NEURALGIA TRIGEMINAL

Dor súbita, intensa, curta (3 - 30seg), frequente

Desencadeada estimulo, unilateral, exame neuro normal

Resposta carbamazepina e periodo calmaria

NEURALGIA TRIGEMINAL

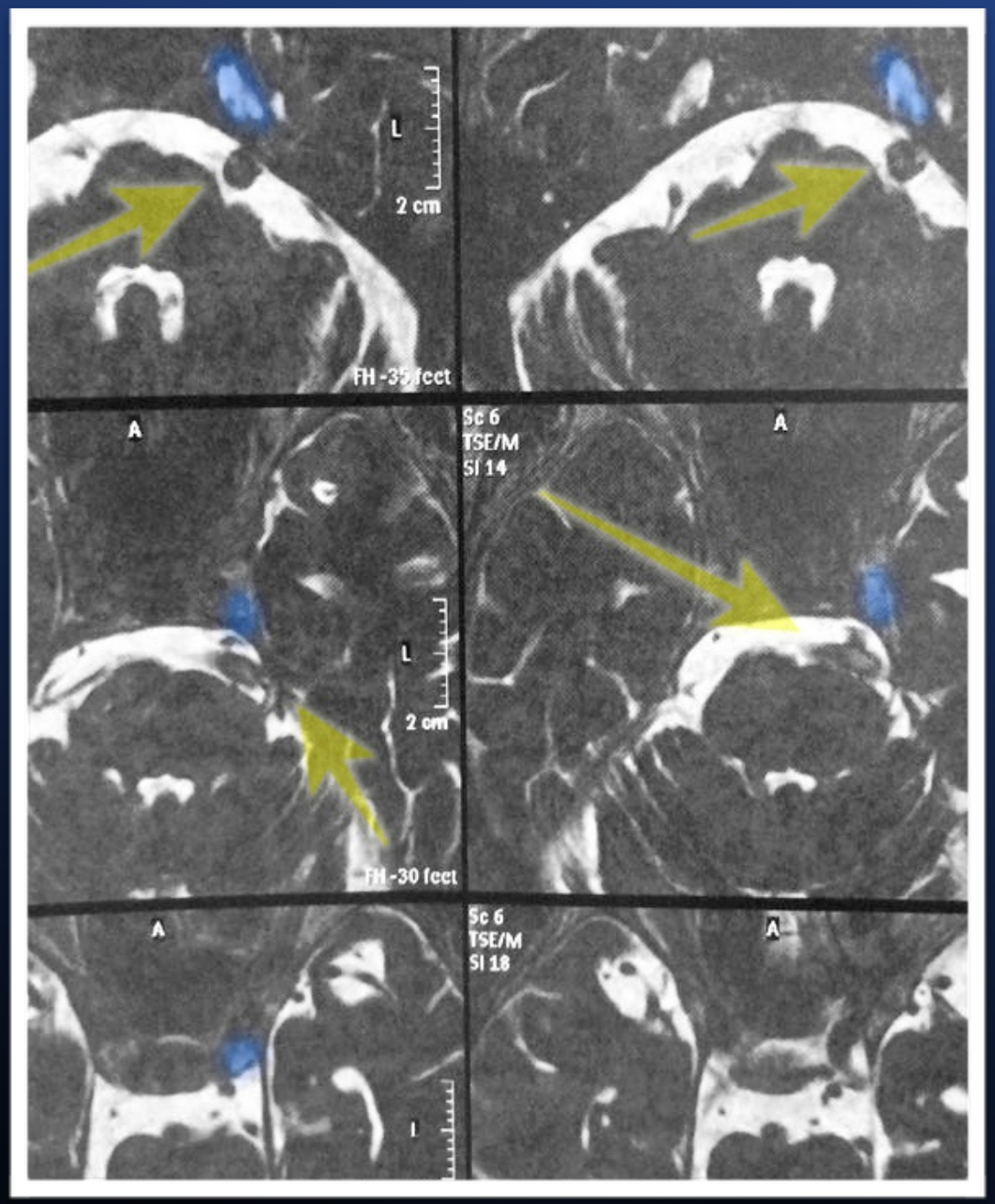
5 / 100000 M:F 1:2
Idade: +-67a. 3/4>55a. Rara <30 EM
Unilateral - bilateral pequeno período D>E 10% ambos
Remissão - n=155 - 78 6m 38 12m
Territorio V2,V2/V3,V3,V1/V2,V1/V2/V3, V1
Localização precisa
Trigger point (50%x9%)
Totalmente paroxístico
Nunca >2min
Pode ter 200 episódios /dia

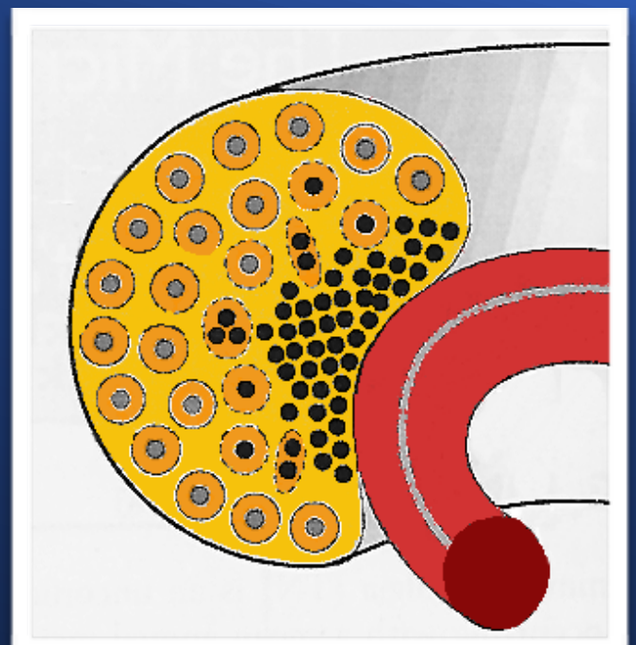
Dor facial atípica x Nevralgia - Eficácia tto - 12% x 88%

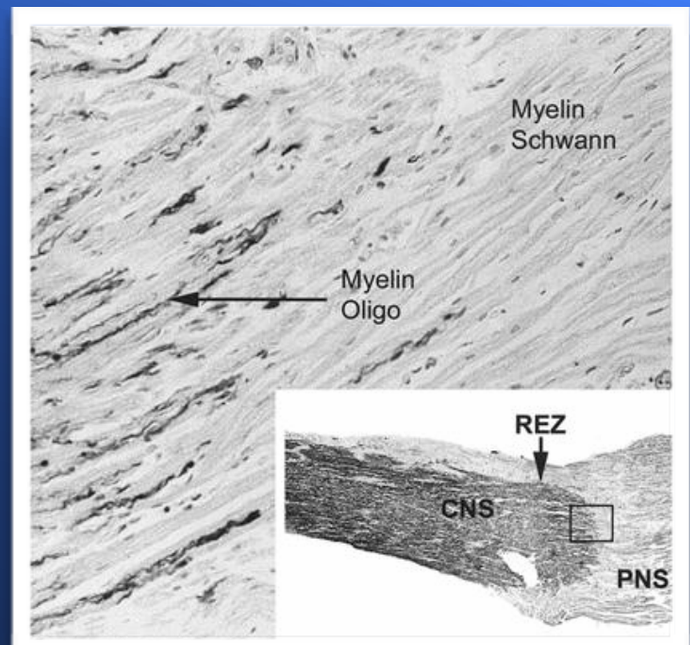
Típica x Secundária

NEURALGIA TRIGEMINAL

Fisiopatologia







Conflito vascular - DREZ

Insulto Pós ganglionar

NEURALGIA TRIGEMINAL

Primeira linha

Carbamazepina (400 a 1200 mg/dia) 2x a 4x/ Oxcarbazepina (300 a 2400 mg/dia)
Fenitoína (300 a 500 mg/dia)
Baclofeno (40 a 60 mg/dia)

Segunda linha

Gabapentina (900 a 2400 mg/dia)*
Lamotrigina (150 a 400 mg/dia)
Topiramato (150 a 400 mg/dia)

Terceira linha

Ácido valpróico (500 a 1500 mg/dia)
Pimozide (4 a 12 mg/dia)

