

Unremitting trigeminal neuralgia (suicide disease) treated with novel craniofacial procedure for chiropractic dental co-management of a 40-year-old female patient: A case report

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Introduction: Any dental procedure can offer risk even when properly performed. This case involves a 40-year-old female patient suffering from unremitting trigeminal neuralgia following an extraction of an upper left molar. Following the procedure the patient had a persisting mild achy pain lasting for 8-years, however after her implant surgery reported she noted an intense flare-up of the trigeminal pain causing shooting pains to her face that she described as crippling and was referred by her dentist for care at this office.

Methods/Intervention: The first 10-sessions involved treatment of the patient's category two (sacroiliac joint instability with pelvic torsion) and chiropractic craniofacial intra-oral treatment to the left side focusing to the *sphenoid*, *perpendicular plates*, and *spheno-palatine fossa*. When the intra-oral work caused an exacerbation of her discomfort and on the tenth treatment care shifted to bilaterally treating the tensions in the *zygoma* bones. Greater tension was noted to the left *zygoma* than the right with the left mastoid bone palpating as recessed, which is consistent with an ipsilateral external *temporal* bone lesion.

The correction for a left *external temporal lesion* was performed and reduced a significant amount of stabbing pain on the left side of her mouth as well as reduced the sensitivity to palpation. Once she began to have a significant reduction in pain the remaining craniofacial treatment could be completed.

Results: The patient reported that after the first office visit that focused on treatment of her pelvic torsion and sacroiliac joint hypermobility syndrome (category two) along with a sacroiliac belt to stabilise the pelvis, that this care reduced the severity of the facial pains and gave her hope to continue treatment at this office. Following the 10th office visit the patient reported a significant reduction in severe stabbing pain and by the 14th office visit she also presented without sacroiliac joint instability and significant reduction of pain at the implantation site and no prior trigeminal neuralgia symptoms. This then allowed the dentist to finish restoring the patient's crown placement and then equilibrate and stabilise her occlusion.

Conclusion: Chiropractors treating temporomandibular joint (TMJ) and adverse related dental interventions can work closely with dentists involved in this field with the goal of supporting patient care. While the molar extraction was properly performed the patient still had sensitivity of the trigeminal nerve that was aggravated with implantation surgery and chiropractic cranial care appeared to offer the patient sufficient relief that the dentist could complete the procedure and help the patient fully recover. Chiropractors trained in sacro occipital and cranial techniques might play an important role in the treatment of patients with trigeminal neuralgia also known as suicidal disease, due to the severity of the pain associated with this condition.

Indexing terms: Chiropractic; trigeminal neuralgia; craniofacial treatment; co-management; sacro-occipital technique.



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Cite: Gerardo RC. Unremitting trigeminal neuralgia (suicide disease) treated with novel craniofacial procedure for chiropractic dental co-management of a 40-year-old female patient: A case report [Abstract]. *Asia-Pac Chiropr J.* 2022;3.1
URL apcj.net/SOT-Abstracts-2022/#GerardoTrigeminalNeuralgia