

Vago-glossophayngeal Neuralgia: Long Term Outcome Following Microvascular Decompression

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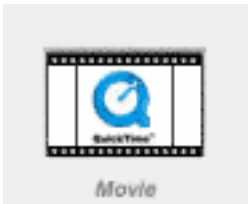
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Introduction

The glossopharyngeal neuralgia (GPN) is a rare facial pain syndrome characterized by paroxysms of excruciating pain in the sensory distribution of the auricular and pharyngeal branches of glossopharyngeal. GPN manifests with a deep stabbing pain on one side of the throat near the tonsillar area, sometimes radiating into the ear. In 10%, GPN is associated with bradycardia, asystole, convulsions and syncopal episodes, this is termed vagoglossopharyngeal neuralgia (VGPN). The purpose of this study was to present a video of clinical presentation and surgical procedure and assess long-term safety and efficacy of microvascular decompression of the glossopharyngeal and vagus nerves.

Methods

The patient was evaluated and diagnosed with VGPN. MRI had shown a loop of the posterior inferior cerebellar artery (PICA) in contact with the IXth and Xth cranial nerves. She underwent microsurgical decompression of the IXth and Xth cranial nerves. The procedure was recorded and the patient accomplished a 2-year follow-up.

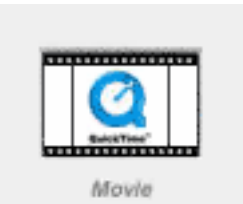


Results

The patient presented to the clinic with VGPN that was refractory to all medical treatment and had a history of 18 months of lightheadedness and tachycardia when swallowing, intermittent cervical stabbing pain for a few seconds, in the upper cervical region and jaw, irradiating to the internal ear, usually after swallowing. She experienced transitory relief of all symptoms during physical activity. The microvascular decompression was performed and it was evident a neurovascular conflict of the posterior inferior cerebellar artery on root entry zone of the IX and Xth cranial nerves. After surgery, there was no recurrence of the symptoms.

Learning Objectives

- 1)Describe the symptoms and presentation of the VGPN.
- 2)Show the details of the microvascular decompression
- 3)Discuss the clinical benefits of the surgery.



Conclusions

The muscle activation increases sympathetic outflow to skeletal muscle and this would decrease arterial baroreflex sensitivity. It could explain why physical activity improved her symptoms. In our experience, microvascular decompression is safe and effective for the treatment of VGPN.