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Management Of Recurrent Glossopharyngeal Neuralgia Following Microvascular Decompression Surgery: A Case Report

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Introduction:

Glossopharyngeal neuralgia is a rare clinical entity and the incidence is reported to be 0.2 – 1.3% of facial pain syndromes^{1,2}. GPN is commonly misdiagnosed as trigeminal neuralgia and mistreated. Vascular compression at the REZ is found to be the most common cause for the idiopathic type of GPN. Pharmacotherapy and surgical treatments are available. Though sectioning of the IXth cranial nerve along with upper rootlets of Xth nerve gives slightly better pain relief and lower recurrence rate than MVD, the permanent morbidity is reported to be high with the rhizotomy. MVD is considered to be the first line of surgical treatment in medically refractive GPN³. Recurrence rate with MVD is reported to be 7.1%^{4,5,6}. There are no case report or study found in literature to report on the management of recurrent GPN following MVD. We present our first case report on the surgical management of recurrent GPN and also analyse the possible causes for recurrence after MVD from literature.

Case History:

We report a 73 year old gentleman who was referred to our department with a diagnosis of recurrent left glossopharyngeal neuralgia. He was diagnosed with drug resistant left trigeminal - mandibular division neuralgia 6 years ago for the complaints of shooting pain over the left side of the tongue. He was initially treated by an Ear Nose Throat (ENT) specialist and received left mandibular nerve block 6 years ago and second block 3 years after the first block. Gamma knife radiotherapy was advocated 2 years ago but the pain did not subside. He was referred to a neurosurgeon a year ago and he was taken up for left lateral suboccipital craniotomy and MVD for possible glossopharyngeal neuralgia. During surgery there was no

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