

The criteria for the diagnosis of trigeminal neuralgia should be changed to include sensory loss in the trigeminal distribution. Pro

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Trigeminal neuralgia is defined by the International Headache Association as recurrent unilateral brief electric shock like pains, abrupt in onset and termination within the distribution of the trigeminal nerve and triggered by innocuous stimuli. In the criteria for classical trigeminal neuralgia it is stated that no clinically evident neurological deficit is found. On the other hand the International Association for the Study of Pain does state that sensory changes may be present especially to light touch. In recent cohort studies mild clinical sensory changes have been detected in up to 70% of patients. Using qualitative sensory testing sensory changes especially to touch and temperature can be detected not just in those with MS but those with no other changes including those with or without concomitant pain. Further investigations with conventional MRI have not shown any reason for these sensory changes. However, more sophisticated imaging such as diffusion tensor imaging DTI do show structural changes which could account for these findings. In view of these findings clinically mild sensory loss should be included in the diagnostic criteria for trigeminal neuralgia but should not be essential criteria.