Video NeuroImage: Symptomatic SUNCT syndrome cured after trigeminal neurovascular contact surgical decompression

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Short lasting unilateral neuralgiform headache with conjunctival injection and tearing (SUNCT) syndrome is a rare trigemino-autonomic cephalalgia characterized by unilateral, periorbital, neuralgiform attacks of short duration accompanied by prominent autonomic dysfunction. Treatment of SUNCT can be challenging and is often ineffective.

A 57-year-old man had a 3-month history of intense left periorbital pain, ipsilateral conjunctival injection, and tearing, occurring 5–10/hour and lasting 30–120 seconds (video), refractory to several medications. Attacks could occur spontaneously or be provoked by mouth movements during talking or chewing. Brain MRI revealed left trigeminal nerve compression (figure, A). Microvascular decompression separated an aberrant loop of the superior cerebellar artery from first division of the trigeminal nerve root (figure, B). The patient has remained asymptomatic off medication since.

SUNCT bears several similarities with first division trigeminal neuralgia, but unlike trigeminal neuralgia, symptomatic cases usually appear with posterior fossa and diencephalic lesions.¹ In our patient, typical attacks were found in relation to first division trigeminal nerve compression. In such cases, surgical decompression may provide complete resolution of symptoms.²

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Figure Compression of the left trigeminal nerve by neurovascular contact, relieved by surgical decompression

(A) 1.5 Tesla brain MRI showing left trigeminal nerve neurovascular contact (gray arrow). (B) Surgical decompression of a superior cerebellar artery aberrant loop (white arrow); a = trigeminal sensory root; b = superior cerebellar artery; c = trigeminal vein; d = trigeminal motor root.

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