



Trigeminal neuralgia in a young woman preceding multiple sclerosis

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Introduction

Trigeminal neuralgia (TN), a facial pain that is usually unilateral and severe, can be managed with oral drugs or surgical procedures. Its etiology remains uncertain but it may be a manifestation of a demyelinating disease with a 20-fold higher prevalence of TN in this group of patients.

Objective

Demonstrate the presence of trigeminal neuralgia as an initial manifestation of multiple sclerosis.

Case Report

In 2009, a woman 27-year-old started pain in her lower right dental arch, refractory to the use of analgesics, prompting her to see a dentist on two occasions, being informed that there was no change in her teeth. The pain was of strong intensity, in shock, triggered by wind, touch and chewing, lasting 5 to 10 minutes, in the topography of V2 and V3 on the right. She had more than 10 attacks a day, interspersed with periods of remission of up to 6 months without pain.

In 2012, after seeing several specialists, she was diagnosed with trigeminal neuralgia by a neurologist who recommended the use of carbamazepine, which the patient used for 6 months with partial improvement.

Between 2012 and 2015 she presented with weakness and progressive paresthesia in the lower limbs and imbalance. On neurological examination, she had bilateral vertical nystagmus and right hemiface hypoesthesia in V2 and V3. Proximal strength was grade III and distal grade IV in the lower limbs, with hyperactive reflexes.

The brain MRI showed lesions with hypersignal on T2 and FLAIR in the periventricular white matter, middle cerebellar peduncles and brain stem. Some black holes in T1. There was no contrast uptake. MRI of the cervical spine showed multiple lesions smaller than two vertebral bodies.

Given this, the hypothesis of primarily progressive Multiple Sclerosis with initial manifestation of trigeminal neuralgia was raised.

Conclusion

Patients with Multiple Sclerosis have a prevalence of approximately 3.8% associated with Trigeminal Neuralgia, which may appear as an initial manifestation 5 to 10 years before the first symptom of MS. Trigeminal neuralgia is one of the main causes of neuropathic pain, and in patients with Multiple Sclerosis it can increase rates of anxiety, depression and sleep disorders.