

Professor Collins and Class,

Week 1 Discussion:

Presentation: Demographics, Onset of symptoms, HPI, Associated risk factors

Trigeminal neuralgia (TN) is a disorder precipitated when compression occurs, typically caused by an artery or vein, to the trigeminal sensory root close to the brainstem (Lambru et al., 2021). TN is more prevalent in females than males, and the mean onset is typically 53-57 years of age (Lambru et al., 2021). Both geographically and racially, there have been no reports of differences accounting for TN incidences (Araya et al., 2020). Regarding risk factors, those with multiple sclerosis are more likely to develop TN (Araya et al., 2020).

Someone suffering from TN typically presents with unilateral, short-lasting headache attacks (Lambru et al., 2021). The right side of the face accounts for 60% of attacks and can be triggered spontaneously, and at other times non-noxious stimuli such as eating, talking, washing the face, teeth brushing, cold breeze, or light touch may cause them (Araya et al., 2020). Attacks last anywhere from 2-10 minutes to 1 hour and most frequently affect the maxillary and mandibular areas of the TN (Lambru et al., 2021).

Giant cell arteritis (GCA) is a critical ischaemic disease affecting arteries in the head, most often the temporal artery (Bilton & Mollan, 2023). GCA affects women more than men and occurs mostly in patients over 50 (Rinden et al., 2019). Those of Scandinavian descent also have higher incidences of GCA (Rinden et al., 2019). Polymyalgia rheumatica is a diagnosis that is considered a risk factor associated with a higher incidence of GCA (Rinden et al., 2019).

Presentation of GCA can vary for individuals and often at onset are vague and include malaise, fever, and night sweats, often from inflammation (Rinden et al., 2019). When vasculitis is present, particularly in the temporal region, headache, jaw cramping, and scalp tenderness occur (Rinden et al., 2019). Visual disturbances and tongue discomfort are not as common but, if present, help with diagnosis (Rinden et al., 2019).

With TN and GCA, women are affected more than men, and for both, those over 50 seem to be more affected. Regarding symptoms, there are definite differences; both present with facial pain, but for GCA, the pain is bilateral, and for TN, it presents unilaterally. With TN, the onset can often be sudden and last for a short time, whereas with GCA, the pain may develop after using the jaw after chewing. Another distinct difference is that GCA may have systemic symptoms, such as night sweats, fevers, or malaise (Rinden