Trigeminal neuralgia is a facial pain syndrome consisting of sharp, lancinating pain in the face. The pain is often described as shock-like stabs of pain. The pain is only on one side of the face and may be elicited by touching trigger points in the skin of gums. There is no associated numbness unless there is co-existing multiple sclerosis. Often, there may be spontaneous remissions from pain lasting weeks to years. Interestingly, this pain usually responds to carbamazepine
(
Tegretol
), an oral anticonvulsant medication.

Trigeminal
neuralgia is usually caused by compression of the sensory (
trigeminal
) nerve within the skull by a small artery or vein at the point where the nerve joins the brain stem. Sometimes a small, benign tumor compressed the nerve, causing jolts of electrical shock–like pain to radiate into the face. A few percent of tic patients suffer from multiple sclerosis. In this case the inflammatory response affecting the brain also involves the
trigeminal
nerve causing paroxysmal pain.

Tic douloureaux is unique among pain disorders because nearly all treatments work for a period of time. Over the years, peripheral nerve avulsion, heating, cooling, compressing, decompressing, chemical ablation, and irradiation have all enjoyed varying degrees of success. Because of the effectiveness of carbamazepine (Tegretol), its use is usually the first level of treatment. Other anticonvulsants may be tried but are not usually as effective. When oral medication fails to control this dreadful pain, other surgical measures are quite effective. These procedures have challenged the imagination of neurosurgeons.