NEURALGIA TRIGEMINAL

Indicação cirúrgica

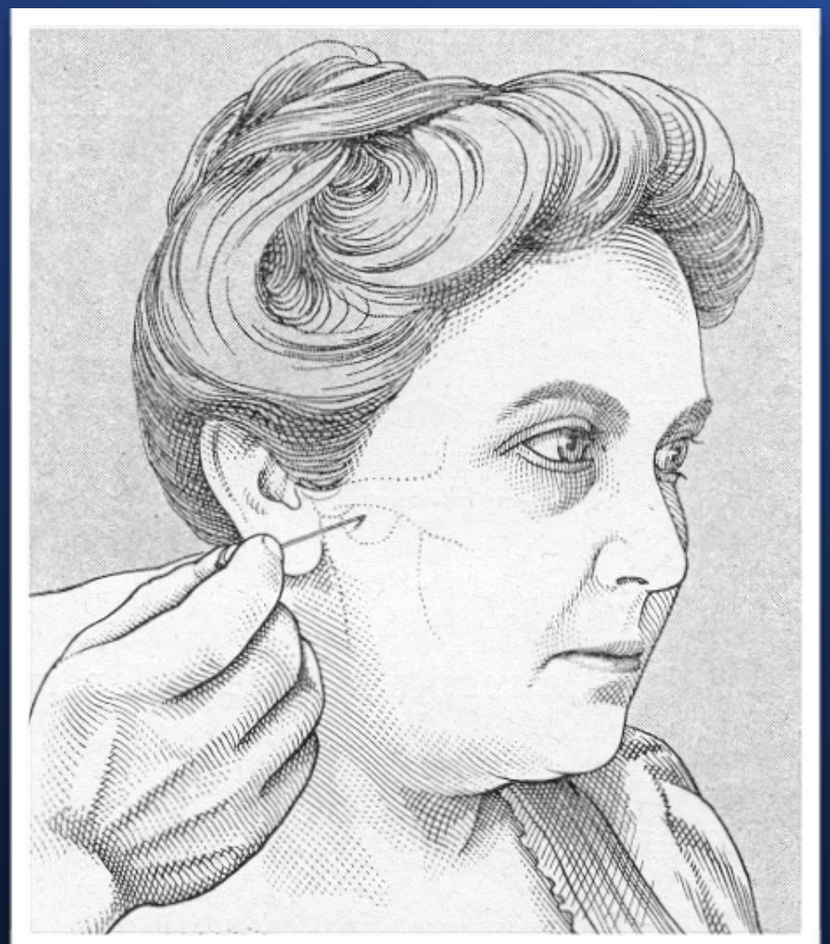
Correlação anátomo-clínica
Fisiopatologia x risco x benefício

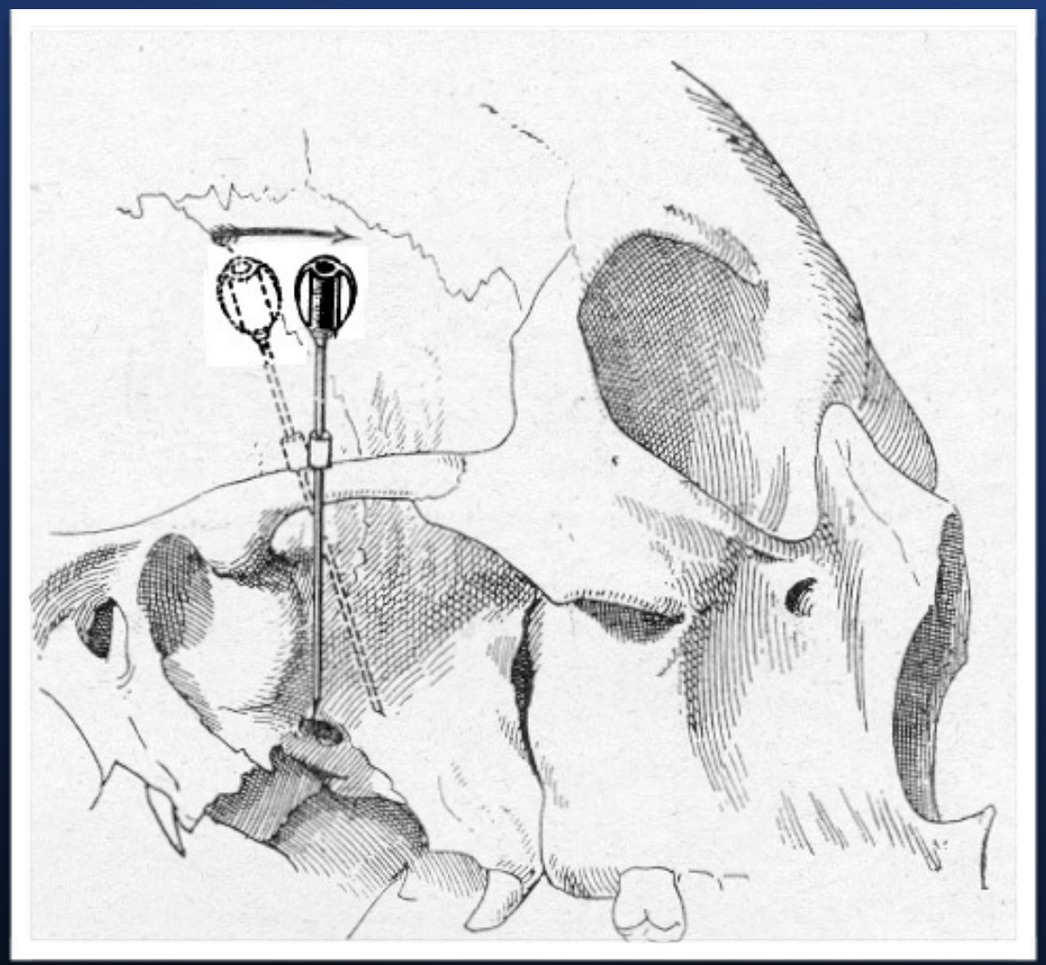
> Mais importante <

Diagnóstico clínico CORRETO
Não existe exame complementar
Bloqueio teste

Intratabilidade Clínica & Intolerância

NEURALGIA TRIGEMINAL





NEURALGIA TRIGEMINAL

Métodos Cirúrgicos

Eficácia

90% 2anos - 80% 5anos

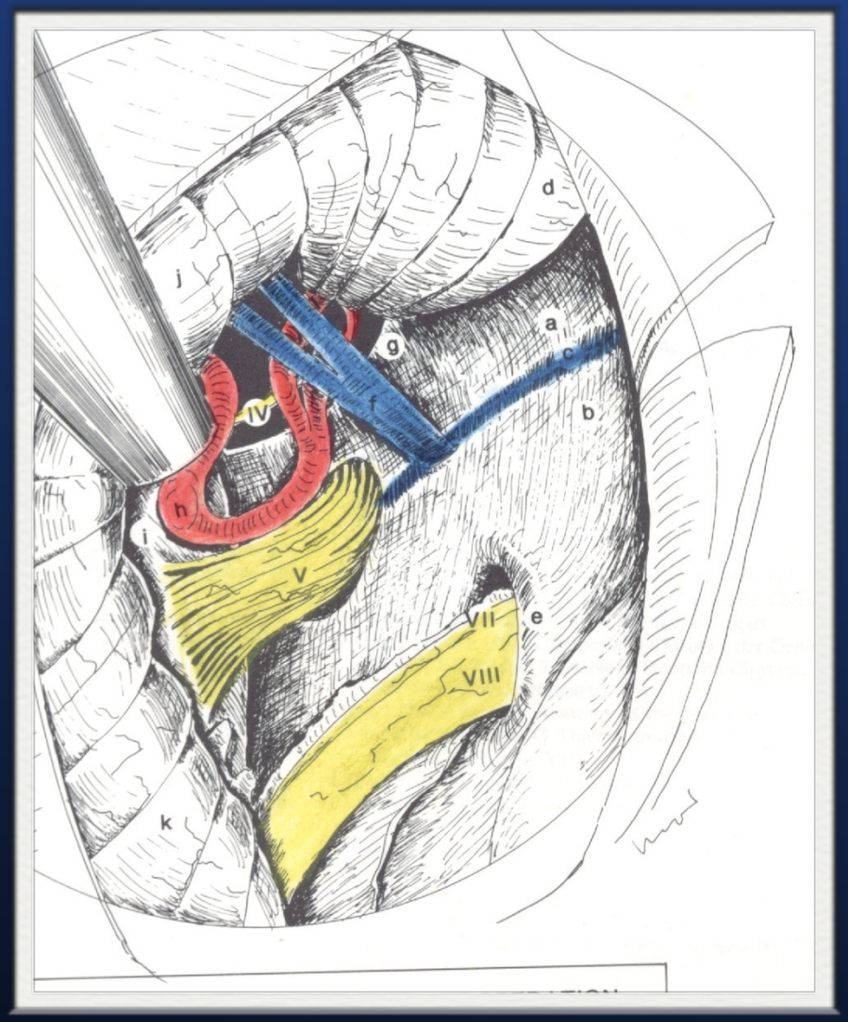
Descompressão>radiofrequencia>balao>radiocirurgia>glicerol

