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## Case Report

# Charm needles in trigeminal neuralgia patients

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## ABSTRACT

Susuks or charm needles are needle-shaped pins usually made of gold and generally inserted under the skin of various parts of the body for many reasons, for instance enhancing beauty and as protective charm. Most of these charm needles are found incidentally during routine radiographs. These radiographs are taken as part of the routine investigation to identify dental causes of orofacial pain. One of the differential diagnoses of orofacial pain includes trigeminal neuralgia. Here, we present two cases of patients with trigeminal neuralgia having charm needles.

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## 1. Introduction

Charm needles or widely known as susuk in this part of Southeast Asia region are metallic needle-shaped pins inserted commonly beneath the skin of the orofacial region and also other different parts of the body including knee [1], lumbar [1], thorax [2] and chest [3]. This ancient art of implanting either gold or diamond is performed by the bomoh or shaman and the knowledge of implanting susuk is usually passed through generations. These charm needles are a form of talisman which are usually inserted or implanted within the soft tissues without using any anaesthesia and carried out only by gentle rubbing on the skin. It is believed these charm needles may have many effects to the wearers such as enhancing the wearer's beauty, self-confidence, charisma, improving business or career, preventing spouse's infidelity or as a protective charm. There are many forms of charm needles such as susuk berlian (diamond implant), susuk emas (gold implant), susuk ayat (herbal implant) and susuk suara merdu (mellifluous voice implant) [4]. The most popular charm needles are made of gold. One may have one or more charm needles and these needles are not visible externally nor can be palpated. Most of the charm

needle wearers will not disclose any information on the presence of the needles and will keep it as a secret. The presence of charm needles in a person is usually identified through radiograph as an incidental finding. Routine dental panoramic radiograph (OPG) investigation is commonly carried out to rule out any dental causes for patients complaining of orofacial pain including patients diagnosed as trigeminal neuralgia. Here, we report two patients diagnosed with trigeminal neuralgia having charm needles detected through the OPG as presence of radiopaque needle-like object.

## 2. Case reports

### 2.1. Case 1

A 49-year-old lady was referred from the government dental clinic complaining of a severe sharp shooting pain over the edentulous region of upper right alveolar ridge. Patient had been suffering the pain since 2–3 years ago. Pain is aggravated when washing face and touching the cheek and the pain lasts for 2–3 min. She has no other medical problems and is not on any medication. Intra-oral examination revealed edentulous area on the upper right quadrant. Orthopantomogram shows multiple (at least 60) pin-like radio-opacities consistent with susuks (Fig. 1). A diagnosis of trigeminal neuralgia was made and patient was put on carbamazepine 200 mg tds and supplement of multivitamin (Neurobion) 1 tab daily. Patient's pain is currently controlled with the dosage prescribed. When asked about the presence of susuks, patient claimed she was informed by her mother the susuks were placed by a bomoh when she was a young girl for reasons unknown to her.

\* Asian AOMS: Asian Association of Oral and Maxillofacial Surgeons; ASOMP: Asian Society of Oral and Maxillofacial Pathology; JSOP: Japanese Society of Oral Pathology; JSOMS: Japanese Society of Oral and Maxillofacial Surgeons; JSOM: Japanese Society of Oral Medicine; JAMI: Japanese Academy of Maxillofacial Implants.

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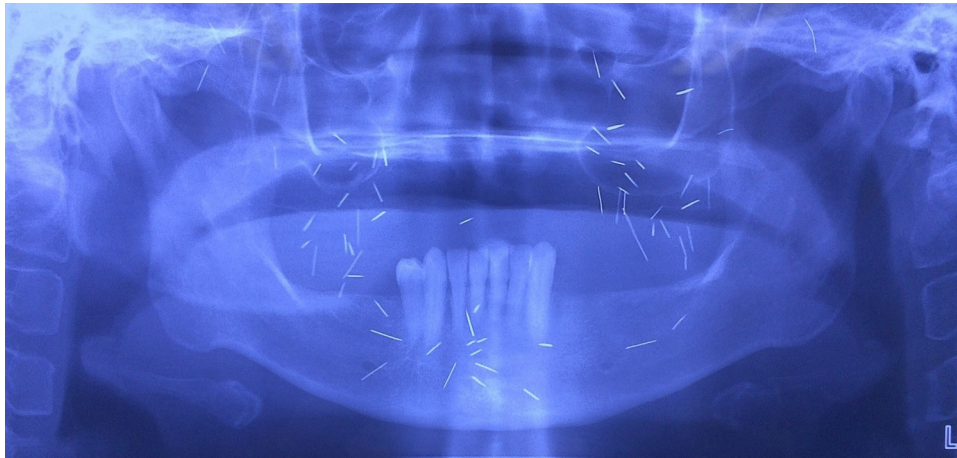


Fig. 1. Orthopantomogram shows multiple pin-like radio-opacities consistent with susuks.

### 2.2. Case 2

A 65-year-old lady was referred to the Oral Medicine Clinic for management of orofacial pain. The pain described was electric-like shock pain of short duration over the right face. Patient had had the pain for the past 3–4 years and had been seeking many medical general practitioners without any improvement. Talking and taking ablu-tion will trigger the pain and the pain will last for a few seconds. Intra-oral examination revealed no abnormality on the complaint site. Patient is hypertensive and is on many anti-hypertensive medications. A diagnosis of trigeminal neuralgia was made based on the clinical sign and symptoms. She was put on carbamazepine 200 mg tds and currently pain controlled with the dosage prescribed. Routine OPG showed three pin-like radiopaque objects consistent with presence of susuks (Fig. 2). Patient admitted of the susuks being inserted when she was young by a bomoh, however do not reveal any reasons.

### 3. Discussion

So far, there are no reports of any association between susuks and trigeminal neuralgia or cases of trigeminal neuralgia patients having susuks. A susuk being a foreign body may cause a foreign body neuralgia. A foreign body neuralgia is a neuropathic pain occurring in the distribution of a nerve or nerves which is induced by the presence of a foreign body [5]. The entrapped foreign

bodies can impinge the nerve causing either paroxysmal or continuous type of pain or paresthesia. A case of lancinating pain over the right face involving all three divisions of the trigeminal nerve has been reported in a 35-year-old woman who experienced the pain right after she was involved in a motor vehicle accident. After a year, only it was found the neuralgia-like pain was caused by an undetected foreign body, a prosthetic tooth which was embedded in the ventral surface of tongue [6]. In another case report of foreign body neuralgia, a female patient was prescribed with medications for diagnosis of trigeminal neuralgia for many years. Intra-oral radiograph later showed radiopaque foreign body close to the mental foramen and surgical exploration then revealed silver points, gutta-percha points and restorative material [5]. Both of the patients were pain free after removal of the foreign body.

The susuks are unlikely to be the aetiological factor of the neuralgic pain experienced in both of our two patients since the patients revealed they had the susuks since young and the neuralgic pain only started a couple of years back. In our first patient, the pain is on the right side but the susuks can be seen located almost every site on the orofacial region. Most of the susuks wearers have no clinical symptoms associated with the needles. In seven cases reported, only one case complained of parasthesia over the region though it was thought to be a coincidence [7]. All the cases reported by Nor et al. [8] were incidental findings and none were cases which have signs and symptoms related to the needles, not even a scar related to the insertion.



Fig. 2. Orthopantomogram showed three pin-like radiopaque objects consistent with presence of susuks.

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