

Introduction

To evaluate the indication of subsequent operations after first microvascular decompression (MVD) for the treatment of trigeminal neuralgia, the intra-operative findings and long-term results of 6 patients outcome are reported.

Methods

Materials & Methods: In our study we analyzed patients who had persistent trigeminal neuralgia pain following Microvascular decompression on minimum of 10 months post op. Study period was from Febraury 2016 to March 2017. Total of 42 MVDs done during this period. There were 6 MVDs done for recurrence of trigeminal neuralgia. All patients underwent subsequent exploration through the retro-mastoid suboccipital craniotomy. Brain computed tomography (CT) and magnetic resonance imaging (MRI) to assess etiology of recurrence. Intra op finding of second operation correlated with CT scan & MRI finding. The mean follow-up period after subsequent operation was 12 months.



Results

In 4 patients, there were abnormal placement of Teflon patch [PTFE Pledgets] at 7th & 8th nerve complex near root entry zone & significant vascular compression observed at root entry zone of trigeminal nerve. All these patient were operated elsewhere. One patient had persistent venous compression and another patient had venous compression along with Flake of epidermoid material. On 12 months follow up all patient had successful pain relief without any significant complication after second operation.

Conclusions

There are many etiological factors for recurrent trigeminal neuralgia but abnormally placed position of Teflon patch is a preventable etiology for recurrence. Possible risk factor for abnormally placed Teflon is failure to identify the cranial nerve concerned possibly due to improper angle of microscope or wrong identification of Cranial nerves.

Learning Objectives

By the conclusion of this session, participants should be able to: 1] realise the importance of basic CPA anatomy, 2] Identification of the Cranial nerves, 3] importance of Need to explore the v cranial nerve fully

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