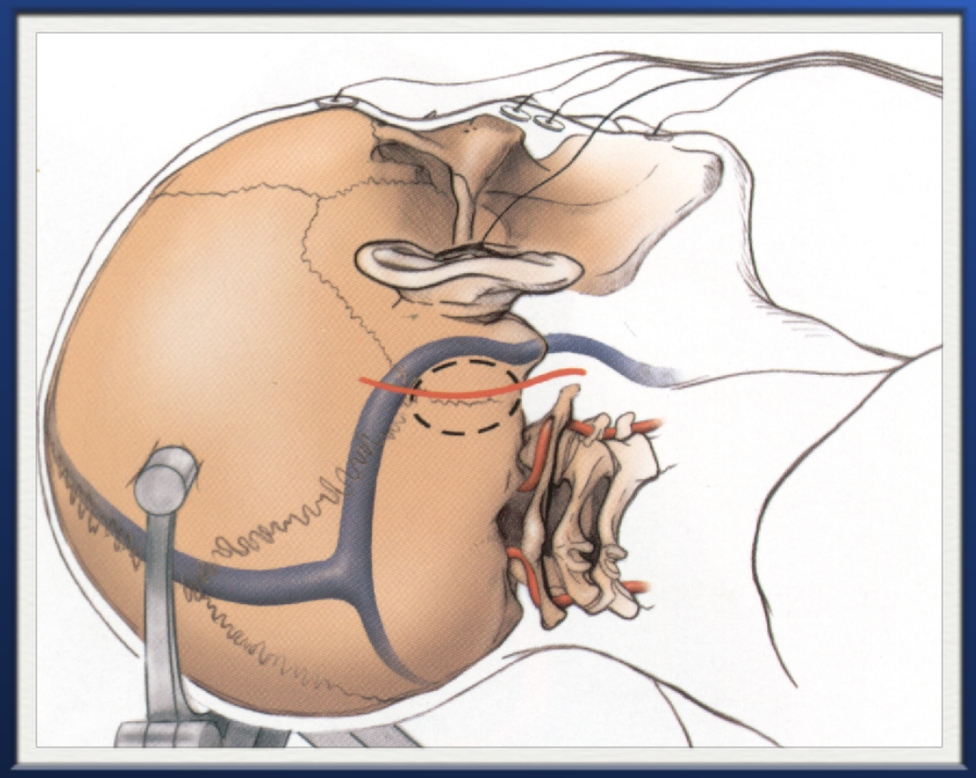
Complicações

Idem

Idade, risco cirúrgico, personalidade, técnica/experiência

NEURALGIA TRIGEMINAL





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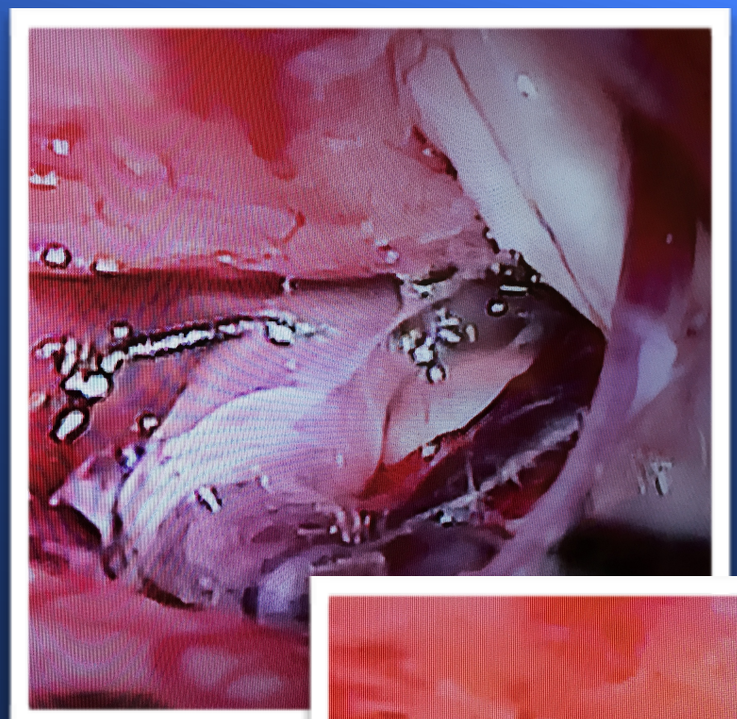

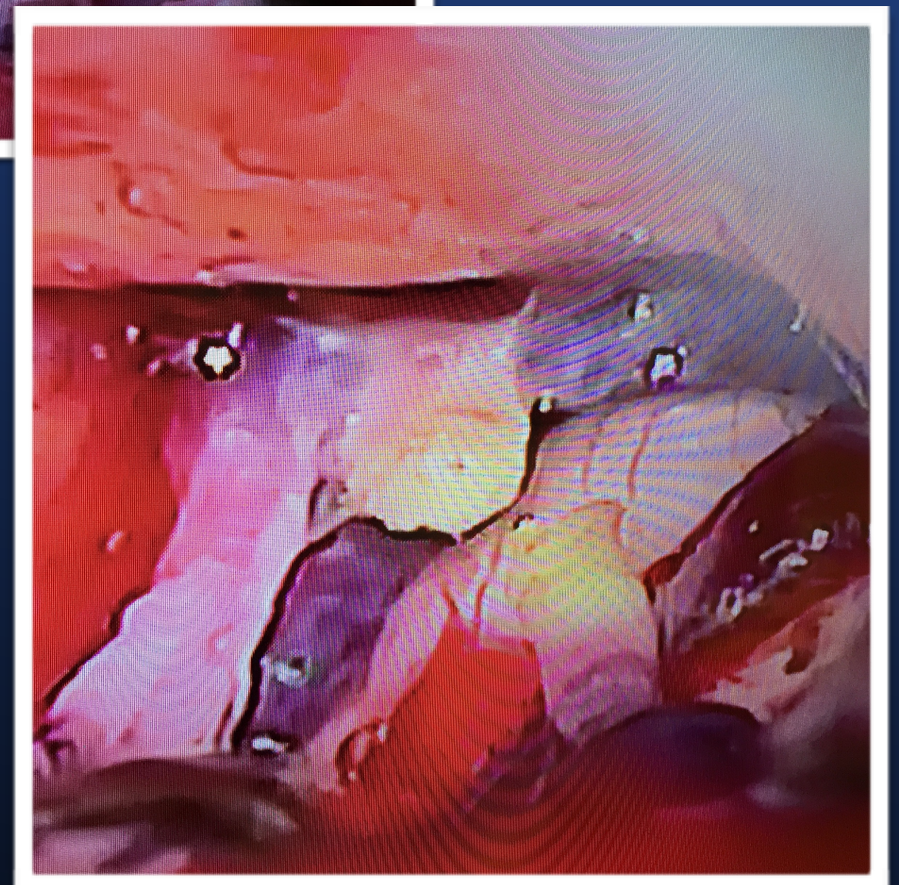

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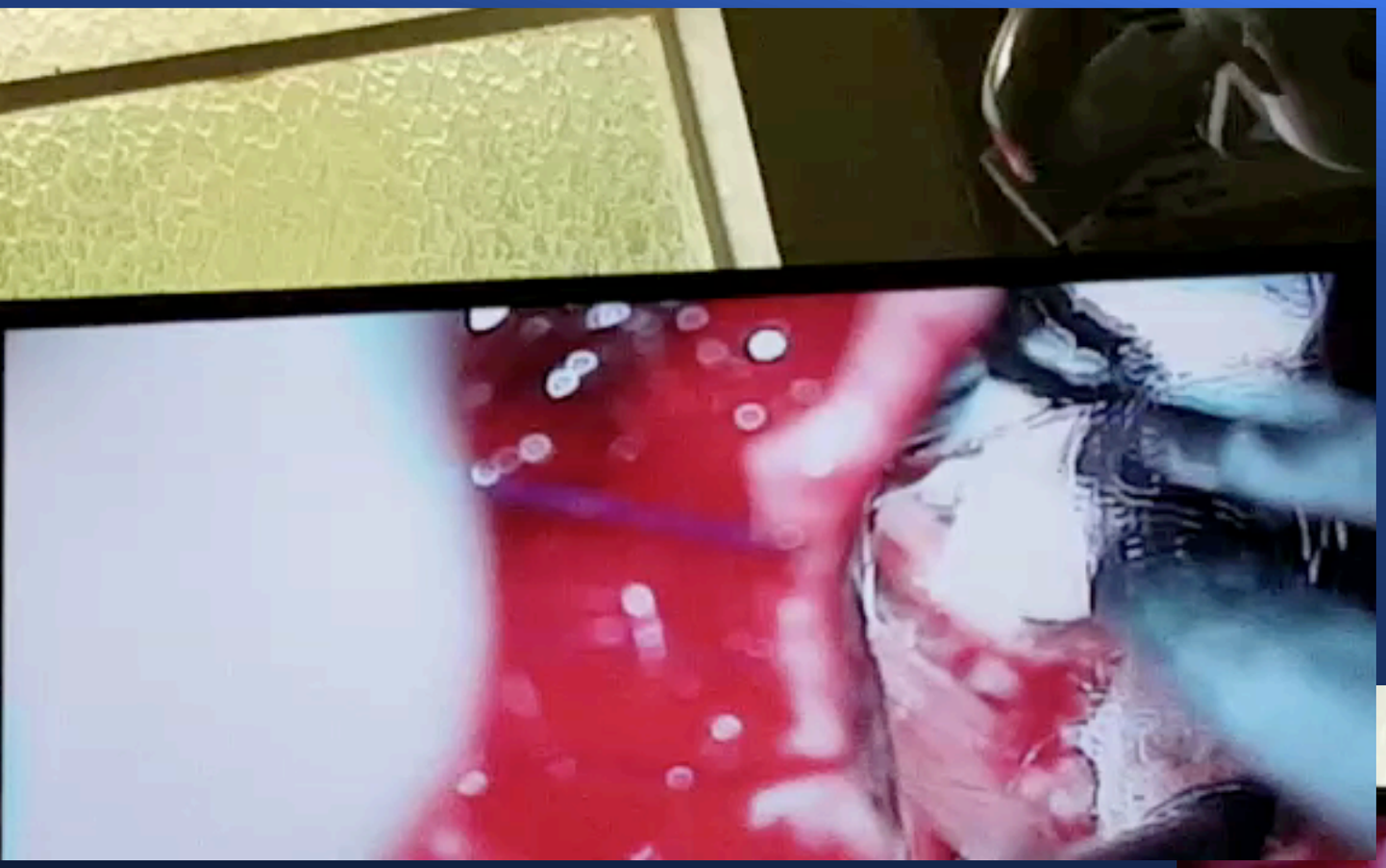

