

Infraorbital Neuralgia Secondary to a Retention Mucous Cyst in Maxillary Sinus: A Case Report



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Introduction

The infraorbital nerve is a branch of the maxillary nerve which emerges in the infraorbital foramen in the roof of the maxillary sinus [1]. The infraorbital neuralgia is a kind of trigeminal neuralgia, a pathology more common in elder people and is unilateral in 95% of the cases [2]. The characteristics of trigeminal neuralgia include sudden, severe, periodic, stabbing, lancinating, lightning-like and shock-like pain attacks in the territory of the 2th or 3th portion of the trigeminal nerve [3]. The purpose of this article is describe a case of infraorbital neuralgia caused by an uncommon sequelae of acute rhinosinusitis: a retention mucous cyst.

Case report

Male, 62 years old with a paroxysmic and intense pain in the region of the zygomatic arch desencadeated by chew that lasted minutes and was followed by a moderate pain in the same region for some hours. All the attacks were associated with the sensations of ipsilateral nasal obstruction. This patient had no comorbidities and no chronic nasal symptoms. RMI was normal, nasoendoscopy was normal and the head and sinuses CT showed a retention mucous cyst in the area of the infraorbital foramen. These exams showed no other abnormalities. Because of the risk of lesion of the infraorbital nerve in a surgery to remove the retention mucous cyst it was decided to initiate amitriptyline in a dose of 25mg daily. The patient after some days referred total recovery of the pain, with high impact in his quality of life.

Discussion

The trigeminal neuralgia can be divided in primary or idiopathic, when no cause is identified and in secondary when a cause is identified in the central nervous system: tumor, infarction, multiple sclerosis or trauma [4]. According to the symptomatic aspect, the trigeminal neuralgia can be divided in "typical", when the pain is paroxysmic and "atypical", when the paroxysmic pain is associated with constant pain, as the patient described in the case [5]. The pathophysiology of idiopathic of TN occurs due to the specific abnormalities of the trigeminal

nerve in the trigeminal root or ganglion. The pathophysiological characteristics of classic or idiopathic TN are identified with the pressure of the trigeminal nerve root by a vein at or nearby the root passage zone. An artery crossing the nerve can provoke further displacement, which can lead to damage and injury of the trigeminal nerve [6].

The diagnostic is essentially clinical, but some image investigation is necessary. It is recommended that a Computed Tomography and a Magnetic Resonance be performed to exclude secondary causes [7]. Several treatments have been described for TN: the first line are anticonvulsants as carbamazepine but other drugs has positive effects like gabapentin, baclofen, lamotrigine and amitriptyline. More recently, non pharmacological treatments have been described as ultrasound-guided infraorbital nerve block with combination of steroid and local anesthetic [8] and Pulsed Radiofrequency Treatment Guided by Computed Tomography for Refractory Neuralgia of Infraorbital Nerve [9].

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