The trigeminal trophic syndrome

Figure Development of zoster-associated trigeminal trophic syndrome

Weeks after surgical and radiation-induced zoster ophthalmicus, this patient developed trigeminal trophic syndrome, characterized by the triad of dysesthesias, anesthesia, and ulceration. Despite multiple treatments, the ulceration expanded over 8 years to include the nasociliary branch of the ophthalmic division of the trigeminal nerve.

A 21-year-old woman was irradiated after resection of a pituitary adenoma. A few weeks later, she developed right ophthalmic-distribution zoster and right abducens palsy. Zoster rash resolved, but persistent dysesthesias led to constant rubbing and scratching, ultimately leading to ulceration. Skin biopsy was negative for malignancy and chronic infection. Despite antibiotic, antiviral, triamcinolone, and hyperbaric oxygen treatment, the ulceration expanded (figure). The lesion is zoster-associated trigeminal trophic syndrome (TTS). TTS also occurs after trigeminal rhizotomy, alcohol injection, resection of acoustic neuroma, and pontine infarction.¹ Because persistent radicular pain occurs without zoster,² some cases of TTS may reflect zoster sine herpette.

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