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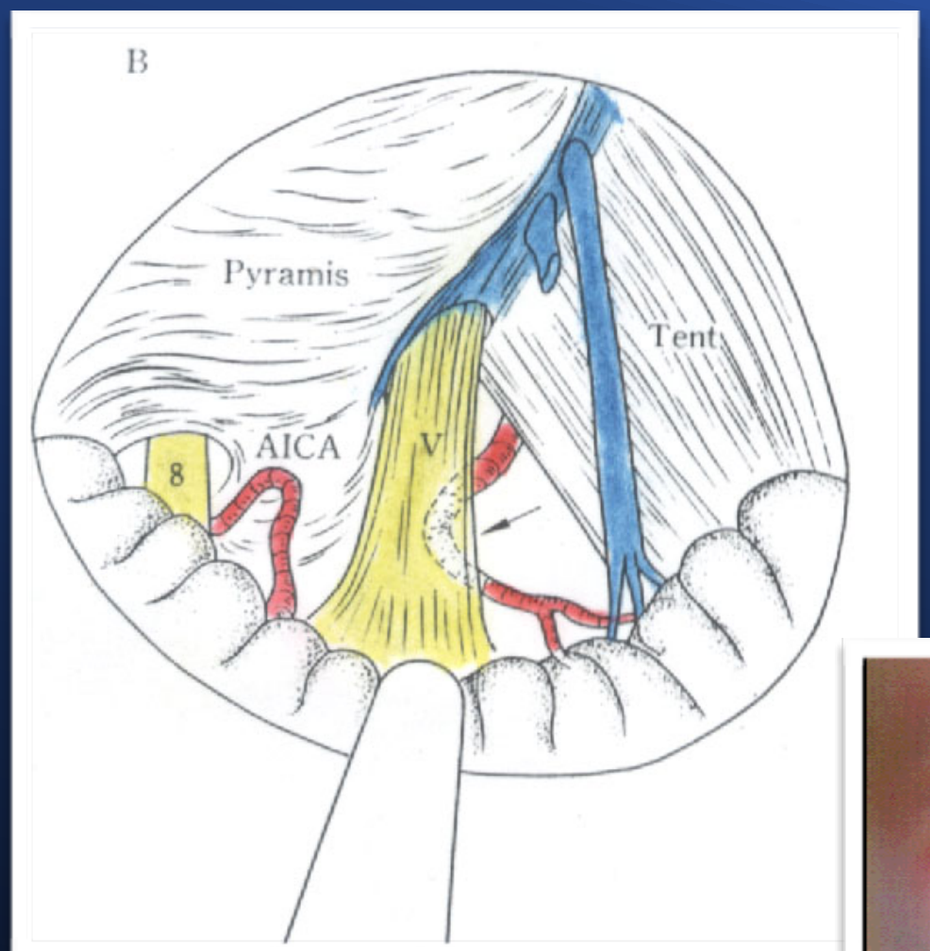
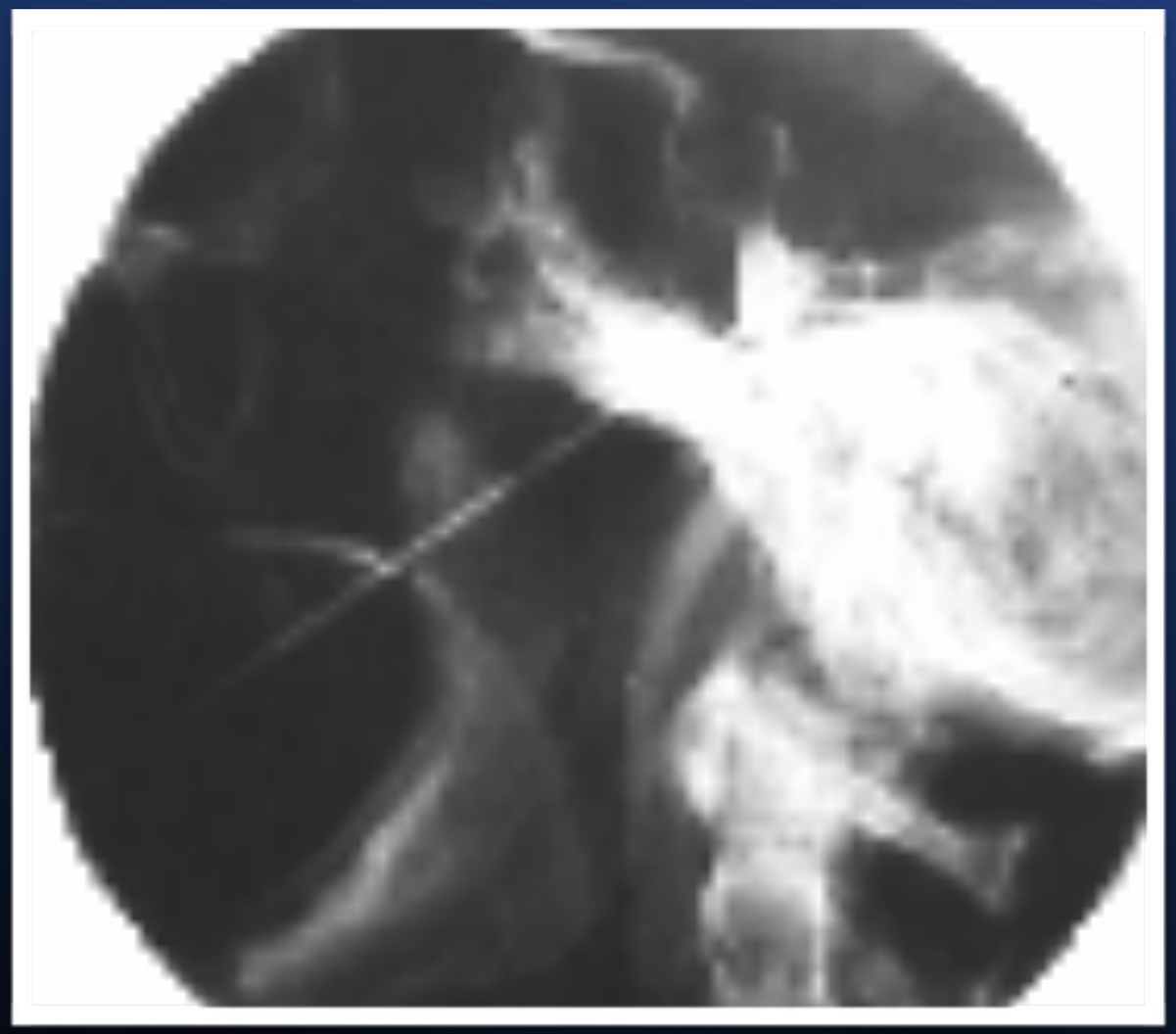


