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Figure. Posterior view of left cerebellopontine angle showing loop (L) of the anterior inferior cerebellar artery separated from groove (G) in the trigeminal nerve by a Teflon sponge (Boston Scientific, Medox Medical Industries, Oakland, NJ) (S). Note the seventh and eighth nerve complex (7) (superior and inferior vestibular nerves hiding facial and acoustic nerves) and sixth nerve (6).

Microvascular decompression for trigeminal neuralgia

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A 58-year-old woman presented with sharp, lancinating pain in the V2 distribution unresponsive to carbamazepine. Her neurologic examination and an MRI were unremarkable. The patient underwent a posterior fossa craniectomy for microvascular decompression (MVD) where a loop of the anterior inferior cerebellar artery was

noted to compress the trigeminal nerve. Her symptoms resolved postoperatively. Trigeminal neuralgia most commonly affects the V2 and V3 branches. Microvascular decompression has an initial success rate of 85 to 95% with a recurrence rate of 20% and 30%, at 6 and 10 years.^{1,2} There is no sensory loss associated with MVD.

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