

Neuralgia to Neurological Deficit: A Case of Trigeminal Pain, Meningioma, and Unforeseen Stroke

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INTRODUCTION

Trigeminal neuralgia (TN) is a chronic pain condition marked by sudden, intense facial pain stemming from trigeminal nerve dysfunction. Conservative treatment often includes medications like oxcarbazepine, but severe cases may require interventional approaches such as nerve blocks, radiofrequency ablation, or surgical decompression.

OBJECTIVES

We report a case of a 69-year-old woman experiencing worsening left-sided facial pain and numbness over one year. Pain was sharp, severe, and unresponsive to acetaminophen, ibuprofen, gabapentin, and oxcarbazepine. Exacerbations were triggered by facial movement. Brain imaging was performed and revealed a 3.4 cm left cerebellopontine angle meningioma, prompting neurosurgery consultation.

MATERIALS / METHODS

The patient underwent resection of the meningioma, which provided significant pain relief. Post-operatively, she developed discoordination. Brain MRI/MRA detected thrombosis of the left internal jugular vein, sigmoid and transverse sinuses, along with acute ischemic infarction of the left hemipons, brachium pontis, and cerebellar hemisphere. Clinical exam findings included left dysdiadochokinesia, dysmetria, abducens nerve palsy, and decreased light-touch sensation of the left forehead. The patient was found to be a good acute rehabilitation candidate, and subsequently was admitted to our inpatient rehabilitation facility.

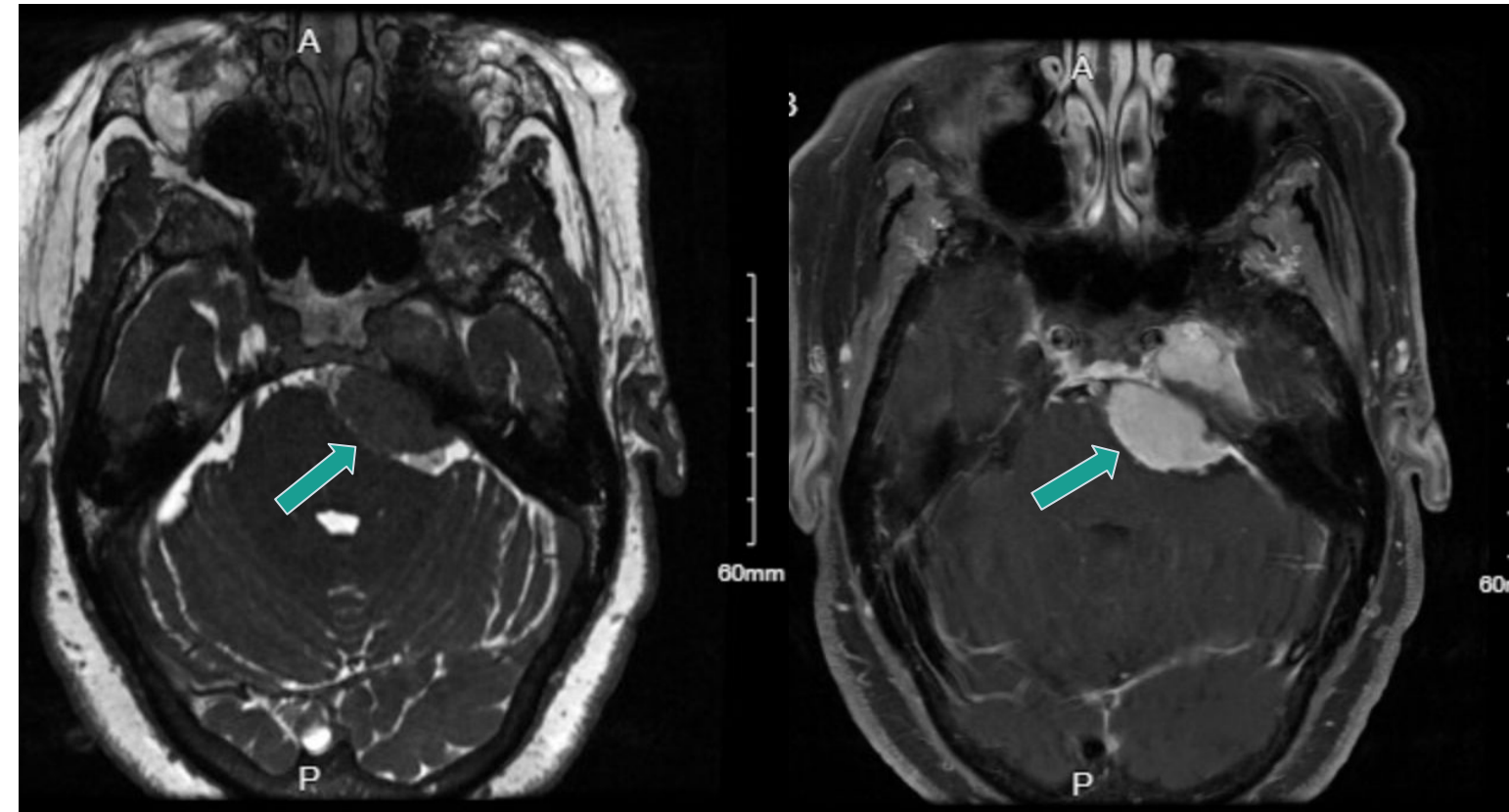


Figure 1: Pre-surgical MRIs - Left: pre-contrast, Right: post-contrast
Arrows showing left cerebellar meningioma