NEURALGIA TRIGEMINAL

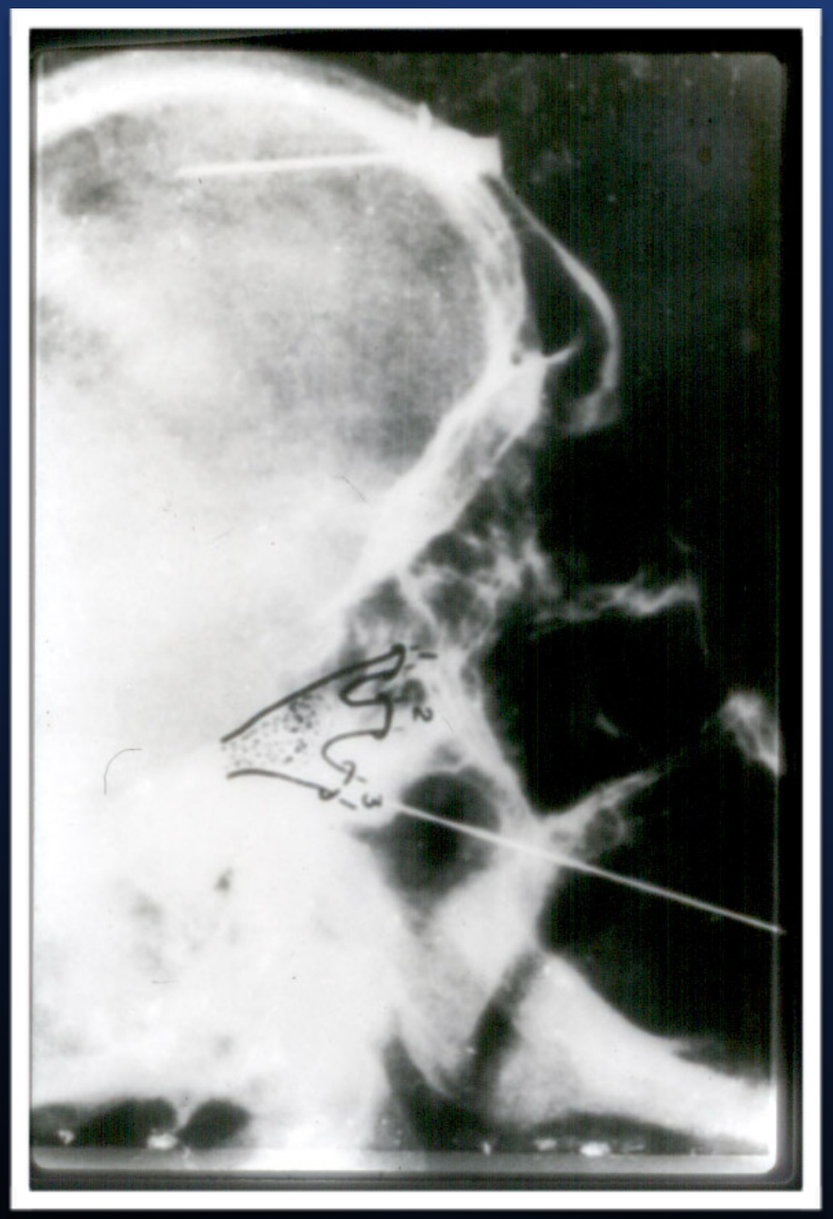
Rizotomia com glicerol

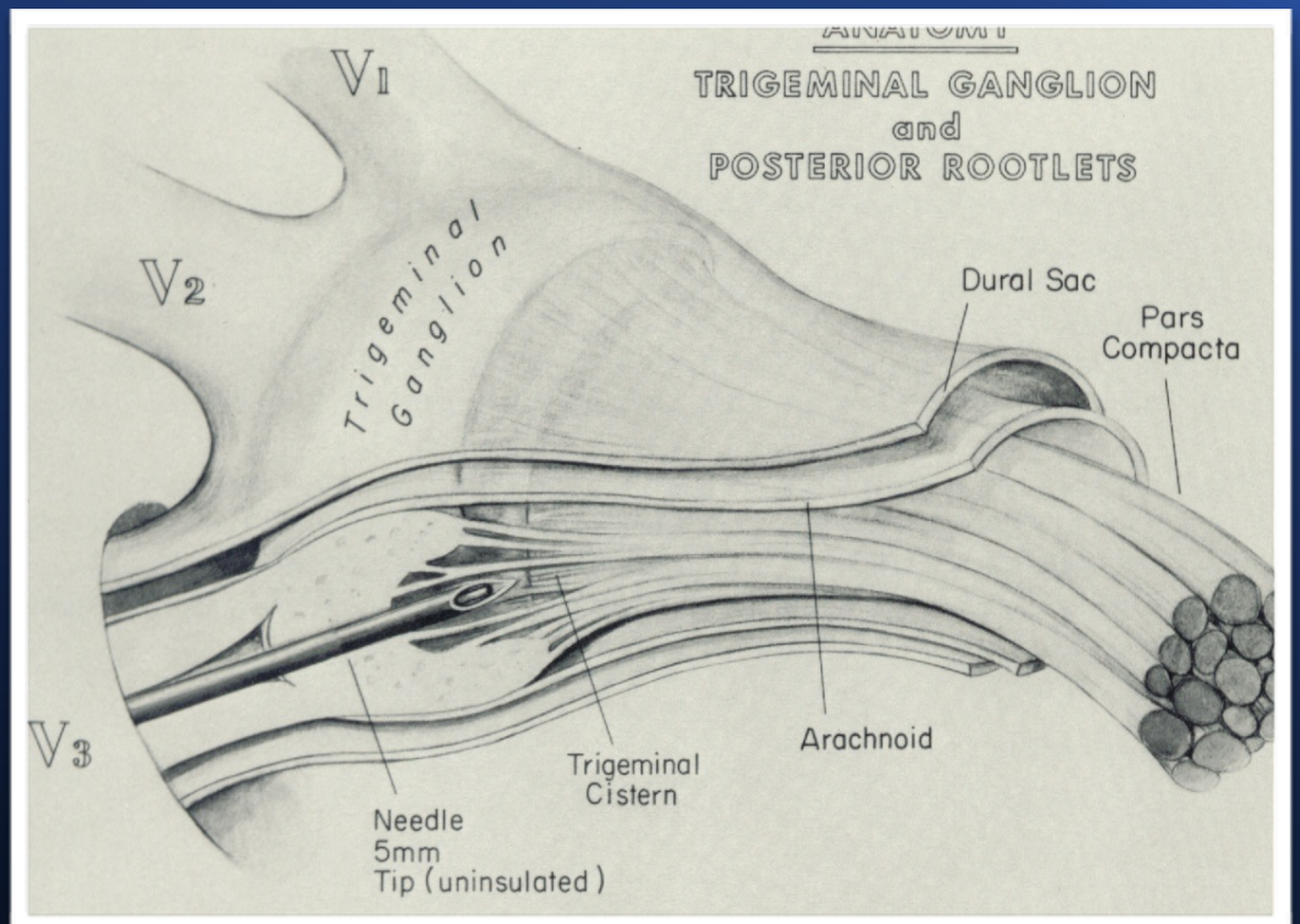


Muito idosos
Ramo V1
Anestesia local

NEURALGIA TRIGEMINAL

Rizotomia percutânea por radiofrequência





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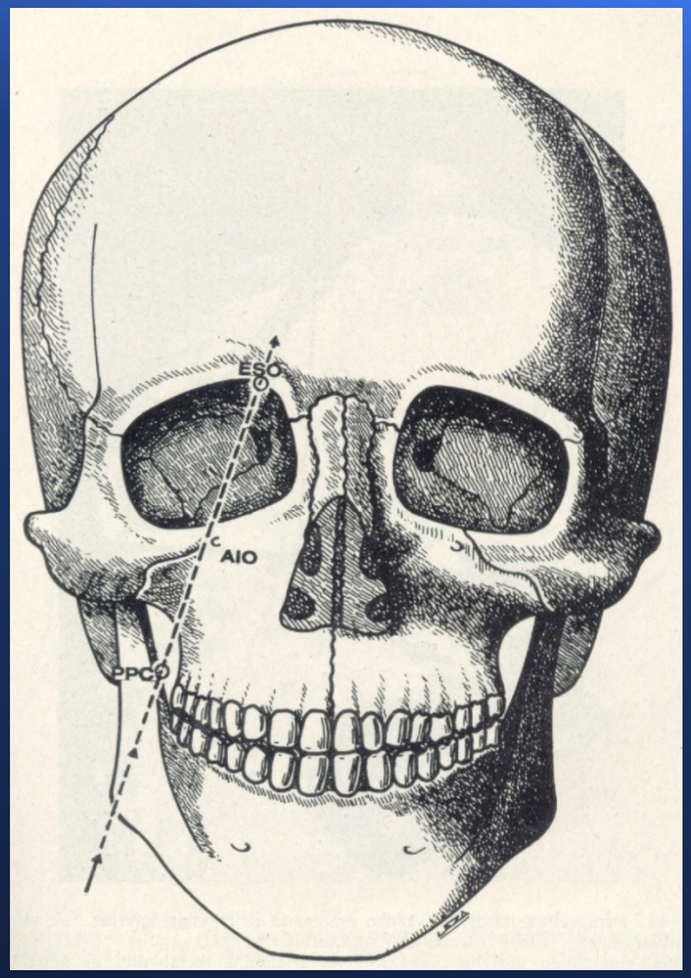

