Figure. Drawing of tooth anatomy and radiograph shows periapical radiolucency in tooth 14, indicative of an irreversible pulpitis.

Tic douloureux or “tic dentaire”

Peter K. Kubitz, DO, Eelco F.M. Wijdicks, MD, and Charles F. Bolton, MD, Rochester, Minnesota

Patients with trigeminal neuralgia often present to a neurologist after undergoing ineffective dental procedures.¹ The converse occurs as well. A 50-year-old woman had been seen by a dentist and was referred to a neurologist for further management of tri-

geminal neuralgia. She presented with a 1-year history of intermittent, lancinating pain in her upper left jaw, precipitated by cold liquids and chewing, and lasting in bouts of up to 1 hour. She was referred for evaluation of trigeminal neuralgia. Tapping a left-upper molar, however, precipitated her pain, and radiographs were diagnostic (figure). Following a root canal procedure, her symptoms abated entirely. Thus, inspection and tapping of teeth, with radiographs if indicated, should be a routine part of the evaluation of trigeminal neuralgia.²

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