Echec thérapeutique dans la névralgie du trijumeau

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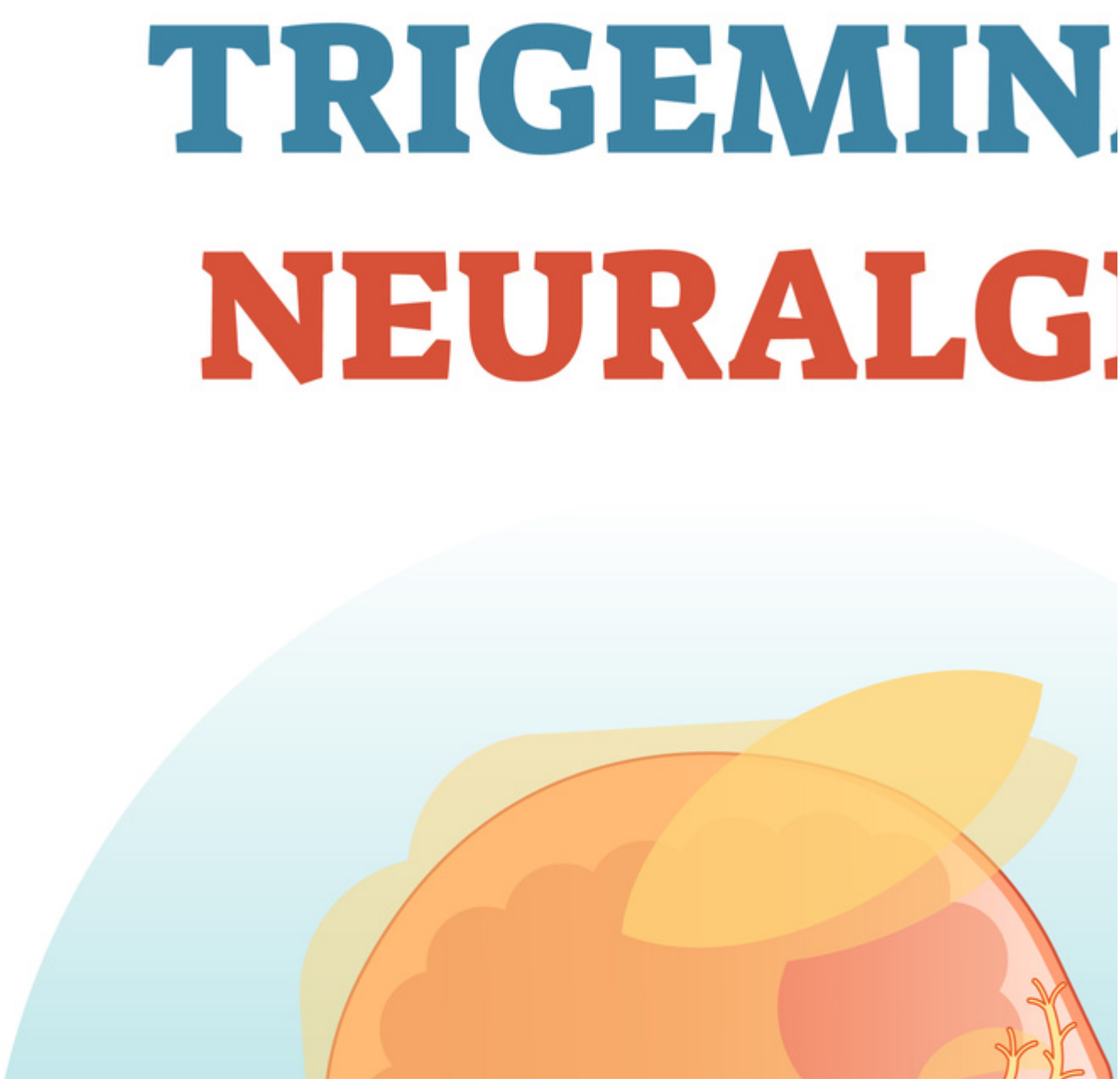