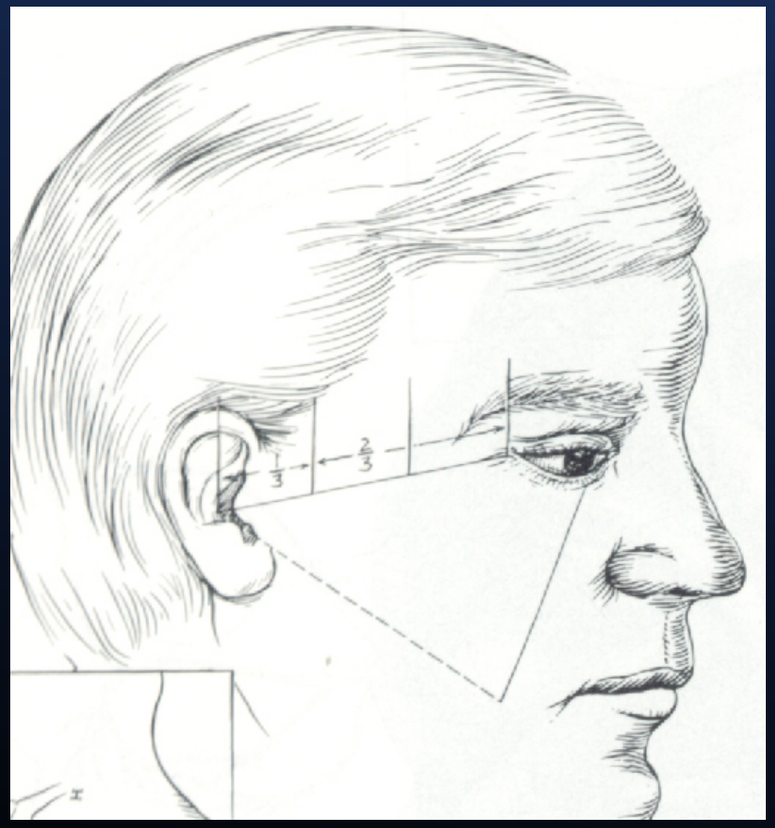

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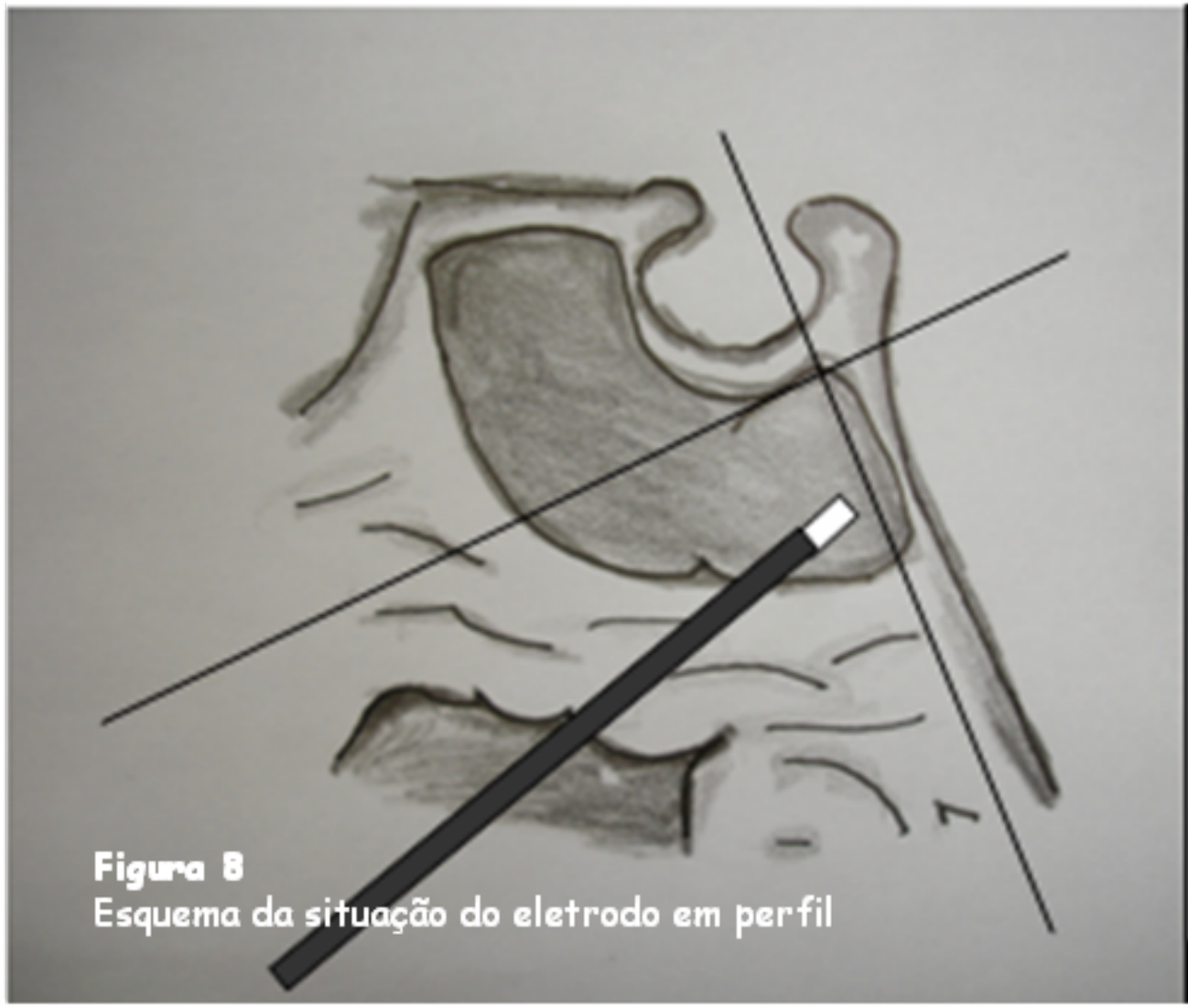
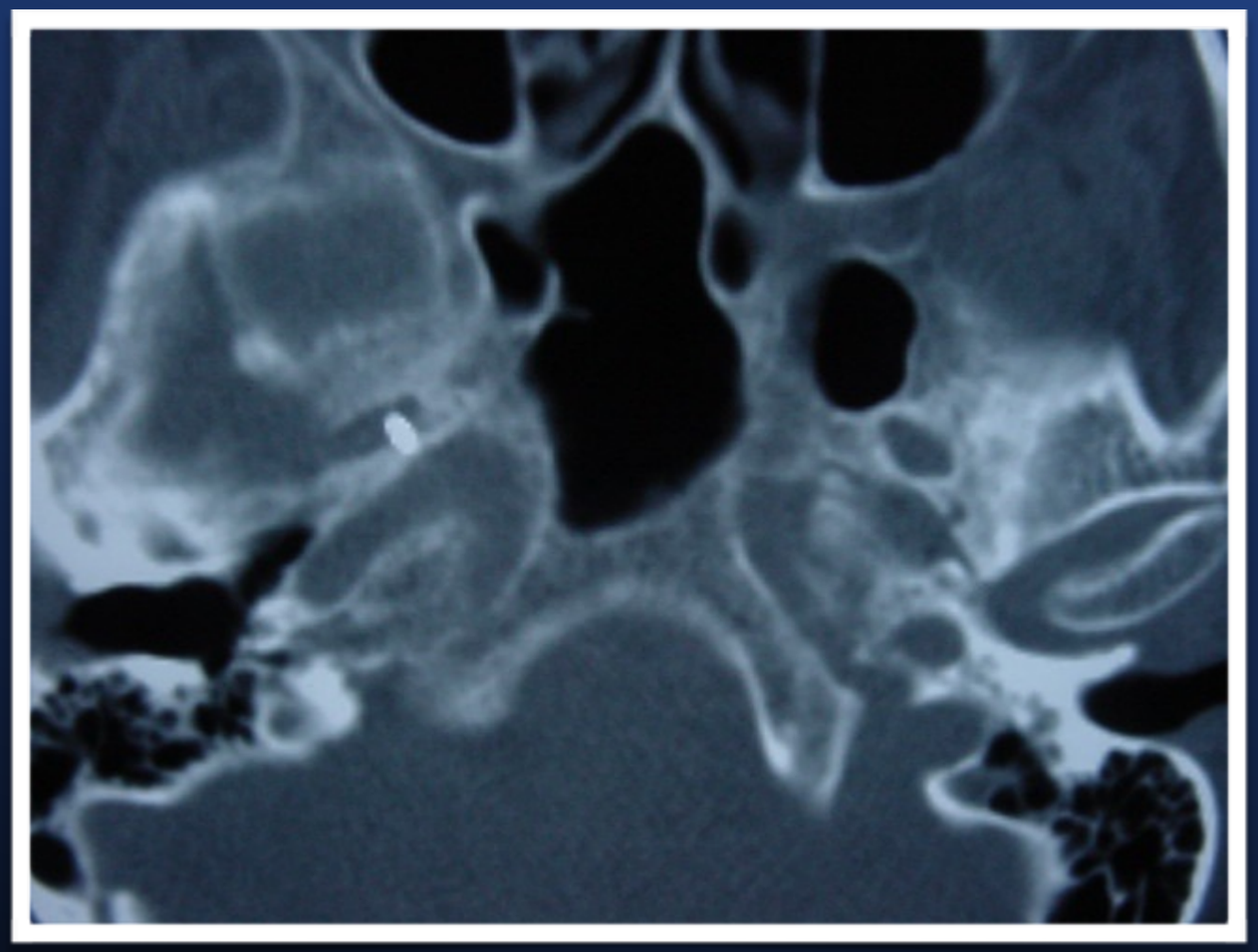


