First diagnosis of trigeminal neuralgia in a 90 years old woman: *the oldest so far*

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INTRODUCTION

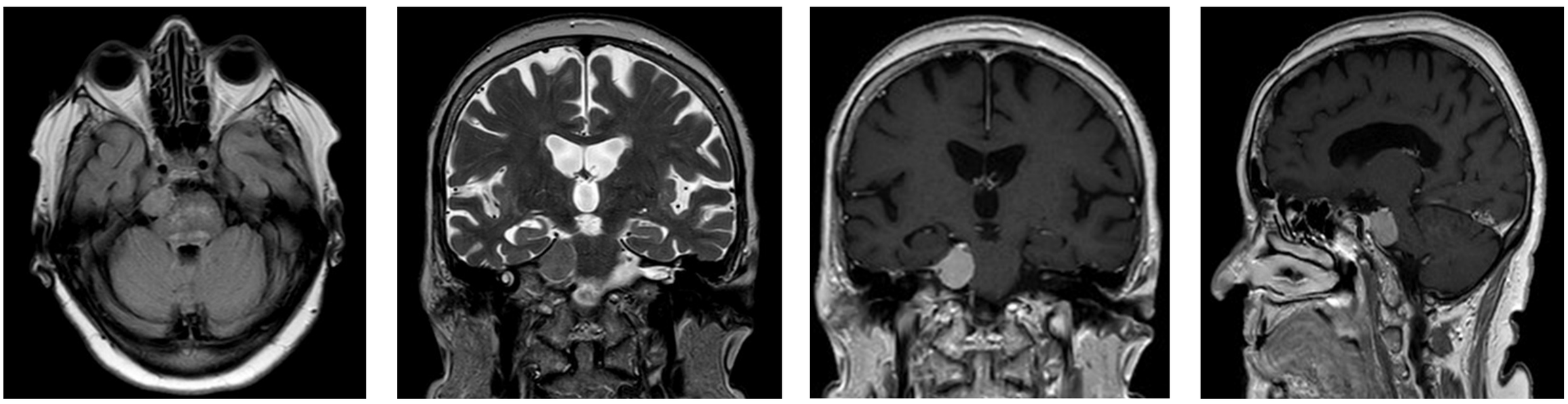
The incidence of trigeminal neuralgia (TN) progressively increases in elderly people: from 17.5/100000 between 60 and 69 years of age up to 25.6/100000 year after 70. A diagnosis over 85 years is quite exceptional. TN can be classified as symptomatic and idiopathic (secondary) according to IHS classification. We present herein a case of symptomatic trigeminal neuralgia diagnosed in a 90 years old woman due to a petro-clival mass compressing the right trigeminal nerve root.

- A - Paroxysmal attacks of pain lasting from a fraction of a second to 2 minutes, with or without persistence of aching between paroxysms, affecting 1 or more divisions of the trigeminal nerve and fulfilling criteria B and C
- B - Pain has at least 1 of the following characteristics: (1) intense, sharp, superficial or stabbing; or (2) precipitated from trigger areas or by trigger factors
- C - Attacks stereotyped in the individual patient
- D - A causative lesion, other than vascular compression, demonstrated by special investigations and/or posterior fossa exploration

Dg criteria for symptomatic trigeminal neuralgia from The International Classification of Headache Disorders

CASE DESCRIPTION

A 90-year-old female patient with no medical history of note presented in November 2015 to emergency department of San Raffaele Hospital in Milan with the chief complaint of a new paroxysmal severe and intermittent stabbing pain in her right face for two days. Each episode lasted few seconds (no more than one minute). Pain distribution was within the third right trigeminal branch and was elicited and precipitated by slight touching superficial to mandibular region. On neurological examination no clinical deficit was evident, in particular trigeminal sensory deficits were not detected. Vital signs were normal and body temperature was 36.5. MRI showed well-defined intensity enhancing extra-assial mass involving right petro-clival area measuring 1,5 cm, causing compression of trigeminal nerve and pons. The patient was administered 400 mg/day oral Carbamazepine which was quickly effective at relieving the pain without adverse events such as sedation or ataxia. Patient was discharged in two days. Surgical option were not considered because of the good response with pharmacological therapy. At follow-up (two and ten months later) patient is still doing well with Carbamazepine without pain recurrence. Side effect were not reported, in particular there was no evidence of balance disturbances, dizziness, nausea, ataxia, cardiac arrhythmias , hyponatremia, renal or liver disorders.



Meningioma petroclivale con base di impianto durale con evidente "durale tail" ed estensione nella cisterna peripontina ove si conferma la lieve impronta sulla parete anterolaterale del ponte nel punto di emergenza del nervo trigemino. Complessivamente la lesione misura 13 mm circa nello spessore e circa 20 mm alla base di impianto.

CONCLUSIONS

In medical literature we didn't find any case with first diagnosis of symptomatic (secondary to compression) trigeminal neuralgia in a 90 years old person. In our knowledge this is the oldest case so far described. We suggest that pharmacological treatment should be started before surgery even in older patients and MRI is recommended as the most useful investigation to discriminate between symptomatic and idiopathic TN in the elderly. This case emphasize the importance of proper neuroradiological investigation in the primary stage of treatment planning of TN in the elderly. Definitive treatment (mass removal) has to be considered only if a patient reaches the therapeutic dosage of specific drug and does not have a complete satisfactory pain relief or in case of pharmacological severe side effect

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