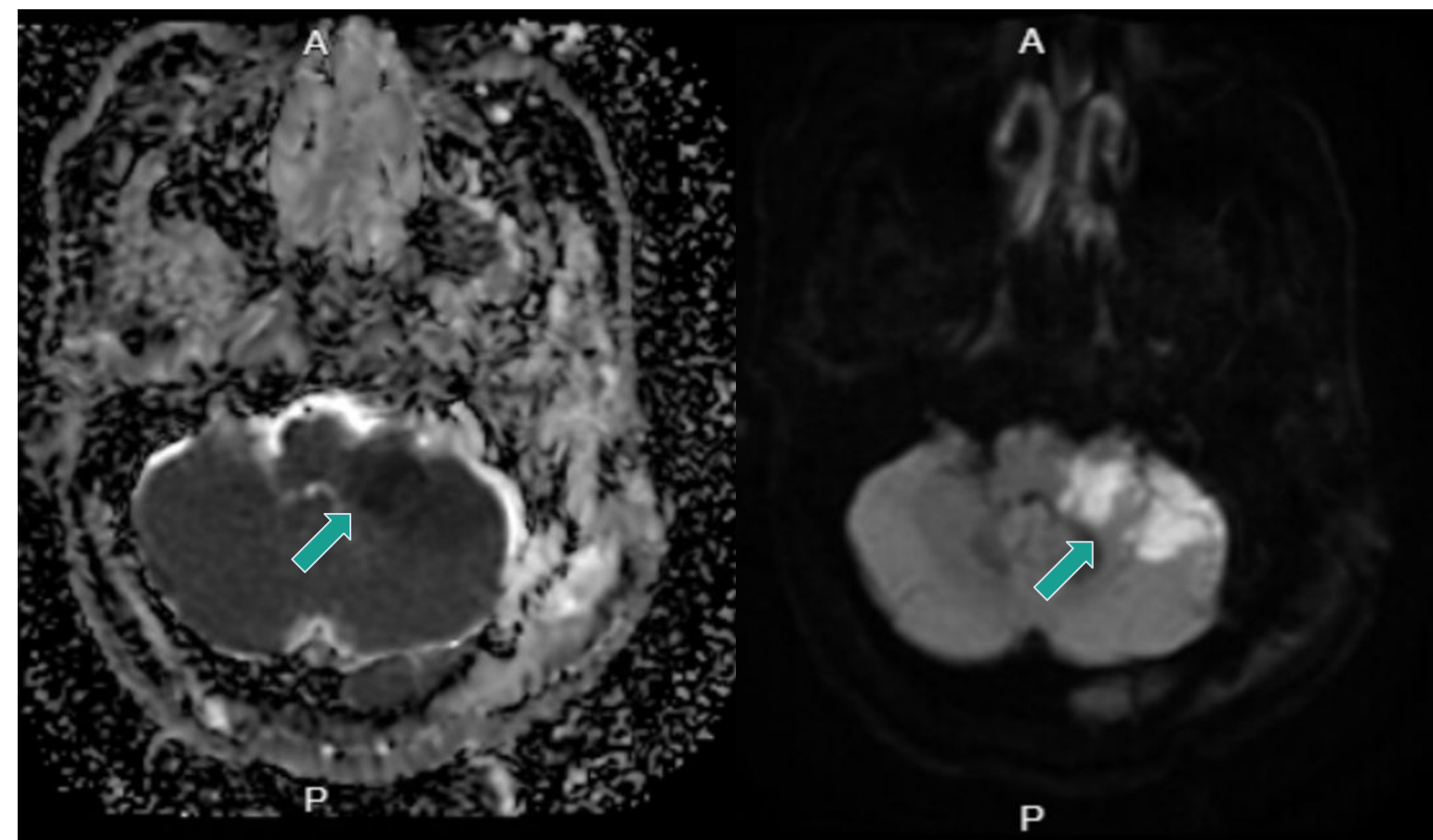


Figure 2: Post-surgical MRIs - Left: ADC, Right: DWI
Arrows showing acute ischemic infarct of left cerebellar hemisphere

RESULTS

After one month of rehabilitation, the patient improved to modified independence in ADLs and could ambulate 250 feet with a rolling walker. At her one-year follow-up appointment, she reported complete facial pain resolution with only mild residual numbness on the left.

CONCLUSION

This case underscores the complexity of TN management and highlights the potential risks associated with delayed access to advanced care. Timely neuroimaging and surgical referral are crucial for optimizing outcomes in TN patients, as delayed intervention may increase complication risks, including stroke, as seen in this case.

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