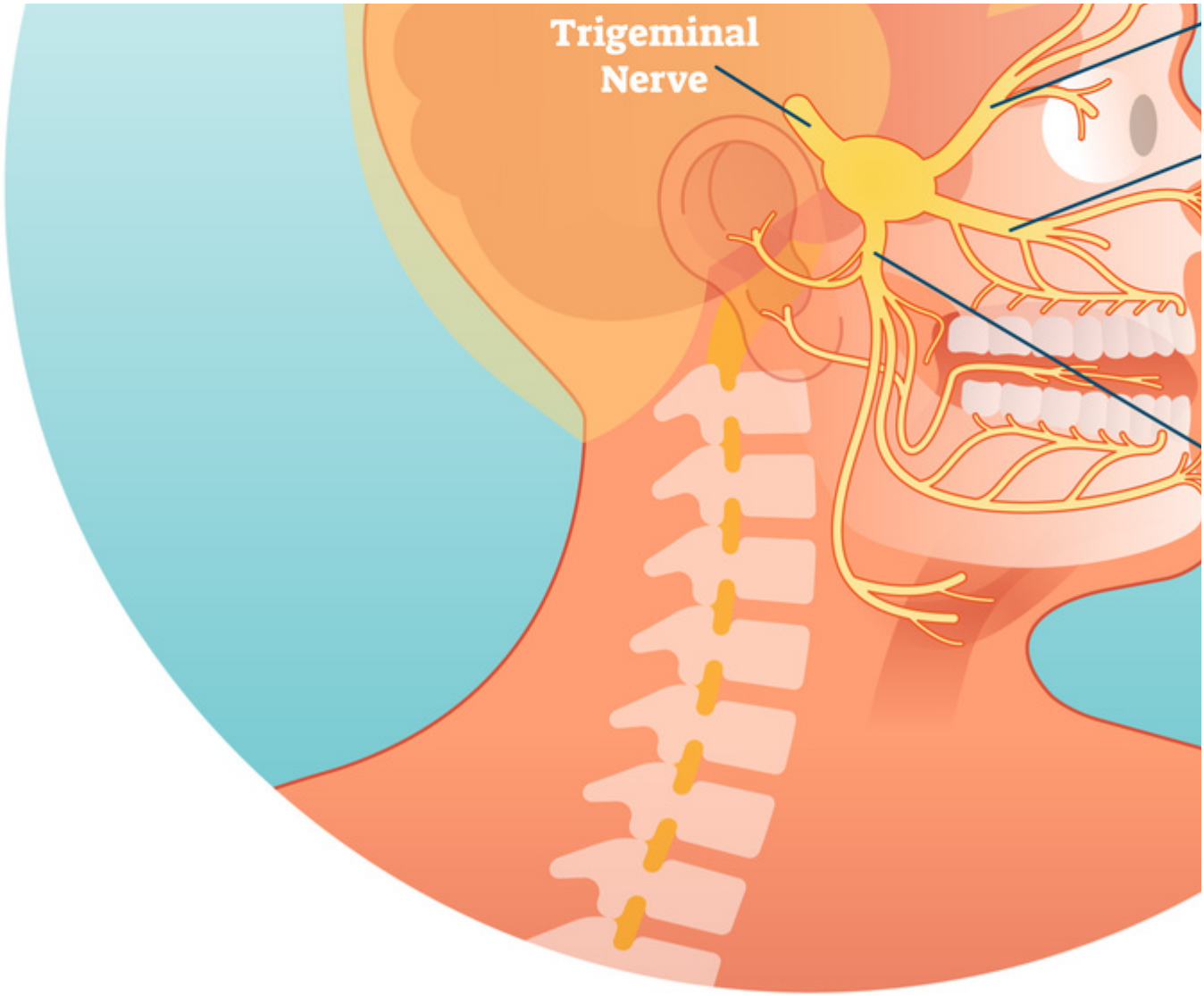

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Therapeutic failure in trigeminal neuralgia: from a clarification of trigeminal nerve somatotopy to a targeted partial sensory rhizotomy

Abstract

Background -Trigeminal Neuralgia (TN) is a severe unilateral facial pain involving one or more branches of the trigeminal nerve (CNV). Microvascular decompression is a standard curative treatment of pharmacoresistant classical TN. Alternative procedures used for secondary or idiopathic TN usually lead to a high rate of pain recurrence and sensitive deficits. Partial sensory rhizotomy (PSR) is one of these ablative procedures. However the lack of anatomical knowledge about the somatotopy of CNV lead to variable results in pain relief and hypoesthesia.

Objective - To refine the somatotopy of CNV and bring new anatomical landmarks for PSR. Study a cohort of patients treated by a targeted partial sensory rhizotomy (TPSR).

Methods - Retrospective and consecutive cases of adult patients treated in our institution between March 2000 and June 2015 for pharmacoresistant TN without vascular compression were collected. Our surgical procedure was performed using a precision map of the somatotopy of CNV. We compared our resutlts to other surgical and non-surgical therapies.

Results - Twenty-two patients had undergone TPSR. Fourteen had an idiopathic TN without compression of the nerve root, 6 had a secondary TN due to multiple sclerosis and 2 had a trigeminal conflict by inoperable tumor. Complete pain relief was achieved in 86.4% of the patients. Postoperative hypoesthesia was partial and focalized (22.7%). TN recurrence rate at 5 years was 31.5% (SD 10.9%).

Conclusion - We clarified the functional somatotopy of CNV in its juxtapontine portion. TPSR is a very interesting alternative to other ablative procedures to treat pharmacoresistant TN without vascular compression.

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