Figura 8
Esquema da situação do eletrodo em perfil

Figura 9
Imagem radiológica mostrando o eletrodo em relação ao clivus

NEURALGIA TRIGEMINAL

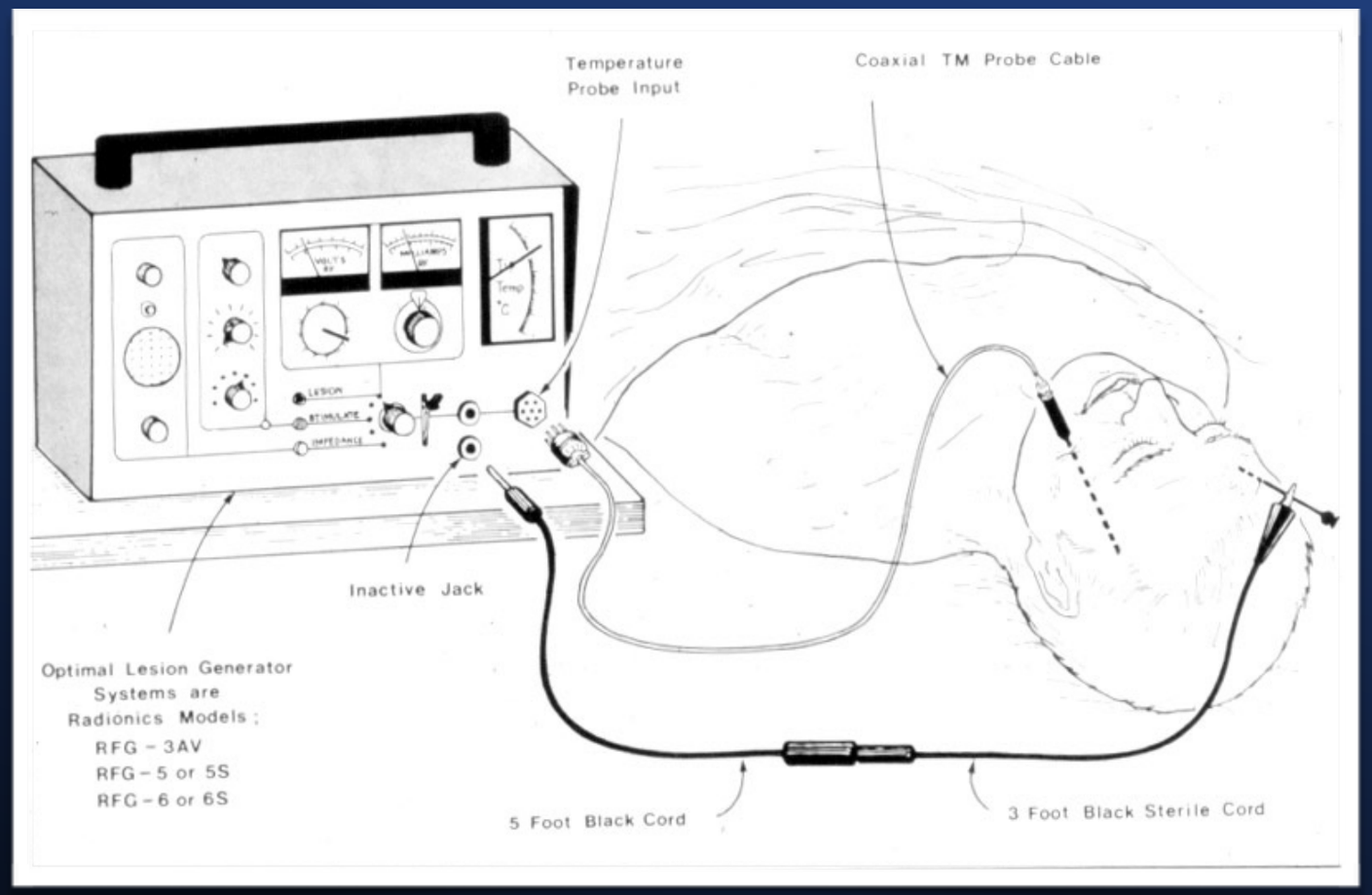


Punção difícil
5-7%

Obesos - entubar
Paget e >90 anos
Demência

NEURALGIA TRIGEMINAL

Rizotomia percutânea por radiofrequência

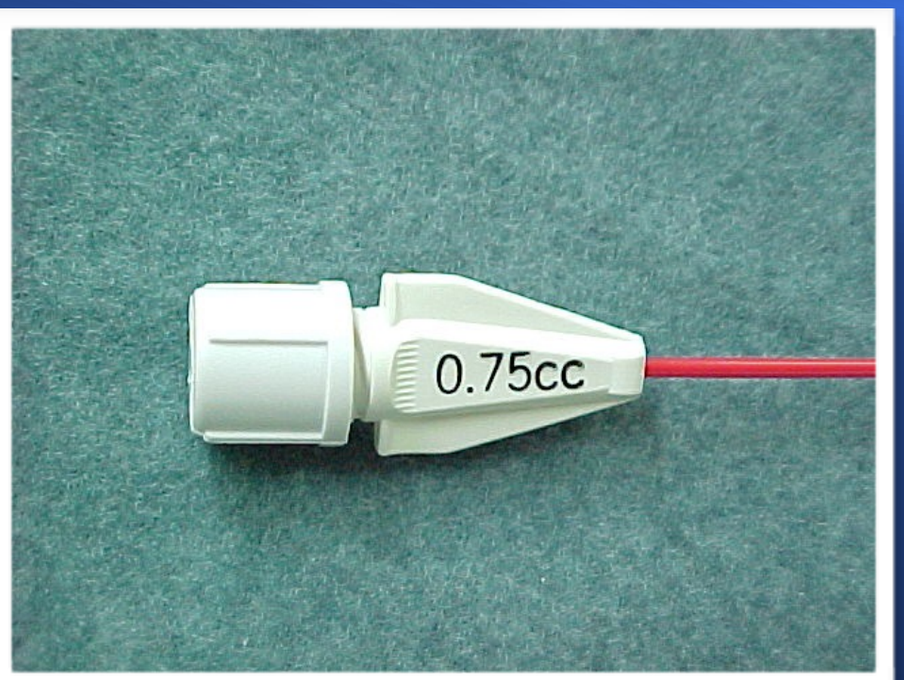


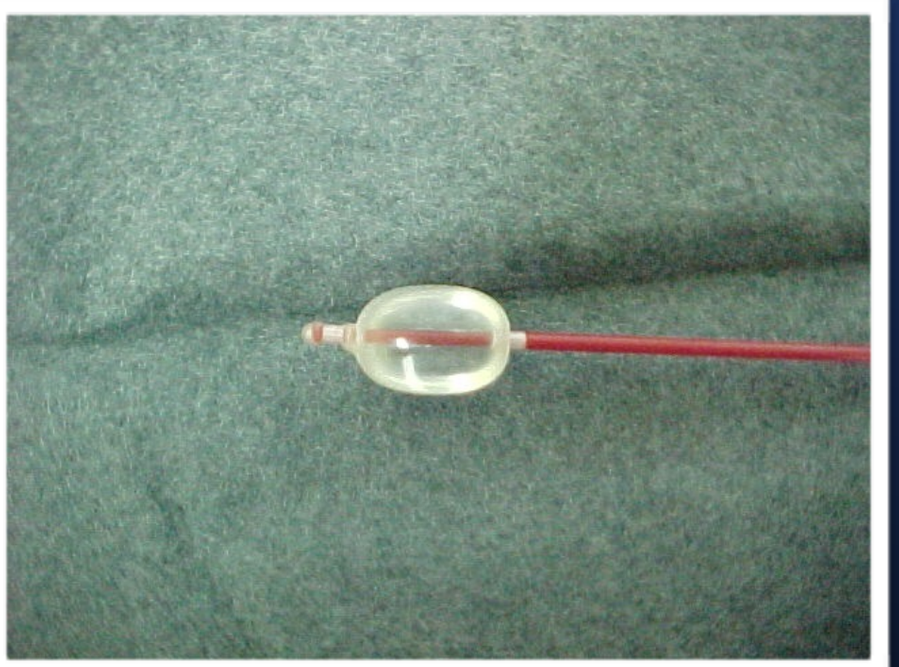
Estimulação motora
Estimulação dolorosa
(Aumenta eficácia)

