

Evidence Discussion Facial Pain (HD-10)

EviCore
By EVERNORTH

- The American Academy of Neurology recommends routine use of MRI in the evaluation of patients with trigeminal neuralgia.⁴ Neuroimaging identifies structural causes in up to 15% of patients.⁴ The most commonly identified abnormalities include cerebellopontine angle tumors and multiple sclerosis plaques.⁴
- MRI brain and/or MRI orbits, face and neck are necessary for direct visualization of the entire course of the trigeminal nerve.¹
- MRA head, when combined with MRI brain for evaluation of vascular compression of the trigeminal nerve, has sensitivity of 97-100% and specificity of 100%.¹ CTA is less commonly performed concurrently with MRI of the trigeminal nerve.¹
- CT maxillofacial may be complementary to MRI in characterizing skull base erosions, calcifications, and skull base foramina.¹
- In the evaluation of glossopharyngeal neuralgia, MRI of the brain and/or MRI orbits, face and neck, allows direct visualization of the entire course of the glossopharyngeal nerve.¹ Imaging should include the pharynx and larynx to exclude a neck mass.¹ To further evaluate bony anatomy, calcifications, and the stylohyoid ligament, CT neck is also appropriate.¹ MRA head and neck is helpful to exclude neurovascular compression in patients with glossopharyngeal neuralgia.¹

References

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