Teaching Video *NeuroImages*: Trigeminal neuralgia due to compression by the superior cerebellar artery

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Figure Trigeminal neuralgia imaging and microvascular decompression

(A) MRI fast imaging employing steady-state acquisition demonstrates left trigeminal nerve compression (region marked by red asterisk) by the left superior cerebellar artery (SCA) (yellow arrow). (B) Left retrosigmoid craniotomy (yellow asterisk marks the retractor on the cerebellum) with microsurgical dissection revealed the trigeminal nerve adherent (likely site of compression) to the left SCA (yellow arrow). (C) The nerve was freed from the pulsating artery (yellow arrow; yellow asterisk marks the retractor on the cerebellum).

A man in his 50s had longstanding left-sided trigeminal neuralgia triggered by eating and brushing his teeth, which was refractory to maximal medical management. MRI fast imaging employing steady-state acquisition demonstrated left trigeminal nerve compression by the left superior cerebellar artery (figure). Therefore, the patient underwent a craniotomy for microvascular decompression (MVD). In select patients, MVD can be an effective treatment for trigeminal neuralgia.^{1,2} Prognostic indicators of long-term relief include male sex, immediate postoperative relief, and duration of symptoms for less than 8 years.¹ The patient's adhered nerve was freed from the artery (video at Neurology.org). Facial pain improved substantially in the immediate postoperative period.

AUTHOR CONTRIBUTIONS

Joshua Bakhsheshian: drafting/revising the manuscript for content, including medical writing for content, study concept or design,

analysis or interpretation of data, accepts responsibility for conduct of research and final approval. Khodayar Goshtasbi, Ben Strickland, Martin Pham: acquisition of data, analysis or interpretation of data, accept responsibility for conduct of research and final approval.

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DISCLOSURE

The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

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