Lesões - 2 a 3
80 a 90 graus
60 a 75 segundos

NEURALGIA TRIGEMINAL

Rizotomia percutânea por balão





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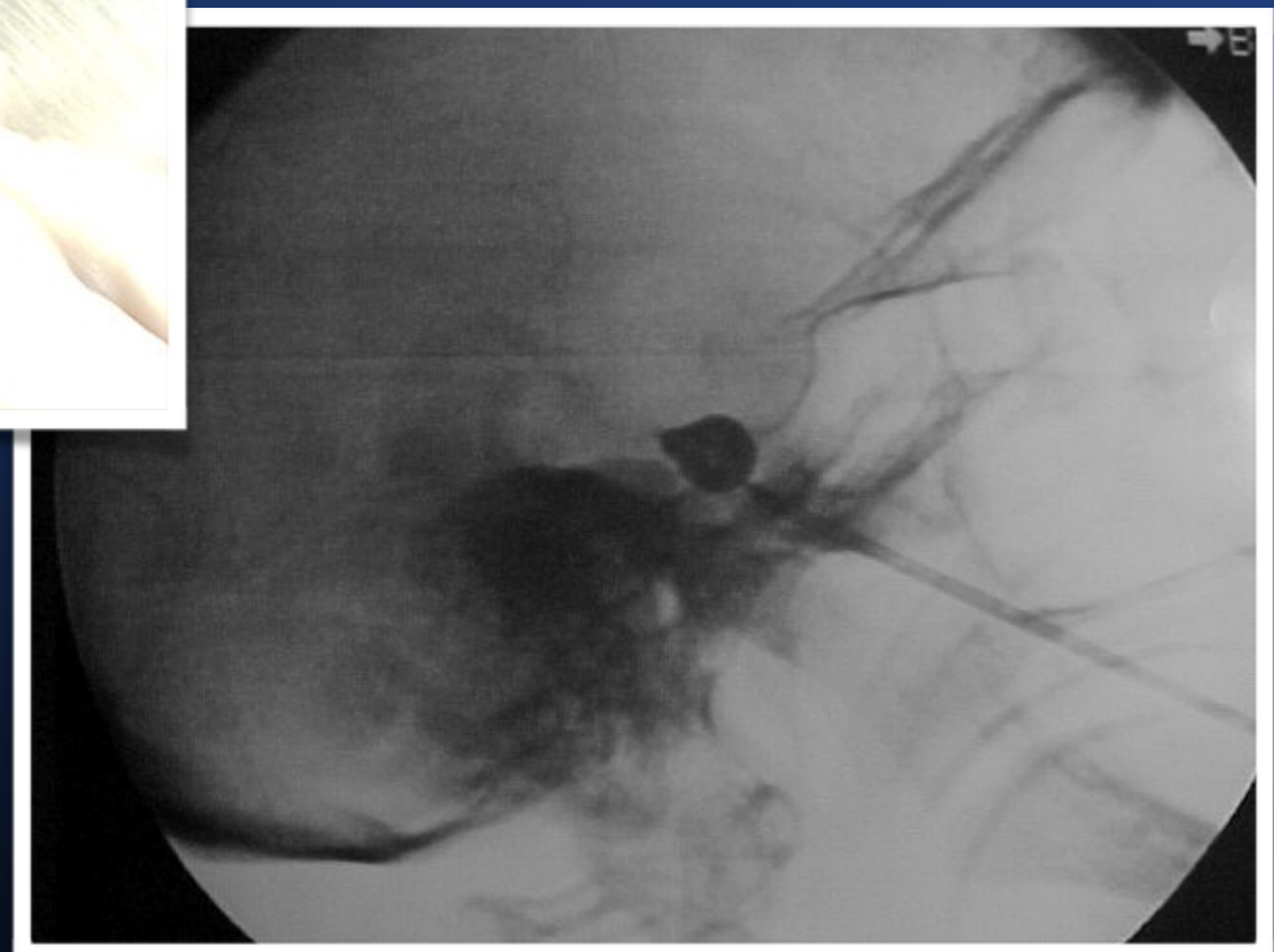
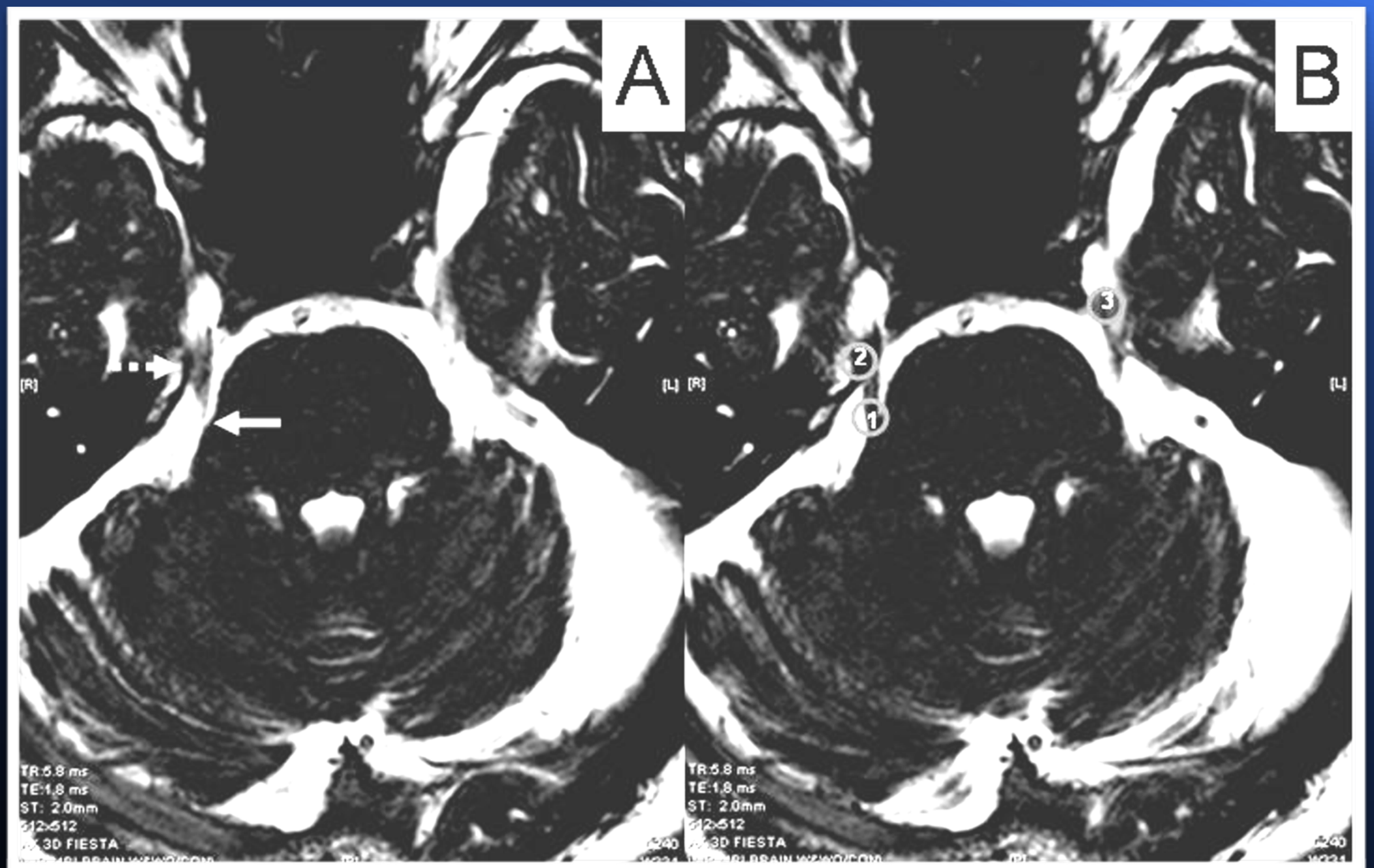


NEURALGIA TRIGEMINAL

Radiocirurgia estereotáxica



NEURALGIA TRIGEMINAL

TIPO DO PROCEDIMENTO CIRÚRGICO

Idade – Estado geral

Cooperação para termocoagulação

Ramo acometido (V1, V2, V3)

Reação a possível hipoestesia

Desejo do paciente

www.neurocirurgia.med.br