the diagnosis of trigeminal neuralgia should be changed to allow sensory loss in the trigeminal distribution - *con*

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A few studies documented sensory abnormalities in classical trigeminal neuralgia (CTN) at bedside examination. Several studies using quantitative sensory testing documented sensory abnormalities including both gain and loss of sensory function. Importantly, most clinical studies reported no sensory abnormalities at bedside examination in CTN and according to clinical experience, CTN patients rarely spontaneously report sensory loss, and rather it is a subtle finding at careful examination. In previous editions of the International Classification of Headache Disorders (ICHD) the TN diagnostic criteria included a criterion stating that there are no sensory abnormalities in CTN. However, in the recent 3rd edition the diagnostic criteria were changed such that they no longer include a criterion on no sensory abnormalities. The diagnostic criteria are meant to be used worldwide by physicians no matter the level of experience in neurology, headache and facial pain. Deleting the criterion on no sensory abnormalities involves a risk of less experienced physicians wrongfully diagnosing CTN in a patient presenting with facial pain and sensory abnormalities. Such combination of symptoms could point to grave underlying disease other than CTN such as carotid dissection, cavernous sinus pathology or a space-occupying lesion in the cerebellopontine angle cistern. The talk will argue that by deleting the criterion on no sensory abnormalities in CTN, and thereby increasing the sensitivity of the diagnostic criteria, the trade off in loss of specificity involves a risk of misdiagnosing other serious neurological disease presenting with facial pain and sensory abnormalities as CTN.